

ASSIGNMENT OF CASH COLLATERAL
(Must be a federally insured bank or savings institution within the State of New Mexico.)
New Mexico State Land Office – Oil, Gas, and Minerals Division
ONLINE Version

Dated _____

Pursuant to the terms of **Oil and Gas** lease(s) and **New Mexico State Land Office** Rule 100.23, or successor provisions, _____ **Operator**

(NAME OF OPERATOR)

of _____ has deposited

(ADDRESS)

with the _____ **Financial Institution**

(NAME OF STATE OR NATIONAL BANK OR SAVINGS ASSN)

of _____

(ADDRESS)

the sum of \$ _____ in Certificate of Deposit or Savings Account

Number _____. Operator hereby assigns and conveys all right, title, and

interest in the deposited sum to the Financial Institution in trust for the State of New Mexico. Operator and

Financial Institution agree that as to the deposited sum or fund:

- a. The New Mexico State Land Office acquires by this assignment the entire beneficial interest in the fund, with the right to order the trustee in writing to distribute the fund to the person(s) determined by the Oil, Gas, & Minerals Division of the New Mexico State Land Office to be entitled thereto, including the New Mexico State Land office itself, in amounts determined by the Division, or to the Operator upon proper reclamation and restoration of the area covered by this bond.
- b. Operator retains no legal or beneficial interest in the fund and has only the right to interest, if any, thereon, and to return of the fund upon written order of the Division.
- c. The Financial Institution agrees that the fund may not be assigned, transferred, pledged, or distributed except upon written order of the New Mexico State Land Office or a court of competent jurisdiction made in a proceeding in which New Mexico State Land Office is a party. The Financial Institution waives all statutory or common law liens or rights of set-off against the fund.

Operator agrees that the Financial Institution may deduct from interest due Operator any attorney fees incurred by the Financial Institution if any claim or demand via writ, summons or other process arising from Operator's business is made upon the Financial Institution.

Operator

(Name of Operator)

By: _____
(Signature of Officer)

its _____
(Officer's Title)

Financial Institution

(Name of Institution)

By: _____
(Signature of Authorized Officer)

its _____
(Officer's Title)

Acknowledgments – printed names – on following page.

Acknowledgment in an Individual Capacity

State of _____)

County of _____) SS)

This instrument was acknowledged before me on _____ Date

by _____

Name(s) of Person(s)

(Notary Seal)

Notary Signature

My commission expires: _____

Acknowledgment in a Representative Capacity - Operator

State of _____)

County of _____) SS)

This instrument was acknowledged before me on _____ Date

by _____

NAME OF PERSON representing Operator Company

as _____ of _____

PRINT TYPE OF AUTHORITY; e.g., OFFICER, TRUSTEE, ETC.

PRINT NAME OF OPERATOR

(Notary Seal)

NOTARY SIGNATURE

My commission expires: _____

Acknowledgment in a Representative Capacity – Financial Institution

State of _____)

County of _____) SS)

This instrument was acknowledged before me on _____ Date

by _____

NAME OF PERSON representing financial institution

as _____ of _____

TYPE OF AUTHORITY: OFFICER, TRUSTEE, ETC.

NAME OF STATE OR NATIONAL BANK OR SAVINGS ASSOCIATION

(Notary Seal)

NOTARY SIGNATURE

My commission expires: _____