APPLICATION FOR BOND RELEASE

Form No. A8
Revised on 7/1/2002

INDIANA DEPARTMENT OF NATURAL RESOURCES
Division of Oil and Gas
402 W. Washington St., Rm. 293
Indianapolis, IN 46204
Phone (317) 232-4055
FAX (317) 232-1550
Internet: http://www.in.gov/dnroil

PART I	**APPLICATION FOR RELEASE**		
Name of operator			
Address of operator	City	State	Zip
Name of bonding company or financial institution (If applicable)	Bond or CD number (Blanket bonds only)		

The Department of Natural Resources (the Department) has, pursuant to IC 14-37, required the submission and maintenance of a Surety, CD or Cash bond(s).
The operator now applies to the Department to release the bond(s) to the operator at the address shown above
The operator acknowledges that bond release is conditioned upon a finding by the Department that the operator qualifies for bond release under IC 14-37 et. Seq.
By signing below the operator hereby accepts responsibility for the re-submission of a bond(s) at the request of the Department

We affirm under the penalty for perjury that the foregoing is true to the best of our knowledge and belief.

Signature of operator	Date signed

PART II	**APPROVAL OF RELEASE**
Signature of Director, Division of Oil and Gas	Date signed

SPECIAL REQUIREMENTS

1. Please print or type in completing this form and return to the address listed at the top of this form.
2. Only those persons whose names appear in PARTS V or VI of the Organizational Report may sign this form as the operator.