

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

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W-03525A
C-D Oasis Water Company
1665 10th St.
Douglas, AZ 85607

ANNUAL REPORT
WATER

FOR YEAR ENDING

12	31	2008
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FOR COMMISSION USE

ANN 04	08
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PROCESSED BY:

4-15-09

SCANNED

COMPANY INFORMATION

Company Name (Business Name) C-D OASIS WATER CO.

Mailing Address 1665 - 10th
(Street)

DOUGLAS AZ ARIZ 85607
(City) (State) (Zip)

520-364-5140 — —
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address —

Local Office Mailing Address SAME
(Street)

(City) (State) (Zip)

Local Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address —

MANAGEMENT INFORMATION

Management Contact: VERNON CARDWELL OWNER
(Name) (Title)

1665 - 10th DOUGLAS ARIZ 85607
(Street) (City) (State) (Zip)

520-364-5140 — —
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address —

On Site Manager: OLIVER BAKER
(Name)

LA PRAYA LA PRAYA AZ 85606
(Street) (City) (State) (Zip)

Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address —

Statutory Agent: _____
 (Name)

 (Street) (City) (State) (Zip)

 Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Attorney: _____
 (Name)

 (Street) (City) (State) (Zip)

 Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address _____

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|----------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Sole Proprietor (S) | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|--------------------------------------------|----------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> APACHE | <input checked="" type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

COMPANY NAME

C-D OASIS WATER Co.

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization	8,250 ⁰⁰	—	—
302	Franchises	—	—	—
303	Land and Land Rights	INCLUDED IN 301	—	—
304	Structures and Improvements		—	—
307	Wells and Springs		—	—
311	Pumping Equipment		—	—
320	Water Treatment Equipment	NONE	—	—
330	Distribution Reservoirs and Standpipes	NONE	—	—
331	Transmission and Distribution Mains	NONE	—	—
333	Services	NONE	—	—
334	Meters and Meter Installations	INCLUDED IN 301	—	—
335	Hydrants	NONE	—	—
336	Backflow Prevention Devices	NOTHING NEW	—	—
339	Other Plant and Misc. Equipment	NONE	—	—
340	Office Furniture and Equipment	NONE @ PRESENT	—	—
341	Transportation Equipment	NONE @ PRESENT	—	—
343	Tools, Shop and Garage Equipment	NONE @ PRESENT	—	—
344	Laboratory Equipment	NONE	—	—
345	Power Operated Equipment	NONE @ PRESENT	—	—
346	Communication Equipment	NONE @ PRESENT	—	—
347	Miscellaneous Equipment	NONE	—	—
348	Other Tangible Plant	NONE	—	—
	TOTALS	8,250 ⁰⁰	—	—

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS			

NO DEPRECIATION AGAIN THIS YEAR

This amount goes on the Comparative Statement of Income and Expense _____
 Acct. No. 403.

COMPANY NAME *C-D OASIS WATER CO.*

BALANCE SHEET

Acct No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
CURRENT AND ACCRUED ASSETS			
131	Cash	\$ 852.18	\$ 66.40
134	Working Funds	NONE	NONE
135	Temporary Cash Investments	NONE	NONE
141	Customer Accounts Receivable	NONE	NONE
146	Notes/Receivables from Associated Companies	NONE	NONE
151	Plant Material and Supplies	NONE	NONE
162	Prepayments	NONE	NONE
174	Miscellaneous Current and Accrued Assets	NONE	NONE
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 852.18	\$ 66.40
FIXED ASSETS			
101	Utility Plant in Service	\$ 8,250.00	\$ 8,250.00
103	Property Held for Future Use	INCLUDED IN 101	INCLUDED IN 101
105	Construction Work in Progress	NONE	NONE
108	Accumulated Depreciation – Utility Plant	NONE	NONE
121	Non-Utility Property	NONE	NONE
122	Accumulated Depreciation – Non Utility	NONE	NONE
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$ 8,250.00	\$ 8,250.00

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

* THIS IS NOT A TRUE PICTURE OF ASSETS AS I HAVE TO PAY MOST OF THE BILLS OUT OF MY PERSONAL ACCOUNT.

