



Form 3 - Financial Assurance Plan

Summary Information Overview

Form Name: **Form 3 - Financial Assurance Plan**
Document Number: **403720130**
Date Submitted: **3/14/2024**

Operator Information

Operator Number: **10820**
Operator Name: **ROUGHHOUSE OIL & GAS LLC**
Operator Address: **1475 SIOUX TRL ATTN: RYAN SMITH**
Operator City: **ELIZABETH**
Operator State: **CO**
Operator Zip: **80107**
First Name: **Ryan**
Last Name: **Smith**
Contact Phone: **(970) 396-3747**
Contact Email: **rsmith727@gmail.com**
Initial Plan: ☒
Revised Plan: ☐
Docket Number:
Commission Order:
Subsidiary Operators: **None**
Revised Plan Description:
Operator Transfer Type:
Operator's Total Oil Production: **1,680**
Operator's Total Gas Production: **9,888**
Operator's Aggregate GOR: **5,885.71**
Operator's GOR Determination: **BOE**
Operator's Average Daily Per-Well Production: **4.63 BOE**
Public Company: **NO**
Current Approved Plan Option:

SUBMITTED

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	0	0	0	0
Suspended Operations	0	0	0	0
Temporarily Abandoned	0	0	0	0
Waiting on Completion	0	0	0	0
TOTALS	2	0	0	2

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: All wells are currently active/producing. Infrastructure updates include the replacement/upgrade of the heater-treater in the next 12-24 months.
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: 3

Financial Assurance for Wells Option 3

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

Total Number of Wells: **2**

Number of Wells with SWFA: **2**

Amount of SWFA using ECMC Costs: **\$260,000.00**

Amount of SWFA using Operator's Demonstrated Costs: **\$0.00**

Number of Transferred Low Producing Wells with Other Financial Assurance: **0**

Amount of Other Financial Assurance for Transferred Low Producing Wells: **\$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 Amount of Financial Assurance Required Pursuant to Rule 702.d.(3).B.: **\$260,000.00**

Annual Contribution Amount: 5% of Total Amount: **\$13,000.00**

Operator's Modified Annual Contribution Amount: **\$0.00**

Operator's Modified Annual Contribution Amount: **0%**

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: **\$13,000.00**

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: **\$13,000.00**

Attachments

Attached Files:

Doc Num	Attachment name	File name	Uploaded
403720313	CERTIFICATION OF FINANCIAL CAPABILITY	ECMC 700 Series Certification of Financial Capability_Roughhouse O&G LLC.pdf	03/14/2024 04:43:59 PM

Signature and Certification

Form Created: 3/14/2024

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:

Name: **Ryan Smith**

Title: **Manager**

Email: **rsmith727@gmail.com**

Phone: **(970) 396-3747**

Signature:



Associated Documents

403720321 - FORM 3 WELL LIST

403720322 - FORM 3 INACTIVE WELLS

403720323 - FORM 3 OTHER FINANCIAL ASSURANCE

403720324 - FORM 3 PLUGGED WELLS HAVE NOT PASSED FINAL RECLAMATION

