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)

__________________________________________

(Signature of Assignor / Date)

__________________________________________

(Name of Financial Institution)

__________________________________________

(Name, Title - print or type)

__________________________________________

(Signature / Date)

__________________________________________

(Mailing Address)

__________________________________________

(City/State/Zip)

__________________________________________

(Phone)

Send completed form with ORIGINAL signatures to address above.

*MAXIMUM = $50,000