Bond Release Request

Date:	
Please accept this letter as a formal request	to release the bond on Permit #
\Box This well was transferred to another oper	ator.
☐ This well was plugged onthe Operations and Reclamation Plan (ED-10	_ and the well site has been reclaimed according to).
Signature:	
Operator Name:	
Address:	
City, State & Zip:	
Phone Number:	
E-mail Address:	