

OTHER CASH-BASED ACCOUNT CHECKLIST

File ID:

Facility / Instrument Information

Operator Name: _____
 Facility Name: _____
 Facility #: _____
 Issuing Institution: _____
 Instrument Number: _____
 Account Agent: _____
 Permit Type: Individual Area
 Permit ID: _____

Outstanding Issues / Follow-up

Coverage

Coverage Type: Single Multiple
 Cost Estimate: Required Not Required
 Well Class(es): I Non-Hazardous I Hazardous II III IV V VI

Original Revision Revision Revision

Number of Wells (# Date):							
Cost Estimate (Value Date):							
Account Value:							
Effective Date:							
Expiration Date:							

Value ≥ Current Cost Estimate: Yes No Yes No Yes No Yes No

Pay-in Period: Yes No Description: _____

Issuing Institution/Agent Qualifications

Institution is a neutral party regulated by a State or Federal agency (e.g., FDIC): Yes No
If the UIC Program Director deems necessary, the strength of the issuing institution or agent can be verified through identifying a proven track record of effectively managing cash-based accounts. A track record may be proven by information such as the length of time in business, a list of accounts managed of similar size, or institution's ability to pass financial thresholds and ratios defined for passing the self-insurance requirements.
 Other: _____

Instrument Provisions (Does the Cash-Based Account meet the following provisions?)

Specifies conditions for drawing on the instrument (e.g., failure to properly close and plug wells): Yes No
 Language consistent with recommendations in Appendix B of Class VI FR Guidance (Escrow only): Yes No
 Requires Submission of Annual Valuation: Yes No
 Additional Provisions or Further Description (Customize to regulatory agency and well type):

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Standby Trust

Standby Trust: Required Not Required Signed Copy of Trust Agreement: Yes No
 Issuing Institution: _____
 Trustee: _____
 Notes: _____

Accompanying Documentation (Does the file contain...?)

- Signed Copy of Instrument
- Copy of Independent Cost Estimate
- Certificate of Acknowledgement (for standby trust)
- Schedule of Covered Wells (names/locations/depths)

