



Form 3A - Financial Assurance

Summary Information Overview

Form Name:	Form 3A - Financial Assurance
Document Number:	403997316
Date Submitted:	11/16/2024
Date Approved:	12/3/2024

Operator Information

Operator Number: **63393**
Operator Name: **NISWONGER* TOM & TONI**
Operator Address: **16540 EDWARDS RD**
Operator City: **MONUMENT**
Operator State: **CO**
Operator Zip: **80132**
First Name: **TONI**
Last Name: **NISWONGER**
Contact Phone: **(719) 481-9067**
Contact Email: **niswongert@aol.com**
Subsidiary Operators: **None**

Summary

Financial Assurance Option: **4**
Financial Assurance Plan Amount \$: **\$1,000.00**
Contribution Amount %: **10%**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$1,000.00**
Adjusted Financial Assurance Amount \$: **\$1,000.00**
Form 3A - Balance \$: **\$0.00**

Rule 702 - Plugging, Abandonment, and Reclamation

Total Financial Assurance Required: **\$1,000.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$1,000.00**
Adjusted Financial Assurance Amount \$: **\$1,000.00**

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

Financial Assurance Selection: **Blanket**
Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 704 Balance \$: **\$0.00**
Exempt from Rule 704: ☐

Instrument Allocation Summary

Instrument Summary: **None**

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:

Name: **TONI NISWONGER**

Title: **OWNER**

Email: **niswongert@aol.com**

Phone: **(719) 481-9067**

Signature:

.

Associated Documents

403997317 - FORM 3A SUBMITTED

