



VERIFICATION OF CERTIFICATE OF DEPOSIT

State Form 17596 (R4 / 12-17) / Form No. B4

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
 402 W. Washington St., Rm. 293
 Indianapolis, IN 46204
 Telephone number: (317) 232-4055
 FAX number: (317) 232-1550
 Internet: <http://www.in.gov/dnr/dnroil>

Permit Number	Section	Township	Range
Name of lease			Well Number
FOR DIVISION USE ONLY			
Date filed (month, day, year)		Date released (month, day, year)	

You are hereby advised that the undersigned, pursuant to obligations set forth in IC 14-37, does hereby assign, transfer to, and pledge with the Department of Natural Resources all right, title and interest of the undersigned in and to the Certificate of Deposit issued by or carried with:

Name of financial institution		
Address (number and street)		
City	State	ZIP code

and identified as certificate of deposit number _____, in the face amount of _____, except that interest on the certificate is the property of the assignor.

This assignment constitutes collateral security for performance of the assignor's obligations under IC 14-37 or its successor chapter, and for the payment of costs incidental to administrative actions undertaken by the Department of Natural Resources to assure that the assignor has performed his obligations under IC 14-37 or its successor chapter.

The undersigned appoints the Director for the Division of Oil and Gas, Department of Natural Resources (the "Director") as the true and lawful attorney of the undersigned to demand, collect, and receive all amounts, excluding interest, which shall become due under the Certificate of Deposit and to endorse the Certificate of Deposit for payment or negotiation and to endorse any commercial paper given in payment of the Certificate of Deposit. The director may permit automatic renewal of the Certificate of Deposit on any maturity date.

The undersigned warrants that the Certificate of Deposit is contemporaneously with the execution hereof being delivered to the Director; that the Certificate of Deposit is genuine and is in all respects what it purports to be; that the undersigned is the owner thereof free and clear of all liens and encumbrances; and that the undersigned has full power, right and authority to execute and deliver this assignment.

Signature of assignor	Date signed (month, day, year)	If Corporation, title
Signature of assignor	Date signed (month, day, year)	If Corporation, title

SIGNATURE GUARANTEE AND UNDERTAKING BY THE FINANCIAL INSTITUTION

The signature(s) of the assignor(s) appearing above was (were) made in the presence of the Undersigned Officer of the Financial Institution in the above collateral assignment and is (are) herewith guaranteed by it.

This institution undertakes to save and hold harmless the Department of Natural Resources and the State of Indiana from all loss, claims, and litigation which it may suffer in consequence of its acting in reliance upon and pursuant to the above agreement.

Financial institution	By
Title	Date signed (month, day, year)

The Director of the Division of Oil and Gas herewith acknowledges receipt of the above assignment and agrees to act thereunder

Signature of Director, Division of Oil and Gas	Date signed (month, day, year)
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SPECIAL REQUIREMENTS

Only those persons whose signatures appear in PARTS V or VI of the Organizational Report may sign this form as the assignor.