

SUBMIT IN QUADRUPLICATE TO

**MONTANA BOARD OF OIL AND GAS CONSERVATION
2535 ST JOHNS AVENUE
BILLINGS, MONTANA 59102**

DOMESTIC WELL BOND AND LIEN

KNOW ALL MEN BY THESE PRESENTS, that we, _____
(Name and Mailing Address)

_____ (Telephone Number)
of the County of _____ in the State of _____ hereby
assign to the State of Montana the hereinafter described real property in the County of _____, State of Montana:

as security for the payment to the State of Montana of the sum of \$ _____ DOLLARS. The condition of the obligation is that the principal proposes to acquire the above described non-commercial wells in the State of Montana.

NOW, THEREFORE, if the above principal shall comply with all of the provisions of the laws of the State of Montana and the rules, regulations and orders of the Board of Oil and Gas Conservation of the State of Montana, especially with reference to the proper plugging of said wells and filing with the Board of Oil and Gas Conservation of the State of Montana all notices and records required by said Board, then this obligation is void; otherwise, the same shall be and remain in full force and effect.

WITNESS our hands and seals, this _____ day of _____, _____

Principal

(If the principal is a corporation, the bond should be executed by its duly authorized officers, with the seal of the corporation affixed. When principal executes this bond by agent, power of attorney or other evidence of authority must accompany the bond.)

FILED FOR RECORD THIS _____ DAY OF _____, _____

At _____ o'clock _____ M, and recorded in Book _____ of _____ on Page _____ of the
County of _____, State of Montana.

Clerk and Recorder

By: _____

APPROVED BY
MONTANA BOARD OF OIL AND GAS CONSERVATION

Name / Title

Date

State of: _____

County of: _____

On this _____ day of _____ personally appeared _____

known to me _____

(or proved to me on oath of _____)

to be the person(s) whose names(s) subscribed to the within instrument and acknowledged to me that _____
executed the same.

(name/title) before me a notary public for the State of _____.

Notary Public

Residing at: _____

My commission expires: _____