

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

Date _____

Field Name _____ Field Code _____

Transferor _____ Operator Code _____

Transferee _____ Operator Code _____

Contractor Performing Assessment _____

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, Transferor Printed Name Title

Signature, Transferee Printed Name Title

FOR OFFICE USE ONLY		
_____ Approved By	_____ Date	_____ SSTA Acct. No.

