

**DEPARTMENT OF NATURAL RESOURCES
REASSESSMENT OF OILFIELD SITE RESTORATION COSTS
SITE SPECIFIC TRUST ACCOUNTS**

Date _____

SSTA No. _____

Field Name _____ Field Code _____

Operator _____ Operator Code _____

Contractor Performing Reassessment _____

Contact Person and Phone Number _____

Well Name*	Well Number	Serial Number	PBTD	Estimated Cost to P&A
				\$
				\$
				\$
				\$
				\$
				\$

Pits Associated with Site*	ID Number	Estimated Cost to Close
		\$
		\$

Production Equipment*	Production Equipment

*Attach Addendum if Needed

Total P&A Cost \$ _____

Total Pit Closure Cost \$ _____

Total Equipment Removal Cost \$ _____

Production Platform Removal Cost \$ _____

Underwater Obstruction Removal and Site Clearance Verification Cost \$ _____

Surface Restoration Cost \$ _____

Other Restoration Cost \$ _____

Total Site Restoration Cost (Attach a detailed explanation of all factors considered in arriving at cost estimates, i.e., wellbore schematics, plugging and abandonment procedures, pit closure procedures, etc.). \$ _____

Method of Funding (The three acceptable methods include: Cash, Performance Bond, & Letter of Credit. Any other proposed method of funding must be approved by the Commissioner of Conservation.)

Signature, Operator

Printed Name

Title

FOR OFFICE USE ONLY

Approved By

Date

SSTA Acct. No.