COMPANY NAME C-D OASIS WATER CO.

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
		?	?
	CURRENT LIABILITES		
		NONE	NONE
231	Accounts Payable	\$ NONE	\$ NONE
232	Notes Payable (Current Portion)	NONE	NONE
234	Notes/Accounts Payable to Associated Companies	NONE	NONE
235	Customer Deposits	NONE	NONE
236	Accrued Taxes	NONE	NONE
237	Accrued Interest	NONE	NONE
241	Miscellaneous Current and Accrued Liabilities	?	?
	TOTAL CURRENT LIABILITIES	\$	\$
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$ NONE	\$ NONE
		/	
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$ NONE	\$ NONE
252	Advances in Aid of Construction	NONE	NONE
255	Accumulated Deferred Investment Tax Credits	NONE	NONE
271	Contributions in Aid of Construction	NONE	NONE
272	Less: Amortization of Contributions	NONE	NONE
281	Accumulated Deferred Income Tax	NONE	NONE
	TOTAL DEFERRED CREDITS	\$ NONE	\$ NONE
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ NONE	\$ NONE
211	Paid in Capital in Excess of Par Value	NONE	NONE
215	Retained Earnings	N/A	N/A
218	Proprietary Capital (Sole Props and Partnerships)	?	?
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$	\$

COMPANY NAME	<i>C-D OASIS WATER CO.</i>
Name of System:	ADEQ Public Water System Number:

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
<i>621-401</i>	<i>2</i>	<i>25</i>		<i>14"</i>	<i>?</i>	<i>?</i>
<i>621-402</i>	<i>1/2</i>	<i>10</i>		<i>16"</i>	<i>?</i>	<i>?</i>

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
<i>N/A</i>		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
<i>NONE</i>		<i>NONE</i>	<i>NONE</i>

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
<i>NONE</i>		<i>1,000</i>	<i>2</i>

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	C-D OASIS WATER CO.
Name of System:	ADEQ Public Water System Number:

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS			CUSTOMER METERS	
Size (in inches)	Material	Length (in feet)	Size (in inches)	Quantity
2			5/8 X 3/4	
3			3/4	11
4	TRANSITE	296' APPROX	1	
5			1 1/2	
6	TRANSITE	2520' APPROX	2	
8			Comp. 3	
10			Turbo 3	
12			Comp. 4	
			Turbo 4	
			Comp. 6	
			Turbo 6	

I HAVE NO WAY OF BEING SURE
BUT PROBABLY 3 BLOCKS
(SMALL CANTONMENT)

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:
NONE

STRUCTURES:
SMALL TIN BLDG. (2 PUMP HOUSES)
CORRUGATED IRON BLDG.

OTHER:
NONE

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:	S-D OASIS WATER CO.		
Name of System:	ADEQ Public Water System Number:		

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2008

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	11	43,430	43,430	
FEBRUARY	11	28,700	28,700	
MARCH	11	48,440	48,440	
APRIL	11	47,030	47,030	
MAY	11	46,240	66,240	11
JUNE	11	64,720	64,720	2
JULY	11	36,960	36,960	2
AUGUST	11	37,790	37,790	0
SEPTEMBER	11	25,490	25,490	
OCTOBER	11	23,630	20,630	2
NOVEMBER	11	30,780	30,780	2
DECEMBER	11	19,920	19,920	
TOTALS →		473,130	473,130	

What is the level of arsenic for each well on your system? .0061 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? N/A GPM for ___ hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
 Yes No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
 Yes No I DON'T KNOW

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
 Yes No NOT TO MY KNOWLEDGE

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: <i>C-D OASIS WATER CO</i>	
Name of System:	ADEQ Public Water System Number:

