

ORGANIZATION REPORT OFFICER LISTING

(File as attachment to Form P-5 Organization Report)

Page ____ of ____

1. Current operator name exactly as shown on P-5 Organization Report	PURSUANT TO Oil & Gas Statewide Rule 1(a)(4)(C), information must be provided "for each officer, director, general partner, owner of more than 25% ownership interest, or trustee (hereinafter controlling entity) of the organization."
2. RRC Operator No. (if assigned)	

Instructions:

Attach as many sheets as are needed to identify all required officers.

Full Legal Name: The entity's or individual's full legal name. Please do not use initials.

ID Number: If the filing organization is a Sole Proprietorship (i.e., an individual), you must provide the owner's social security number. Otherwise, you may provide (at your choice) the officer's social security number, driver's license number, or Texas State Identification number. (Note: The Railroad Commission considers such ID numbers to be confidential information.)

Addresses: You must provide an address for each officer that is different from the address for the organization UNLESS: 1) you have shown a Texas Resident Agent on your Organization Report, and that agent has an address different from that of the organization; or 2) the organization is being operated out of the officer's home.

If an entity is identified as an officer on this form, you must also identify each officer of that entity.

Full Legal Name:	Title:
Street Address: <input type="checkbox"/> Check here if operating out of this officer's home.	Mailing Address (if different from Street Address)
<input type="checkbox"/> Driver's Lic. <input type="checkbox"/> State ID <input type="checkbox"/> Social Security No. State (if not SSN):	Number:

Full Legal Name:	Title:
Street Address: <input type="checkbox"/> Check here if operating out of this officer's home.	Mailing Address (if different from Street Address)
<input type="checkbox"/> Driver's Lic. <input type="checkbox"/> State ID <input type="checkbox"/> Social Security No. State (if not SSN):	Number:

Full Legal Name:	Title:
Street Address: <input type="checkbox"/> Check here if operating out of this officer's home.	Mailing Address (if different from Street Address)
<input type="checkbox"/> Driver's Lic. <input type="checkbox"/> State ID <input type="checkbox"/> Social Security No. State (if not SSN):	Number:

Full Legal Name:	Title:
Street Address: <input type="checkbox"/> Check here if operating out of this officer's home.	Mailing Address (if different from Street Address)
<input type="checkbox"/> Driver's Lic. <input type="checkbox"/> State ID <input type="checkbox"/> Social Security No. State (if not SSN):	Number:

3. OFFICERS