

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-03525A

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

RECEIVED

APR 15 2016

AZ CORP COMM
Director - Utilities

Please click here if pre-printed Company name on this form is not your current Company name or dba name is not included.

Please list current Company name including dba here:

ANNUAL REPORT
Water

FOR YEAR ENDING

12	31	2015
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FOR COMMISSION USE

ANN 04	15
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4-26-16

COMPANY INFORMATION

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

Mailing Address 1665-10th St.
DOUGLAS 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 Customer Service Phone No. (Include Area Code) (1-800 or other long distance Customer Service Phone No.)

Email Address — **Website address** —

MANAGEMENT INFORMATION

Regulatory Contact:

Management Contact: VERNON CARDWELL OWNER
(Name) (Title)
1665-10th St. 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 PAYA LA PAYA ARIZ 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:

Sole Proprietor (S)

C Corporation (C) (Other than Association/Co-op)

Partnership (P)

Subchapter S Corporation (Z)

Bankruptcy (B)

Association/Co-op (A)

Receivership (R)

Limited Liability Company

Other (Describe) _____

COUNTIES SERVED

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

APACHE

COCHISE

COCONINO

GILA

GRAHAM

GREENLEE

LA PAZ

MARICOPA

MOHAVE

NAVAJO

PIMA

PINAL

SANTA CRUZ

YAVAPAI

YUMA

STATEWIDE

COMPANY NAME (-1) 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	8250 ⁰⁰		
302	Franchises	—	—	—
303	Land and Land Rights	INCLUDING 301	—	—
304	Structures and Improvements	—	—	—
305	Collecting & Impounding Reservoirs	N/A ?		
306	Lake, River, Canal Intakes	N/A		
307	Wells and Springs	INCLUDING 301	—	—
308	Infiltration Galleries	N/A ?		
309	Raw Water Supply Mains	N/A ?		
310	Power Generation Equipment	NONE	—	—
311	Pumping Equipment	NONE @ present	?	
320	Water Treatment Equipment			
320.1	Water Treatment Plants	NONE		
320.2	Solution Chemical Feeders	NONE ?		
320.3	Point-of-Use Treatment Devices	N/A ?		
320.4	Arsenic Media	NONE ?		
330	Distribution Reservoirs and Standpipes			
330.1	Storage Tanks	INCLUDING 301		
330.2	Pressure Tanks	2 PRESSURE TANKS		
331	Transmission and Distribution Mains	NONE	—	—
333	Services	NONE	—	—
334	Meters and Meter Installations	INCLUDING 301	—	—
335	Hydrants	NONE	—	—
336	Backflow Prevention Devices	INCLUDING 301	—	—
339	Other Plant and Misc. Equipment	NONE	—	—
340	Office Furniture and Equipment	NONE @ present	—	—
340.1	Computers & Software	INCLUDING 301		
341	Transportation Equipment	NONE	—	—
342	Stores Equipment	N/A		
343	Tools, Shop and Garage Equipment	NONE	—	—
344	Laboratory Equipment	NONE	—	—
345	Power Operated Equipment	NONE	—	—
346	Communication Equipment	NONE	—	—
347	Miscellaneous Equipment	NONE	—	—
348	Other Tangible Plant	NONE		
	TOTALS	8250 ⁰⁰	0	—

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

C-1
 COMPANY NAME CID OASIS WATER CO.

WATER UTILITY CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost(1)	Depreciation Percentage (2)	Depreciation Expense (1 x 2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
305	Collecting & Impounding Reservoirs			
306	Lake, River, Canal Intakes			
307	Wells and Springs			
308	Infiltration Galleries			
309	Raw Water Supply Mains			
310	Power Generation Equipment			
311	Pumping Equipment			
320	Water Treatment Equipment			
320.1	Water Treatment Plants			
320.2	Solution Chemical Feeders			
320.3	Point-of-Use Treatment Devices			
320.4	Arsenic Media			
330	Distribution Reservoirs and Standpipes			
330.1	Storage Tanks			
330.2	Pressure Tanks			
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			
340.1	Computers & Software			
341	Transportation Equipment			
342	Stores Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	SUBTOTAL			
	LESS CIAC Amortization			
	TOTALS *			

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

COMPANY NAME C-D OASE WATER Co.

WATER UTILITY BALANCE SHEET

Acct No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	CURRENT AND ACCRUED ASSETS		
		\$ 1288.34	958.43
131	Cash	\$	\$
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	\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$ 8250.00	\$ 8250.00
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	\$ 8250.00	\$ 8250.00

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

① OPERATES ON A DAY TO DAY BASIS

* ② THIS IS NOT A VALID ACCOUNT AS I HAD TO TAKE FUNDS FROM MY PERSONAL ACCOUNT TO KEEP THIS ACCOUNT A FLEET.

COMPANY NAME C-D OASIS WATER CO.

WATER UTILITY BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
LIABILITIES			
CURRENT LIABILITES			
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	NONE	NONE
	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	\$ —	\$ —
	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 C-D OASIS WATER CO.

