

**ASSIGNMENT of DEPOSIT**

For Reclamation Security as Required by ORS 520.095 - Permit to Drill Oil/Gas Well

This Assignment by \_\_\_\_\_ (Assignor/Permittee)  
of \_\_\_\_\_ Dollars\* (\$\_\_\_\_\_) represented by Deposit or  
Renewal No. \_\_\_\_\_ (Evidence of Deposit) with  
\_\_\_\_\_ (Financial Institution) is  
presented to the Oregon Department of Geology and Mineral Industries (the Department) in fulfillment of requirements  
of ORS 520.095 applicable to Oil/Gas Permit API No. 36-\_\_\_\_\_ for oil/gas drilling operations located in  
County\_\_\_\_\_ Township\_\_\_\_\_ Range\_\_\_\_\_ Section\_\_\_\_\_ ¼ Section\_\_\_\_\_



The undersigned Assignor does hereby assign, transfer, and set over unto the Department, all right, title, and interest in and to the  
Deposit Amount with the Financial Institution in the name of the Assignor, with full power and authority on the part of the  
Department to demand, collect, and receive said Deposit Amount for the uses and purposes prescribed by OAR 632-010-0205 and to  
give receipt and acquittance therefore.

It is understood and agreed that the Financial Institution will hold the Deposit Amount until the assignment is released by the  
Department, or the Deposit Amount is paid to the Department upon its written demand. It is agreed that the Financial Institution  
will hold the Evidence of Deposit in trust for the uses and purposes stated herein. Interest on the Deposit Amount shall be payable  
to the Assignor.

The undersigned Financial Institution accepts the assignment of the Deposit Amount and any document(s) pertaining to the Evidence  
of Deposit and agrees that any such document(s) will be held for the uses and purposes stated above until this assignment is  
released by the Department or the Deposit Amount is paid to the Department upon its written demand.

Accepted by Financial Institution:  
*(must have branches located in Oregon)*

\_\_\_\_\_  
*(Name of Assignor - print or type)*

\_\_\_\_\_  
*(Name of Financial Institution)*

\_\_\_\_\_  
*(Signature of Assignor / Date)*

\_\_\_\_\_  
*(Name, Title - print or type)*

\_\_\_\_\_  
*(Signature / Date)*

**Send completed form with ORIGINAL  
signatures to address above.**

\_\_\_\_\_  
*(Mailing Address)*

\_\_\_\_\_  
*(City/State/Zip)*

\_\_\_\_\_  
*(Phone)*

**\*MAXIMUM = \$50,000**