TRUST FUND CHECKLIST			File ID:					
Facility / Instrument Information				Out	standing Issues / I	Follow-up		
Operator Name:					<b>.</b>	•		
Facility Name:			-					
Facility #:								
Issuing Institution:								
Instrument Number:								
Trustee:								
Permit Type:	Area							
Permit ID:								
Coverage								
Coverage Type: Single	Multiple							
Cost Estimate: Required	Not Required				_			
Well Class(es):	☐ I Hazardous			III	□ IV	□ V	☐ VI	
	riginal	Rev	rision	Re	vision	Rev	vision	
Number of Wells (# Date):								
Cost Estimate (Value Date):								
Fund Value:								
Effective Date:								
Expiration Date:								
·			п.,		П.,			
Fund Value ≥ Current Cost Estimate:		Yes	☐ No	Yes	∐ No	Yes	☐ No	
Pay-in Period: Yes No Descriptio	n:							
Issuing Institution Qualifications					l van			
Institution is a neutral party regulated by a Sta	_	-			Yes	∐ No		
Institution has the authority to act as a trustee:				_	Yes	∐ No		
Proven track record of effectively managing tru					Yes	∐ No		
(Evidenced by information such as the length of t	ime in business, a l	list of trusts mana	aged of similar siz	ze, and institution	n's revenue thresi	hold.)		
Origina	(Value Date)	Rev	rision	Re	vision	Rev	vision	
Credit Rating (Value Date):								
Bond Rating (Value Date):								
Minimum bond and credit rating standards - Moody's (Aaa, Aa, A, Baa) or S&P (AAA, AA, A, BBB)								
S&P: www.standarda			www.fdic.gov		: www.moodys.con	<u>n/</u>		
Instrument Provisions (Does the Trust Fund								
Specifies conditions for drawing on the instrum			e and plug wells	s):	Yes	☐ No		
Language consistent with Federal requirements/recommendations:								
Class I Hazardous 40 CFR 144.70(a): Class VI Appendix B of Class VI FR Guidan					Yes Yes	∐ No □ No		
Language consistent with form provided by reg					Yes	□ No		
Requires Submission of Annual Valuation:								
Additional Provisions or Further Description (C	ustomize to regulato	ry agency and we	II type):					
☐ Yes ☐ No								
l res l No								
Yes No								
Yes No								
☐ Yes ☐ No								
Yes No								
Yes No								
Yes No								
Accompanying Documentation (Does the file contain?)								
☐ Signed Copy of the Trust Agreement								
Copy of Independent Cost Estimate								
Certificate of Acknowledgement								

File Devices Information							
File Review Information Reviewer							
Reviewer	Date of Review	Additional Notes					
	İ						