STATE OF NEW MEXICO
OIL CONSERVATION DIVISION (OCD)
WATER QUALITY CONTROL COMMISSION (WQCC) OCD DISCHARGE PERMIT BOND

BOND NO.__________________
OCD PERMIT________________
AMOUNT OF BOND_______________
COUNTY_________________

File with the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505

KNOW ALL MEN BY THESE PRESENTS:

That _____________________________, (an individual – if dba must read – Example: John Doe dba ABC Services) (a general partnership) (a corporation) (limited liability company) (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 20.6.2.5210.B(17) NMAC, 20.6.2.5006 NMAC, and 20.6.2.3107.A(11) NMAC, in the sum of ______________________, for the payment of which the PRINCIPAL and SURETY hereby bind themselves, their successors and assigns, jointly and severally, firmly by these presents.

The conditions of this obligation are such that:

WHEREAS, the PRINCIPAL does or may own or operate a “Facility” (identified by location only below) and/or one or more wells (identified by location(s) below) for the injection of fresh and non-fresh water, remediation fluids (i.e., Class I (NH) Disposal Well or Class V Pump & Treat Injection Well), oilfield exempt, non-exempt and/or geothermal produced fluid waste(s) into the subsurface for use in connection with oil, gas and/or geothermal activities, which well is classified as a Division Underground Injection Control Class I, III or V Injection Well pursuant to the 20.6.2.5002 et seq. NMAC, the identification and location(s) of said well(s) being:

_____________________________________________API No. 30-_____________, located___________feet from the ___________________________ line and _________________feet from the _________________________
(North/South) line and _________________________ (East/West) line

of Section__________________ Township__________________ (North) (South), Range__________________ (East) (West),
NMPM, and Latitude ____________ Longitude ____________ NAD83 County _____________________, New Mexico.

NOW, THEREFORE, if the PRINCIPAL and SURETY or either of them, or their successors or assigns or any of them, shall: (a) cause said well(s) to be properly plugged and abandoned when no longer productive or useful for other beneficial purpose in accordance with the WQCC rules and/or orders of the DIVISION; and (b) take all measures necessary, as required by the DIVISION by OCD Permit No.__________ pursuant to 20.6.2 and 20.6.4 NMAC, as such rules now exist or may hereafter be amended, to prevent contamination of ground water having 10,000 milligrams per liter (mg/l) or less concentration of total dissolved solids (TDS), including, but not limited to, surface and ground water restoration if applicable, and post-operational monitoring.

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.

_______________________________________________                  ______________________________________________
PRINCIPAL                                                                                                                          SURETY
_______________________________________________                                                  _____________________________________________
Address                                                                                                                                     Address
By_____________________________________________                    _____________________________________________
Signature                                                                                                                           Attorney-in-Fact
_______________________________________________
Title
If PRINCIPAL is a corporation, affix                              Corporate surety affix
Corporate seal here                              Corporate seal here

Form WQCC-1
ACKNOWLEDGMENT FORM FOR INDIVIDUAL
(If dba, must read – Example: John Doe dba Well Services)

STATE OF _____________________
COUNTY OF _____________________

This instrument was acknowledged before me on this ____________________ day of ____________________ 20____ by_____________________________________.

(Name of Individual)

____________________________
Notary Public

____________
My Commission Expires

ACKNOWLEDGMENT FORM FOR PARTNERSHIP, CORPORATION, OR LIMITED LIABILITY COMPANY

STATE OF _____________________
COUNTY OF _____________________

This instrument was acknowledged before me on _______ day of ____________ 20____ by_________________________ as ___________________________________________

(Name of Person Signing Instrument)

of___________________________________________________

(Capacity, e.g., partner, president, manager, member)

(Name of partnership, corporation or limited liability company)

____________________________
Notary Public

____________
My Commission Expires

ACKNOWLEDGMENT FORM FOR CORPORATE SURETY

STATE OF _____________________
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

____________
My Commission Expires

Corporate Surety attach Power of Attorney

APPROVED BY:

OIL CONSERVATION DIVISION OF NEW MEXICO

By____________________________________________

Date____________________________________________