



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
OIL AND GAS ANNUAL BONDING REPORT

OBLIGOR (WELL OWNER/OPERATOR) INFORMATION

NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL	OPERATOR LICENSE NUMBER
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ISSUING FINANCIAL INSTITUTION INFORMATION (TO BE COMPLETED BY THE INSTITUTION ISSUING THE FINANCIAL ASSURANCE INSTRUMENT (FAI))

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	

FAI INFORMATION (TO BE COMPLETED BY THE INSTITUTION ISSUING THE FAI)

FAI TYPE: Certificate of Deposit (CD) Irrevocable Surety Bond (SB) Irrevocable Letter of Credit (LOC)

FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED
FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED
FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED
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FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED

FINANCIAL INSTITUTION'S FAI ANNUAL CERTIFICATION

I, the undersigned, certify that:

- I am authorized to make this report for this financial institution.
- The financial assurance instrument(s) listed above is valid, in full effect, and will remain in place as a financial assurance instrument(s), submitted to secure the obligor's bond(s) with the State of Missouri and in accordance with the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50-2.020.
- I confirm that the financial assurance instrument(s) will not be released to the obligor without a letter of release from the office of the Missouri state geologist.

AUTHORIZED AGENT SIGNATURE	AUTHORIZED AGENT NAME (PRINT)	TITLE
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NOTARY PUBLIC EMBOSSEY OR RUBBER STAMP SEAL	SUBSCRIBED AND SWORN BEFORE ME, ON THIS		
	day of		in the year
	STATE	COUNTY	MY COMMISSION EXPIRES
	NOTARY PUBLIC SIGNATURE		
NOTARY PUBLIC NAME (PRINT)			

OBLIGOR'S FAI ANNUAL CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as the obligor's agent for the submission of this annual bonding report.
- The FAI and financial institution information on this form is accurate.
- I agree to ensure this FAI remains in full force and effect until a letter of release is issued from the office of the Missouri state geologist per the provisions of Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.

OBLIGOR SIGNATURE	OBLIGOR NAME (PRINT)	TITLE	DATE
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