COMMONWEALTH OF KENTUCKY **DEPARTMENT FOR NATURAL RESOURCES DIVISION OF OIL AND GAS** 300 SOWER BLVD FRANKFORT, KY 40601 502-573-0147



| Official Use Only |
|-------------------|
| OP # |
| Bond # |
| Control # |

BLANKET CASH BOND

| KNOW ALL PERSONS BY THESE PRESENTS: | | |
|--|---|--|
| That we authorized to do business in this Commonwealth, Kentucky, Department for Natural Resources, in the States, for which payment, well and truly made representatives, our heirs, executors, administrators | e sum of \$ e, we jointly | lawful money of the United and severally bind ourselves, our personal |
| The condition of this obligation is such that where reopen, transfer or temporarily abandon wells in th and 349; if the above bounden principal shall corregulations and orders of the Department for Natur wells, and filing with the Department all records requiped produce oil, gas or coal bed methane in commercial in commercial quantities, then this obligation is voic Commonwealth of Kentucky with check payable to "Kentucky with check payable t | is Commonwe, mply with the ral Resources, uired by the D quantities, or d; otherwise, i | alth; under the provisions of KRS Chapter 353 laws of this Commonwealth and the rules, with reference to the proper plugging of said epartment, in the event that said wells do not cease to produce oil, gas or coal bed methane t is agreed that said sum shall be paid to the |
| The duration of this bond shall be from the time of plugged all of the oil, gas and coal bed methane wells the Department for Natural Resources, and that a required by KRS Chapter 353 or 349 and the rules an releases the bond. | s in accordance all required re | e with the law, and the rules and regulations of ecords, fees and other pertinent information |
| If any entity other than a sole proprietorship, signs attorney to execute documents. If a sole proprietors execute documents. | • | · · · · · · · · · · · · · · · · · · · |
| IN WITNESS WHEREOF, we have hereunto set our h, 20 | | red our seals this day of |
| Signature of Operator | | Title |
| Printed Name | | |
| Sworn To and Subscribed Before Me This | Day of | , 20 |
| My Commission Expires | | Notary Public |
| Director, Division of Oil and Gas | | Date |