WATER UTILITY COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 2280.63	\$ 2989.27
460	Unmetered Water Revenue	None	None
474	Other Water Revenues	None	None
	TOTAL REVENUES	\$ 2280.63	\$ 2989.27
	OPERATING EXPENSES		
601	Salaries and Wages	\$ None	\$ 300.00
610	Purchased Water	0.00	0.00
615	Purchased Power	537.89	617.57
618	Chemicals	54.23	63.27
620	Repairs and Maintenance	184.73	135.81
621	Office Supplies and Expense	883.89	317.64
630	Outside Services		
635	Water Testing	150.00	150.00
641	Rents	None	None
650	Transportation Expenses	3,329.00	382.00
657	Insurance - General Liability	1,375.00	1,375.00
659	Insurance - Health and Life	None	None
666	Regulatory Commission Expense - Rate Case	1640	598.00
675	Miscellaneous Expense	368.46	748.87
403	Depreciation Expense	None	?
408	Taxes Other Than Income	?	
408.11	Property Taxes	157.66	137.62
409	Income Tax	None	None
	TOTAL OPERATING EXPENSES	\$ 7342.65	\$ 9,770.01
	OPERATING INCOME/(LOSS)	\$ -5062.02	\$ -6,087.74
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$ None	\$ None
421	Non-Utility Income	"	"
426	Miscellaneous Non-Utility Expenses	"	"
427	Interest Expense	"	"
	TOTAL OTHER INCOME/(EXPENSE)	\$ "	\$ "
	NET INCOME/(LOSS)	\$ -5062.02	\$ -6,087.74

COMPANY NAME

C-D OHSB WORK CO

SUPPLEMENTAL FINANCIAL DATA

Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End

\$ 0

Meter Deposits Refunded During the Test Year

\$ 0

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

WATER UTILITY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
621-401	2 1/2	30		14"	7	?
621-402	1/2	10		16"	1	?

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

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

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
N/A			

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
None		1,000	2

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 UTILITY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2		
3		
4	TRASSITE	2910' APPROX ?
5		
6	TRASSITE	250' APPROX ?
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	
3/4	11
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

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

TREATMENT EQUIPMENT:

NONE

STRUCTURES:

SMALL TIN SHED } PUMP HOUSES
CORRUGATED BLDG }

OTHER:

NONE

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

COMPANY NAME: C-11 OUSD WATER Co
 Name of System: _____ ADEQ Public Water System Number: _____

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2015

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	8	27,520		
FEBRUARY	8	38,620		
MARCH	8	23,360	SOLD	
APRIL	8	26,870	SOLD	
MAY	8	33,390		0
JUNE	8	85,550		2
JULY	8	87,500	AS	0
AUGUST	8	56,230		
SEPTEMBER	8	129,660	SAME	2
OCTOBER	8	722,80		
NOVEMBER	8	68,020		
DECEMBER	8	16,440		
TOTALS →		695,880		

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 DO NOT 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 OAKS 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 →	<i>0</i>	<i>0</i>	<i>0</i>

OTHER (description):

COMPANY NAME C-D Cass Water Co. YEAR ENDING 12/31/2015

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2015 was: \$ 132.62

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

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AZ CORP COM
Director - Utilities

VERIFICATION

STATE OF _____
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	Cochise
NAME (OWNER OR OFFICIAL) TITLE	Vernon Cardwell
COMPANY NAME	C-D ONE WORK CO

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	2015

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

520-364-7140

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

13th

DAY OF

April
2016

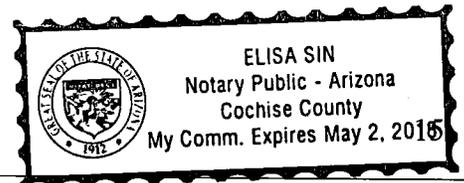
(SEAL)

MY COMMISSION EXPIRES

5/2/2016

COUNTY NAME	Cochise	
MONTH	May 2nd	2016

SIGNATURE OF NOTARY PUBLIC



VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only

RECEIVED

APR 15 2016

AZ CORP COMM
Director - Utilities

VERIFICATION

STATE OF _____
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	COCHISE
NAME (OWNER OR OFFICIAL) TITLE	VERNON CARROLL
COMPANY NAME	C-D CASWALCO

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2015

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 2015 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ 3788.35

(THE AMOUNT IN BOX ABOVE INCLUDES \$ 199.02 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 Carroll

 SIGNATURE OF OWNER OR OFFICIAL
 520-364-1140

 TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 13th DAY OF

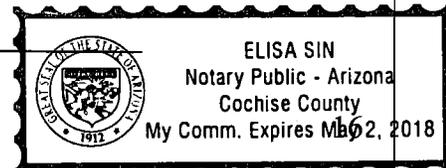
COUNTY NAME	Cochise
MONTH	April
	2016

(SEAL)

MY COMMISSION EXPIRES 5/2/2016

Elisa Sin

 SIGNATURE OF NOTARY PUBLIC



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

RECEIVED
APR 15 2016
AZ CORP COMM
Director - Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	COCHISE	
NAME (OWNER OR OFFICIAL)	VERNON CARROLL	TITLE Owner
COMPANY NAME	C-D OASIS WATER CO	

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2015

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 2015 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ 3,188.35

THE AMOUNT IN BOX AT LEFT INCLUDES \$ 199.08 IN SALES TAXES BILLED, OR COLLECTED)

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

3,188.35 *Vernon Carroll*
SIGNATURE OF OWNER OR OFFICIAL

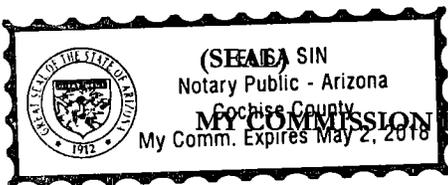
362-5140 (520)
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 13th DAY OF

NOTARY PUBLIC NAME	Elisa Sin	
COUNTY NAME	Cochise	
MONTH	April	2016



(SEE) SIN
Notary Public - Arizona
Cochise County
MY COMMISSION EXPIRES 5/2/2018

Elisa Sin
SIGNATURE OF NOTARY PUBLIC