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|--------------|----------|-----|----------------|-----------------------------|------------|-----------------|
| NAME | | SS# | DOB | NAME OF SPOUSE (if married) | SPOUSE SS# | # OF DEPENDENTS |
| HOME ADDRESS | | | CITY | STATE | ZIP | HOME PHONE |
| EMPLOYER | POSITION | YRS | BUSINESS PHONE | BUSINESS ADDRESS | | |

| SECTION 1 BALANCE SHEET | | | | | |
|---|---|--------------|---------------------------------------|--------------------------|--------------|
| ASSETS | | (OMIT CENTS) | LIABILITIES | | (OMIT CENTS) |
| CASH (Schedule 1) | in American National Bank Wichita Falls, Tx. | | MORTGAGES PAYABLE (Schedule 7) | Homestead | |
| | In Other Institutions | | | Other Wholly-Owned R/E | |
| SECURITIES (Schedule 2) | Marketable | | | Partial Ownership in R/E | |
| | Not Publicly Traded | | NOTES PAYABLE | To This Bank | |
| ACCOUNTS RECEIVABLE | | | | Other Notes Payable | |
| NOTES RECEIVABLE (Schedule 3) | | | OIL & GAS RELATED DEBT (Schedule 8) | | |
| NET CASH VALUE OF INS. & ANNUITIES (Schedule 4) | | | TAXES OWING | Income Taxes | |
| REAL ESTATE (Schedule 7) | Homestead | | | Other Taxes | |
| | Other Wholly-Owned R/E | | ACCOUNTS PAYABLE | | |
| | Partial Ownership in R/E | | ESTIMATED CREDIT CARD BALANCE | | |
| OIL & GAS INTERESTS (Schedule 8) | | | OTHER LIABILITIES (Itemize on Page 4) | | |
| EQUIPMENT & OTHER BUSINESS ASSETS | | | | | |
| DEFERRED COM. & RETIREMENT PLANS (Schedule 5) | | | | | |
| PERSONAL PROPERTY & AUTOMOBILES | | | | | |
| OTHER ASSETS (Itemize on Page 4) | | | TOTAL LIABILITIES | | |
| TOTAL ASSETS | | | NET WORTH (Assets Less Liabilities) | | |
| | | | TOTAL LIABILITIES & NET WORTH | | |

SECTION 2 CONTINGENT LIABILITIES Do you have any contingent liabilities? yes no
If yes, give details in Section 9

| SECTION 3 INCOME / EXPENSE INFORMATION | | | | | | | | |
|---|------------------------------|-------------------|-------------------|------------------------|-----------------|------------------------|-------------------|------------------------|
| SOURCES OF CASH (See note 2 on page 4) | | LAST YEAR DATE | THIS YEAR DATE | PROJECTED NEXT DATE | USES OF CASH | | LAST YEAR DATE | PROJECTED NEXT DATE |
| RECURRING | SALARY & WAGES | | | | EXPENSES | INCOME TAXES & FICA | | |
| | COMMISSION, BONUS, ETC. | | | | | OTHER PAYROLL DED. | | |
| | INTEREST & DIVIDENDS | | | | | LIVING EXP. & MISC. | | |
| | RENTAL INCOME | | | | | RENTAL EXPENSES | | |
| | OIL & GAS REV. AFTER OP. EXP | | | | | OIL & GAS CAP. EXPEND. | | |
| | OTHER BUSINESS INCOME | | | | | OTHER BUSINESS EXP. | | |
| | OTHER: | | | | | OTHER: | | |
| SUBTOTAL | | | | | SUBTOTAL | | | |
| NON-RECURRING | COMMISSIONS, BONUS, ETC. | | | | DEBT SERVICE | REG / SCHED. PMTS. | | |
| | SALE OF ASSETS | | | | | OTHER INTEREST | | |
| | TAX REFUND | | | | | OTHER PRINCIPAL | | |
| | OTHER: | | | | | CONTINGENT LIAB. | | |
| | | | | | | | | |
| TOTAL CASH SOURCES | | | | | TOTAL CASH USES | | | |
| | | | | | NET CASH FLOW | | | |

The above financial and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment. I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact my appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me.

WITNESS _____ DATE _____ SIGNATURE _____ DATE _____

OFFICIAL USE:

Loan Officer Review _____ Credit Dept. Review _____

SECTIONS 1, 2, AND 3 MUST BE COMPLETED.

SCHEDULE 7 - REAL ESTATE OWNED (Including partnership interest)

| # | LOCATION, SIZE, IMPROVEMENTS | YEAR ACQUIRED | COST & IMPROVEMENTS | MARKET VALUE | RELATED DEBT (Mark "*" by amount if not personally liable) | | | | | ANNUAL INCOME | TAXES CURRENT? YES OR NO |
|--------------------------------|------------------------------|---------------|---------------------|--------------|--|------------|----------|------|-----------------|---------------|--------------------------|
| | | | | | PRESENT BALANCE | LIENHOLDER | MATURITY | RATE | ANNUAL PAYMENTS | | |
| HOMESTEAD - TOTAL TO PAGE 1 | | | | | | | | | | | |
| 1 | | | | | | | | | | | |
| OTHER WHOLLY OWNED REAL ESTATE | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
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| | | | | | TOTALS TO PAGE 1 | | | | | | |

| PARTIAL OWNERSHIP IN REAL ESTATE | % | | | | | | | | | | |
|---------------------------------------|---|--|--|--|------------------|--|--|--|--|--|--|
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| | | | | | | | | | | | |
| YOUR PORTION OF MARKET VALUE AND DEBT | | | | | TOTALS TO PAGE 1 | | | | | | |

REGARDING SCHEDULES 7 AND 8, IF THE AMOUNT OF DEBT WHICH CAN BE LEGALLY ENFORCED AGAINST YOU EXCEEDS YOUR % OWNERSHIP, PLEASE DETAIL IN SCHEDULE 9.

SCHEDULE 8 - OIL AND GAS INTERESTS (Including partnership interests)

| | LOCATION, DESCRIPTION, TYPE OF INTEREST AND SOURCE OF VALUATION | % | YEAR ACQUIRED | DATE OF VALUATION | PRESENT VALUATION | RELATED DEBT (Mark "*" by amount if not personally liable) | | | | | NET OPERATING REVENUE* | TAXES CURRENT? YES OR NO |
|---|---|---|---------------|-------------------|-------------------|--|------------|----------|------|-----------------|------------------------|--------------------------|
| | | | | | | PRESENT BALANCE | LIENHOLDER | MATURITY | RATE | ANNUAL PAYMENTS | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| | | | | | TOTALS TO PAGE 1 | | | | | | | |

* NET OPERATING REVENUE AFTER OPERATING EXPENSES. TOTALS TO PAGE 1

