

STATE OF NEW MEXICO

\$10,000 MULTI-WELL GEOTHERMAL PLUGGING BOND

BOND NO. _____

NOTE: This bond may cover up to 10 shallow wells (depth less than 500 feet), OR six intermediate wells (depth 500 feet to 2,000 feet) OR four deep wells (depth greater than 2,000 feet). If the wells described herein include wells in more than one depth category, see Rule 19.14.20.8.A(2)(d) for applicable maximum number of wells this bond may cover.

File with the OIL CONSERVATION DIVISION, 1220 South St. Francis, Santa Fe, New Mexico 87505

KNOW ALL MEN BY THESE PRESENTS:

That _____, (an individual – **If dba, must read – Example: John Doe dba ABC Services**) (a corporation) (a general partnership), (a limited liability company) (a limited partnership) organized in the State of _____, and authorized to do business in the state of New Mexico, as PRINCIPAL, and _____, a corporation organized and existing under the laws of the State of _____ and authorized to do business in the State of New Mexico, as SURETY, are firmly bound unto the State of New Mexico for the use and benefit of the Oil Conservation Division of the Energy, Minerals and Natural Resources Department (or successor agency) (the DIVISION) pursuant to NMSA 1978, Section 71-5-8.A, as amended, in the sum of **Ten Thousand Dollars (\$10,000)** for the payment of which the PRINCIPAL and SURETY hereby bind themselves and their successors, jointly and severally, firmly by these presents.

The conditions of this obligation are such that:

WHEREAS, the PRINCIPAL has commenced or may commence the drilling of a well or wells to prospect for and/or produce geothermal resources, or a service well or wells (other than an injection well) related to such exploration or production, or does own or operate, or may acquire, own or operate such a well or such wells, more particularly identified as follows:

<u>API Number</u>	<u>Footage N/S</u>	<u>Footage E/W</u>	<u>Section/Twsp/Range</u>	<u>Depth</u>
30-0 -	FNL/FSL	FEL/FWL	____/____(N/S)/____(E/W)	_____
30-0 -	FNL/FSL	FEL/FWL	____/____(N/S)/____(E/W)	_____
30-0 -	FNL/FSL	FEL/FWL	____/____(N/S)/____(E/W)	_____
30-0 -	FNL/FSL	FEL/FWL	____/____(N/S)/____(E/W)	_____
30-0 -	FNL/FSL	FEL/FWL	____/____(N/S)/____(E/W)	_____
30-0 -	FNL/FSL	FEL/FWL	____/____(N/S)/____(E/W)	_____
30-0 -	FNL/FSL	FEL/FWL	____/____(N/S)/____(E/W)	_____
30-0 -	FNL/FSL	FEL/FWL	____/____(N/S)/____(E/W)	_____
30-0 -	FNL/FSL	FEL/FWL	____/____(N/S)/____(E/W)	_____
30-0 -	FNL/FSL	FEL/FWL	____/____(N/S)/____(E/W)	_____

NOW, THEREFORE, if the PRINCIPAL and SURETY or either of them or their successors or assigns, or any of them, shall cause all of said wells to be properly plugged and abandoned when dry or when no longer productive or useful for other beneficial purpose, in accordance with the rules and orders of the DIVISION, including but not limited to Rule 19.14.73.8 NMAC, as such rules now exist or may hereafter be amended;

THEN AND IN THAT EVENT, this obligation shall be null and void; otherwise, and in default of complete compliance with any and all of said obligations, the same shall remain in full force and effect.

THIS BOND may be amended by rider to add or delete wells (subject to the maximum number provided for applicable depth categories); SUBJECT, HOWEVER, to Division approval.

PRINCIPAL

Address

By _____
Signature

Title

SURETY

Address

By _____
Attorney-in-Fact

If PRINCIPAL is a corporation, affix corporate seal here

Corporate surety affix corporate seal here

ACKNOWLEDGMENT FORM FOR INDIVIDUAL
(If dba, must read – Example: John Doe dba ABC Services)

STATE OF _____)
SS.
COUNTY OF _____)

This Instrument was acknowledged before me on this _____ day of _____,
by _____.
(Name of Individual)

Notary Public

SEAL

My Commission Expires

ACKNOWLEDGMENT FORM FOR CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY

STATE OF _____)
SS.
COUNTY OF _____)

This Instrument was acknowledged before me on this _____ day _____ 20_____
by _____ as _____
(Name of Person Signing Instrument) (Capacity, e.g. President, Partner, Manager, Member)
of _____.
(Name of Corporation, Partnership, Limited Liability Company)

Notary Public

SEAL

My Commission Expires

ACKNOWLEDGMENT FORM FOR CORPORATE SURETY

STATE OF _____)
SS.
COUNTY OF _____)

This Instrument was acknowledged before me on this _____ day of _____ 20_____
by _____, as Attorney-in-Fact for _____
(Name of Attorney-in-Fact) (Name of Corporate Surety)

Notary Public

SEAL

My Commission Expires

Corporate surety attach power of attorney

APPROVED BY:

Oil Conservation Division of New Mexico

By _____

Date _____