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
TOTALS →				

OTHER (description):

2 DEATHS + 1 SKIP LEAVING 6 CUSTOMERS

COMPANY NAME C-D CASIS WATER CO YEAR ENDING 12/31/2008

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2008 was: \$ 217.44

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. _____

**VERIFICATION
AND
SWORN STATEMENT**
Taxes

VERIFICATION

STATE OF ARIZ.
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	<u>COCHISE</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>VERNON CARDWELL</u>
COMPANY NAME	<u>C-D OASIS WATER Co.</u>

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2008

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

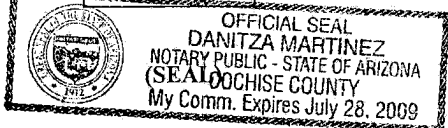
Vernon Cardwell
SIGNATURE OF OWNER OR OFFICIAL

520-364-5140
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 10th DAY OF



COUNTY NAME	<u>Cochise</u>	
MONTH	<u>April</u>	<u>2009</u>

Danitza Martinez
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 07-28-09

COMPANY NAME C-D OASIS WATER CO. YEAR ENDING 12/31/2008

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported NONE
Estimated or Actual Federal Tax Liability NONE

State Taxable Income Reported NONE
Estimated or Actual State Tax Liability NONE

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances NONE
Amount of Gross-Up Tax Collected NONE
Total Grossed-Up Contributions/Advances NONE

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship. THERE WERE NO GROSS-UP TAX REFUNDS IN PRIOR YEAR OR THIS YEAR.

Vernon Cardwell
SIGNATURE

3/30/09
DATE

VERNON CARDWELL
PRINTED NAME

OWNER
TITLE

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

VERIFICATION

STATE OF ARIZ.

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	<u>COCHISE</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>VERNON CARDWELL OWNER</u>
COMPANY NAME	<u>(-D) OASIS WATER Co.</u>

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2008

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2008 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
<u>\$1830.60</u>

(THE AMOUNT IN BOX ABOVE INCLUDES \$ 112.06 IN SALES TAXES BILLED, OR COLLECTED)

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

Vernon Cardwell
SIGNATURE OF OWNER OR OFFICIAL

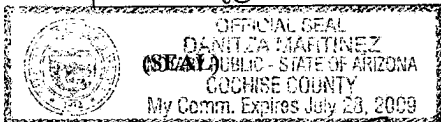
520-364-5140
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 10th DAY OF

COUNTY NAME	<u>cochise</u>
MONTH	<u>April</u>
	<u>2009</u>



MY COMMISSION EXPIRES 07-23-09

Danitza Martinez
SIGNATURE OF NOTARY PUBLIC

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
Intrastate Revenues Only**

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <i>COCHISE</i>	
NAME (OWNER OR OFFICIAL) <i>VERNON CARDWELL</i>	TITLE <i>OWNER</i>
COMPANY NAME <i>C-D OASIS WATER Co</i>	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2008

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2008 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES \$ <u>1830.60</u>

THE AMOUNT IN BOX AT LEFT INCLUDES \$ 112.06 IN SALES TAXES BILLED, OR COLLECTED)

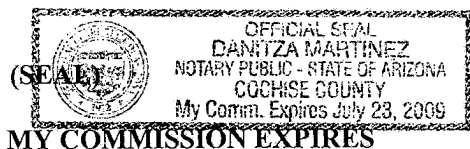
*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

Vernon Cardwell
SIGNATURE OF OWNER OR OFFICIAL

520-364-5140
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME
A NOTARY PUBLIC IN AND FOR THE COUNTY OF
THIS 10th DAY OF

NOTARY PUBLIC NAME <i>Danitza Martinez</i>	
COUNTY NAME	
MONTH <i>April</i>	<i>.2009</i>



MY COMMISSION EXPIRES

X *Danitza Martinez*
SIGNATURE OF NOTARY PUBLIC

07-28-09