SURETY BOND

CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY IN ACCORDANCE WITH THE REQUIREMENTS OF THE OIL POLLUTION ACT OF 1990

(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

1.	. Designated Applicant		BOEM COMPANY NUMBER
			BOEM COMPANT NOMBER
2.	. Surety Company Bond Number:	.	-
	. The Designated Applicant and Responsible Parties, identified in form(vs ofstate called Surety), are hel nd removal cost liabilit), in the sum of \$	d and firmly bound y under the Oil
	which payment, we bind ourselves and our heirs, executors, administrated severally, under the terms and conditions of Part 553 of Title 30 of the hereby provided on behalf of the Responsible Parties to comply with the is offered to satisfy any claim made under OPA.	Code of Federal Reg	ulations. This bond is
4.	The liability of the Surety will not be discharged by any payment or su and until such payment or payments will amount in the aggregate to t Surety's obligation hereunder exceed the amount of the penalty, prov notice to the Bureau of Ocean Energy Management (BOEM) oil spill f all claims filed, judgments rendered, and payments made by the Sure	he penalty of the bond ided the Surety furnish inancial responsibility	. In no event will the nes timely written
5.	This bond is effective the day of,, 12:01 a.r	n., Eastern Standard ⁻	Гіте
	as stated herein and will continue in force until terminated as hereinaf terminate this bond by written notice of intent to cancel sent by certific copies (plainly indicating the original notice was sent by certified mail) oil spill financial responsibility program by certified mail. This surety be will remain liable until termination on the earlier of: (1) thirty calendar	ed mail to the Designat to all Responsible Pa and will remain in force	ed Applicant with rties and to the BOEM and the undersigned

6. The undersigned agree that any suit or claim for which the Responsible Parties identified in form(s) BOEM-1017, on file or attached, represented by the aforementioned Designated Applicant may be liable under Title I of the Act may be brought directly against the Surety for claims up to the amount of the penalty asserted by the U.S. government or by other claimants when a Responsible Party denies or fails to pay a claim on the basis of insolvency or a Responsible Party has petitioned for bankruptcy under Title 11 of the U.S. Code.

Applicant receive a notification of an intent to cancel this Surety Bond; (2) BOEM receives other acceptable OSFR

permanently abandoned either in compliance with 30 CFR part 250 or equivalent state requirements. The Surety will not be liable in connection with an incident occurring after the termination of this bond as herein provided; but termination will not affect the liability of the Surety in connection with an incident occurring before the termination

evidence from the Designated Applicant; or (3) all the COFs to which this Surety Bond applies have been

7. The undersigned further agrees not to use any defense except those that would be available to a Responsible Party for whom the Surety was provided or that the incident leading to the claim for removal costs or damages was caused by willful misconduct of a Responsible Party covered by this Surety Bond.

OBM Control No.: xxxxxxx

Expiration Date: xxxxxxxxx

becomes effective.

- **8.** The undersigned further agrees that the Responsible Party, pursuant to the requirements of 30 CFR 553.15, will notify the BOEM oil spill financial responsibility program in the event the Responsible Party is no longer able to maintain evidence of oil spill financial responsibility to the extent stated in section 3 above.
- **9**. The Designated Applicant must, no later than the first calendar day of the fifth month after the close of your Financial Guarantor's fiscal year or termination if earlier, submit either a renewal of this Surety Bond or other acceptable evidence of financial responsibility.

In witness whereof, the Designated App day of	olicant and the Surety have	e executed this instrument on the
MONTH YEAR		
Designated Applicant:		
SIGNATURE OF AUTHORIZED REPRESENTATIVE		
NAME OF AUTHORIZED REPRESENTATIVE		
TITLE OF AUTHORIZED REPRESENTATIVE		
Surety:		
COMPANY NAME		-
ADDRESS		
CITY STATE	ZIP CODE	
SIGNATURE OF AUTHORIZED REPRESENTATIVE		
NAME OF AUTHORIZED REPRESENTATIVE		_

TITLE OF AUTHORIZED REPRESENTATIVE