



# COLORADO

## Oil & Gas Conservation Commission

Department of Natural Resources

### Form 3 - Financial Assurance Plan

#### Summary Information Overview

Form Name: **Form 3 - Financial Assurance Plan**  
Document Number: **403329755**  
Date Submitted: **2/24/2023**

#### Operator Information

- Operator Number: **10731**
- Operator Name: **HUBBARD CREEK COAL GAS LLC**
- Operator Address: **P.O. BOX 535**
- Operator City: **SOMERSET**
- Operator State: **CO**
- Operator Zip: **81434**
- First Name: **MICHAEL**
- Last Name: **LUDLOW**
- Contact Phone: **(970) 929-5494**
- Contact Email: **mike.ludlow@oxbow.com**
- Initial Plan:
- Docket Number:
- Commission Order: **1-null**
- Subsidiary Operators: **None**
- Revised Plan Description:
- Operator Transfer Type:
- Operator's Total Oil Production: **0**
- Operator's Total Gas Production: **131,591**
- Operator's Aggregate GOR: **0**
- Operator's GOR Determination: **MCFE**
- Operator's Average Daily Per-Well Production: **360.7204 MCFE**
- Public Company: **NO**
- Current Approved Plan Option:

SUBMITTED

#### Well Data

##### Well Status Data

Reported Plugged Wells are excluded.

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Status	Total	With Federal Financial Assurance	Tribal Wells	Subject to Rule 702
Active	0	0	0	0
Active Permit	0	0	0	0
Domestic	0	0	0	0
Drilling	0	0	0	0
Injecting	0	0	0	0
Producing	1	0	0	1
Shut In	0	0	0	0
Suspended Operations	0	0	0	0
Temporarily Abandoned	0	0	0	0
Waiting on Completion	0	0	0	0
<b>TOTALS</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>

## Well Designation Data

Designation	Total	With Federal Financial Assurance	Tribal Wells	Subject to Rule 702
Defined Inactive	0	0	0	0
Noticed Inactive	0	0	0	0
Inactive Exception	0	0	0	0
Out of Service	0	0	0	0
Out of Service Repurposed	0	0	0	0
Low Producing	0	0	0	0

- Number of Inactive Wells: **0**
- Number of Wells Plugged (2023): **0**
- Number of Wells Plugged (2022): **0**
- Number of Wells Plugged (2021): **0**
- Number of Wells Plugged (2020): **0**
- Asset Retirement Planning Description: **The well will be plugged in.**
- Plugged Wells Have Not Passed Final Reclamation:

	Have Not Passed Final Reclamation	Were Covered by Financial Assurance in Previous FA Plan
Reported Plugged (RP) Wells:	0	0
Dry & Abandoned (DA) Wells:	0	0
Plugged & Abandoned (PA) Wells:	0	0
<b>TOTAL:</b>	<b>0</b>	<b>0</b>

## FA Types & Bond Riders

- Surety Bond:
- Is Operator's financial assurance partially or entirely provided through one or more bond riders?: **YES**
- If "YES", describe all riders and address the liability posed by the riders below: **Atlantic Specialty Insurance Co 800147925, 800147926**

## Plan Options

- Financial Assurance Plan Option: **1**

## Financial Assurance for Wells Option 1

- Operator chooses to use their Demonstrated Costs for Single Well Financial Assurance (SWFA):
- Total Number of Wells: **1**
- 10% of Total Wells: **0**
- Number of Non-Low Producing Wells Covered by Per-Well Blanket: **1**
- Number of Low Producing Wells Covered by Per-Well Blanket: **0**
- Total Number of Blanket Wells **1**
- Amount of Blanket Financial Assurance per Well **\$12,000.00**
- Total Amount of Per-Well Blanket Financial Assurance **\$12,000.00**
- Number of Low Producing Wells with SWFA: **0**
- Amount of SWFA for Low Producing Wells using COGCC Costs: **\$0.00**
- Amount of SWFA for Low Producing Wells using Operator's Demonstrated Costs: **\$0.00**
- Number of Out of Service Wells with SWFA: **0**
- Amount of SWFA for Out of Service Wells using COGCC Costs: **\$0.00**
- Amount of SWFA for Out of Service Wells using Operator's Demonstrated Costs: **\$0.00**
- Number of Out of Service Wells with Other Financial Assurance: **0**
- Amount of Other Financial Assurance for Out of Service Wells: **\$0.00**
- Total Financial Assurance for Wells: **\$12,000.00**

## Other Financial Assurance

- Number of Centralized E&P Waste Management Facilities with Financial Assurance: **0**
- Amount of Financial Assurance for Centralized E&P Waste Management Facilities: **\$0.00**
- Number of Remediation Projects with Financial Assurance: **0**
- Amount of Financial Assurance for Remediation Projects: **\$0.00**
- Amount of Blanket Financial Assurance for Seismic Operations: **\$0.00**
- Number of Gas Gathering, Gas Processing, and Underground Gas Storage Facilities: **0**
- Amount of Financial Assurance for Gas Gathering, Gas Processing, and Underground Gas Storage Facilities: **\$0.00**
- Number of Produced Water Transfer Systems: **0**
- Amount of Financial Assurance for Produced Water Transfer Systems: **\$0.00**
- Number of Commercial Disposal Facilities: **0**
- Amount of Financial Assurance for Commercial Disposal Facilities: **\$0.00**
- Amount of Statewide Blanket Surface Owner Protection Bond: **\$0.00**
- Number of Individual Surface Owner Protection Bonds: **1**
- Total Amount of Individual Surface Owner Protection Bonds: **\$4,000.00**

## Operator's Financial Assurance Summary

- Amount of Financial Assurance Required per Rule 702: **\$12,000.00**
- Amount of Financial Assurance Required per Rule 703: **\$0.00**
- Amount of Financial Assurance Required per Rule 704: **\$4,000.00**
- Total Amount of Financial Assurance the Operator will provide to the Commission no later than 90 days from the Commission's approval of the Financial Assurance Plan: **\$16,000.00**

## Attachments

● Attached Files:

Doc Num	Attachment name	File name	Uploaded
403329903	CERTIFICATION OF FINANCIAL CAPABILITY	HCCG Form 3 2098_001 COGCC.pdf	02/24/2023 10:05:32 AM

## Signature and Certification

- Form Created: **2/24/2023**
- Operator Comments:
- **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.**
- Name: **MICHAEL LUDLOW**
- Title: **PRESIDENT**
- Email: **mike.ludlow@oxbow.com**
- Phone: **(970) 929-5494**
- Signature:

