



## Form 3 - Financial Assurance Plan

### Summary Information Overview

Form Name: **Form 3 - Financial Assurance Plan**  
Document Number: **403661685**  
Date Submitted: **1/23/2024**  
Date Approved: **1/26/2024**

### Operator Information

Operator Number: **10831**  
Operator Name: **SPELLBOUND ENERGY LLC**  
Operator Address: **511 16TH STREET SUITE 600 ATTN: SYDNEY HOMMEL**  
Operator City: **DENVER**  
Operator State: **CO**  
Operator Zip: **80202**  
First Name: **SYDNEY**  
Last Name: **HOMMEL**  
Contact Phone: **(303) 407-8630**  
Contact Email: **sydney@teocalienergy.com**  
Initial Plan:   
Revised - Annual Review:   
Revised - Change in Circumstance:   
Revised - Proposed Transfer of Ownership:   
Revised - Transfer of Ownership:   
Docket Number:  
Commission Order:  
Subsidiary Operators: **None**  
Revised Plan Description:  
Operator Transfer Type:  
Operator's Total Oil Production: **23,072**  
Operator's Total Gas Production: **17,700**  
Operator's Aggregate GOR: **767.16**  
Operator's GOR Determination: **BOE**  
Operator's Average Daily Per-Well Production: **23.86 BOE**  
Public Company: **NO**  
Current Approved Plan Option:

### Well Data

## Well Status Data

Reported Plugged Wells are excluded.

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	2	0	0	2
Shut In	1	0	0	1
Suspended Operations	0	0	0	0
Temporarily Abandoned	0	0	0	0
Waiting on Completion	0	0	0	0
TOTALS	3	0	0	3

## 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 (2024): **0**

Number of Wells Plugged (2023): **0**

Number of Wells Plugged (2022): **0**

Number of Wells Plugged (2021): **0**

Asset Retirement Planning Description: **Spellbound Energy, LLC intends to operate the inventory of wells included in this Form 3 submissions until Spellbound determines it is no longer economic to produce each well. Spellbound will continue to evaluate the economic viability throughout the lifetime of the wells. At the time a well becomes uneconomic to produce, Spellbound will plug such well and reclaim the associated surface disturbance consistent with ECOM regulations and standards.**

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
TOTAL:	0	0

## FA Types & Bond Riders

Cash Bond:

Is Operator's financial assurance partially or entirely provided through one or more bond riders?: **NO**

## Plan Options

Financial Assurance Plan Option: **2**

## Financial Assurance for Wells Option 2

Operator chooses to use their Demonstrated Costs for Single Well Financial Assurance (SWFA):

Total Number of Wells: **3**

5% of Total Wells: **0**

Number of Non-Low Producing Wells Covered by Per-Well Blanket: **3**

Number of Low Producing Wells Covered by Per-Well Blanket: **0**

Total Number of Blanket Wells **3**

Amount of Blanket Financial Assurance per Well **\$18,000.00**

Total Amount of Per-Well Blanket Financial Assurance **\$54,000.00**

Number of Low Producing Wells with SWFA: **0**

Amount of SWFA for Low Producing Wells using ECMC 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 ECMC 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: **\$54,000.00**

## 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: **0**

Total Amount of Individual Surface Owner Protection Bonds: **\$0.00**

## Operator's Financial Assurance Summary

Amount of Financial Assurance Required per Rule 702: **\$54,000.00**

Amount of Financial Assurance Required per Rule 703: **\$0.00**

Amount of Financial Assurance Required per Rule 704: **\$0.00**

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: **\$54,000.00**

## Attachments

Attached Files:

Doc Num	Attachment name	File name	Uploaded
403663939	CERTIFICATION OF FINANCIAL CAPABILITY	SBE_Cert of Financial Capability.pdf	01/23/2024 01:56:57 PM
403668035	NOTICE OF DECISION/COMMISSION ORDER	10831 Spellbound Energy LLC Notice of Decision - 403661685.pdf	01/26/2024 12:51:26 PM

## Signature and Certification

Form Created: **1/22/2024**

**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: **This form 3 is submitted as a result of an approved Form 9 Transfer of Operatorship.**

Name: **SYDNEY HOMMEL**

Title: **MANAGER**

Email: **sydney@teocalienergy.com**

Phone: **(303) 407-8630**

Signature:



## Associated Documents

403664031 - FORM 3 WELL LIST

403664032 - FORM 3 INACTIVE WELLS

403664033 - FORM 3 OTHER FINANCIAL ASSURANCE

403664034 - FORM 3 PLUGGED WELLS HAVE NOT PASSED FINAL RECLAMATION

403664035 - FORM 3 SUBMITTED

## Conditions of Approval

The plan is approved as it applies to Financial Assurance associated with the Wells/Facilities identified in the plan. Additional Financial Assurance may be required as the Asset Retirement Plan, inactive well information, and other non-well infrastructure are evaluated further.

