



Form 3A - Financial Assurance

Summary Information Overview

Form Name: **Form 3A - Financial Assurance**
Document Number: **404084898**
Date Submitted: **2/6/2025**

Operator Information

Operator Number: **55030**
Operator Name: **MCCARTNEY ENGINEERING LLC**
Operator Address: **4251 KIPLING ST STE 575 ATTN: JACK MCCARTNEY**
Operator City: **WHEAT RIDGE**
Operator State: **CO**
Operator Zip: **80033**
First Name: **LISA**
Last Name: **MCCARTNEY**
Contact Phone: **(303) 830-7208**
Contact Email: **lisa@mccartneyengineering.com**
Subsidiary Operators: **None**

Summary

Financial Assurance Option: **3**
Financial Assurance Plan Amount \$: **\$164,000.00**
Contribution Amount %: **5%**
Contribution Amount \$: **\$8,200.00**
Active Financial Assurance \$: **\$130,000.00**
Adjusted Financial Assurance Amount \$: **\$138,200.00**
Form 3A - Balance \$: **\$0.00**

Rule 702 - Plugging, Abandonment, and Reclamation

Total Financial Assurance Required: **\$164,000.00**
Contribution Amount \$: **\$8,200.00**
Active Financial Assurance \$: **\$130,000.00**
Adjusted Financial Assurance Amount \$: **\$138,200.00**
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

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:

Operator to mail the following instruments to ECMC office:

Instrument	Type	Operator	Provider	Amount
02-461372-5	CERTIFICATE OF DEPOSIT	55030 - MCCARTNEY ENGINEERING LLC	EQUITABLE SAVINGS & LOAN ASSO C	\$10,000.00

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:

Name: **LISA MCCARTNEY**

Title: **LEGAL COMPLIANCE**

Email: **lisa@mccartneyengineering.com**

Phone: **(303) 830-7208**

Signature:

