



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
GEOLOGICAL SURVEY PROGRAM  
**OIL AND GAS WELL BOND**

**FOR OFFICE USE ONLY**

BOND NUMBER	DATE RECEIVED
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**OBLIGOR (WELL OWNER/OPERATOR) INFORMATION**

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI		OPERATOR LICENSE NUMBER	
MAILING ADDRESS		CITY	STATE ZIP CODE
PRIMARY CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS

**BOND INFORMATION**

INDIVIDUAL WELL BOND SCHEDULE (REQUIRED BOND AMOUNT FOR ONE OPEN INDIVIDUAL WELL)

Well depth	Bond amount
0'-500'	\$1,100
501'-1,000'	\$2,200
1,001'-2,000'	\$3,300
2,001'-5,000'	\$4,400
>5,000'	\$5,500 plus \$2 per foot beyond 5,001 feet

BLANKET WELL BOND SCHEDULE (WITHIN THE SPECIFIC DEPTH RANGE AS INDICATED, THE REQUIRED BOND AMOUNT AND MAXIMUM NUMBER OF SIMILARLY CONSTRUCTED OPEN WELLS ALLOWED. AS WELLS ARE PLUGGED IN ACCORDANCE WITH STATE REGULATIONS, OTHER WELL(S) WITHIN A SIMILAR DEPTH RANGE MAY BE SECURED BY THIS BOND)

Well depth	Bond amount	Maximum number of unplugged wells
0'-800'	\$22,000	40
801'-1,500'	\$25,000	10

BOND TYPE (CHOOSE EITHER INDIVIDUAL OR BLANKET WELL BOND AND COMPLETE INFORMATION TO RIGHT OF SELECTION)

Individual Well Bond      Production Unit (lease or surface unit name) \_\_\_\_\_

Well Number \_\_\_\_\_ API Number (if known) \_\_\_\_\_ Depth (actual or proposed) \_\_\_\_\_ FT.

or

Blanket Well Bond       Less than 800' depth      or       801' to 1500' depth

REQUIRED BOND AMOUNT (PER BONDING SCHEDULE LISTED ABOVE)

**FINANCIAL ASSURANCE INSTRUMENT (FAI) INFORMATION**

Financial assurance instrument previously submitted securing this bond  Yes  No (If no, submit FAI and FAI form with this form)

Financial assurance instrument type  Certificate of Deposit  Irrevocable Surety Bond  Irrevocable Letter of Credit

FINANCIAL ASSURANCE INSTRUMENT NUMBER	FINANCIAL ASSURANCE INSTRUMENT VALUE
	\$

**CERTIFICATION**

I, the undersigned, certify that:

- I am authorized to act on behalf of the obligor in submitting this bond.
- I confirm the information on this form has been reviewed by me and is true, correct and complete to the best of my knowledge and belief.
- I understand this bond is not transferrable.
- I understand that if information on this form changes it must be resubmitted.
- I acknowledge this is a performance bond and the required bond amount is payable to the state of Missouri.
- I understand this bond shall remain in full force and effect until a letter of release is issued by the state geologist or it is forfeited due to non-compliance with the provisions of Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.

PRINT NAME	TITLE	COMPANY
SIGNATURE		DATE

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APPROVED BY		DATE
APPROVAL OF RELEASE/FORFEITURE OF BOND Financial Action <input type="checkbox"/> Release <input type="checkbox"/> Forfeiture	BOND NUMBER	BOND AMOUNT
AUTHORITY TO RELEASE/FORFEIT THIS BOND IS HEREBY GRANTED, THIS DAY OF _____ YEAR _____		APPROVED BY
		PLEDGED FAI NUMBER