



Form 3A - Financial Assurance

Summary Information Overview

Form Name:	Form 3A - Financial Assurance
Document Number:	403935841
Date Submitted:	10/9/2024
Date Approved:	11/20/2024

Operator Information

Operator Number: **10417**
Operator Name: **INCREMENTAL OIL & GAS (FLORENCE) LLC**
Operator Address: **113 N SANTA FE AVE ATTN: TIMOTHY HART**
Operator City: **FLORENCE**
Operator State: **CO**
Operator Zip: **81226**
First Name: **Timothy**
Last Name: **Hart**
Contact Phone: **(303) 999-5420**
Contact Email: **thart@fremontpetroleum.com**
Subsidiary Operators: **None**

Summary

Financial Assurance Option: **4**
Financial Assurance Plan Amount \$: **\$435,860.00**
Contribution Amount %: **10%**
Contribution Amount \$: **\$53,586.00**
Active Financial Assurance \$: **\$85,000.00**
Adjusted Financial Assurance Amount \$: **\$103,586.00**
Form 3A - Balance \$: **\$35,000.00**

Rule 702 - Plugging, Abandonment, and Reclamation

Total Financial Assurance Required: **\$435,860.00**
Contribution Amount \$: **\$43,586.00**
Active Financial Assurance \$: **\$60,000.00**
Adjusted Financial Assurance Amount \$: **\$103,586.00**

Form 3A - Rule 702 Balance \$: **\$0.00**

Rule 703 - Other Oil and Gas Facilities & Operations

Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Balance \$: **\$0.00**

703 (E&P Waste Facilities) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Waste Facilities Balance \$: **\$0.00**

703 (Remediation Projects) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Remediation Projects Balance \$: **\$0.00**

703 (Seismic Operations) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Seismic Operations Balance \$: **\$0.00**

703 (Gas Facilities) - Financial Assurance Selection: **Blanket**
703 (Gas Facilities) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

703 (Produced Water Transfer Systems) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Produced Water Transfer Systems Balance \$: **\$0.00**

703 (Commercial Disposal Facilities) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

Rule 704 - Surface Owner Protection Bonds

Exempt from Rule 704: ☒

operator must provide documentation required by ecmc permitting within 30 days of form submission

Instrument Allocation Summary

Instrument Summary:

Operator to mail the following instruments to ECMC office:

Instrument	Type	Operator	Provider	Amount
648131	CASH	10417 - INCREMENTAL OIL & GAS (FLORENCE) LLC	INCREMENTAL OIL & GAS (FLORENCE) LLC	\$43,586.00

Signature and Certification

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments: **Operator #10417 submitted Cashier's check #648131 in the amount of \$43,586 along with Form 3I and W-9 to the attention of Sharon Schoepflin, Financial Assurance at the ECMC on 9/24/24.**

Name: **Timothy B Hart**

Title: **CEO**

Email: **thart@fremontpetroleum.com**

Phone: **(303) 999-5420**

Signature:

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Associated Documents

403951684 - FORM 3A SUBMITTED

Conditions of Approval

Operator to submit SUA for each lease with a Form 4 to be reviewed by Permitting group.

General Comments

User Group	Comment	Comment Date
Financial Assurance	11/20 update - Liz is working with Penny G ti get Form 4's and all SUA's submitted per the Rule 704 Exception. See also COA. Left message for Liz Harkins on Surface box being checked as not being needed but our report shows several requiring the blanket surface bond.	11/11/2024

