



CARBON DIOXIDE STORAGE FACILITY CASH FINANCIAL ASSURANCE INSTRUMENT

NORTH DAKOTA DEPARTMENT OF MINERAL RESOURCES

SFN 62586 (12-2024)

Account Number (if applicable)

NDIC Instrument Number

Read instructions on page 2 before filling out form. Please submit the original report.

Storage Facility Operator	Telephone Number
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Address

City	State	ZIP Code
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The storage facility operator proposes to set up financial assurance in the amount of (select only one):

Cash Bond \$

Escrow Account \$

Trust Fund \$

Other Approved Method: \$

If other, please describe:

For the following carbon dioxide storage facility:

Carbon Dioxide Storage Facility Name and Number	NorthSTAR Facility Number	NDIC Order Number
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This financial assurance covers the following costs, pursuant to N.D.A.C § 43-05-01-09.1(b) for the storage facility listed above:

Corrective Action \$

Injection Well Plugging \$

Post-injection Site Care and Facility Closure \$

Emergency and Remedial Response \$

I hereby swear or affirm that the information provided is true, complete and correct as determined from all available records and that the financial instrument being provided complies with N.D.C.C Chapter 38-22, N.D.A.C § 43-02-03-15, N.D.A.C § 43-05-01-09.1, and Industrial Commission orders.

Signature	Printed Name	Title
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State of	County of
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Signed and sworn to (or affirmed) before me this	Date
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Name of Individual Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date	

1. In order to file a cash financial assurance instrument, you must first contact the Department of Mineral Resources, Oil and Gas Division.
2. Please refer to Section 43-02-03-15 and Section 43-05-01-09.1 of the North Dakota Administrative Code regarding financial instruments for carbon dioxide storage facilities.
3. Name of applicant shall be the name of the operator and shall be the same as reported on the Organization Report - Form 2 (SFN 5748).
4. The storage facility name and number, NorthSTAR facility number, and NDIC Order number shall coincide with the official records on file with the Department.
5. For escrow accounts and trust funds, the form must be accompanied by the executed agreement, including documentation to show that initial funds as required by the Department have been met.
6. The original of this report shall be filed with the Department of Mineral Resources, Oil and Gas Division, 600 E Boulevard Ave, Dept 474, Bismarck ND 58505-0614.