



## GAS WELL BOND RELEASE REQUEST FORM

**REASON FOR REQUEST:** (circle one)     Plugged     Transfer\*     Other (please state):

\*If transfer, ensure gaining Operator completes Transfer Permit

\*Replacement Surety must be in place prior to release, if well is transferred

### BOND INFORMATION

Bond Number: \_\_\_\_\_ Execution Date: \_\_\_\_\_

Bond Amount: \$ \_\_\_\_\_ Surety: \_\_\_\_\_

Well(s) Covered: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site 911 address: \_\_\_\_\_

### COMPANY INFORMATION

Company: \_\_\_\_\_ Name of Co. Representative: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**All the information contained herein, to the best knowledge and belief of the Operator or designee, is true and correct.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*