



Form 3B - Federal Financial Assurance Wells

Summary Information Overview

Form Name: **Form 3B - Federal Financial Assurance Wells**
Document Number: **403771608**
Date Submitted: **4/27/2024**

Operator Information

Operator Number: **95233**
Operator Name: **WELLINGTON OPERATING COMPANY**
Operator Address: **15301 DALLAS PKWY SUITE 900 ATTN: JAMES R. YOUNG**
Operator City: **ADDISON**
Operator State: **TX**
Operator Zip: **75001**
First Name: **RANDY**
Last Name: **EVANS**
Contact Phone: **(970) 402-0418**
Contact Email: **revans@wellingtonoperating.com**

Federal Financial Assurance

Total imported wells: **23**
In checking this box, the Operator certifies that it has provided or will provide the indicated amount of Financial Assurance to the federal government for the Wells listed here: ☒
Number of Wells with Federal Financial Assurance: **1**
Total Amount of Federal Financial Assurance: **\$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: **RANDY EVANS**
Title: **WASTEWATER TREATMENT ORC**
Email: **revans@wellingtonoperating.com**
Phone: **(970) 402-0418**

Signature:

Randy Erons

Associated Documents

403771609 - FORM 3B WELL LIST

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Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

