



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