

Empty Liability Bond Letter Template

CERTIFIED MAIL - Return Receipt Requested

NOTICE

Principal:	BLM Bond Number:	_____
	Surety Bond Number:	_____
	Date Executed:	_____
Surety: (c/o Attorney-in-Fact)	Amount of Bond:	_____

Requested Bond Records Update

On *(date)*, this office received a *(nationwide/statewide/individual)* surety bond to secure coverage of all operations conducted by or on behalf of the principal, *(principal name)*, on all Federal leases except those in the National Petroleum Reserve in Alaska (NPR-A). The bond provides coverage where the principal has interest in, and/or responsibility for operations on, Federal leases authorized under the authority of any of the Acts cited on the bond form. The surety bond was approved on *(date)*.

Per the BLM's records, there are no associated operations relating to this bond. If this is incorrect, please contact our office so we can update our records.

The BLM is contacting your office to determine whether you would like to initiate a bond termination request. Termination of liability under the bond will be permitted only after this office is satisfied that there is no outstanding liability on the bond or satisfactory replacement bonding coverage has been furnished.

Liabilities include, but are not limited to:

- The obligation to properly plug and abandon all existing wells;
- Reclamation of the lease area(s);
- Any unpaid rentals or accrued royalties; and
- Restoration of any resource values adversely affected by lease operations after the abandonment or cessation of oil and gas operations on the lease(s).

You have 30 calendar days from receipt of this notice to let us know if you would like to keep your bond in place. This is an interlocutory decision from which no appeal may be taken. If compliance is not made within the time allocated, or any extension of time requested, the BLM will proceed with the bond termination process and issue a decision to terminate the period of liability on your bond. You have the right to appeal this termination decision.

If you have any questions, please contact (author's name) at (telephone number) or (author's email address) or write to the attention of (office code) at the address shown on the letterhead.

Authorized Officer
(name) State Office

Distribution:
(name) Field Office, Fluid Minerals Operations