



Form 3A - Financial Assurance

Summary Information Overview

Form Name:	Form 3A - Financial Assurance
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Operator Information

Operator Number: **10515**
Operator Name: **GUNNISON ENERGY LLC**
Operator Address: **1801 BROADWAY #1150 ATTN: TYSON JOHNSTON**
Operator City: **DENVER**
Operator State: **CO**
Operator Zip: **80202**
First Name: **Tyson**
Last Name: **Johnston**
Contact Phone: **(303) 296-8807**
Contact Email: **tyson.johnston@oxbow.com**
Subsidiary Operators: **None**

Summary

Financial Assurance Option: **1**
Financial Assurance Plan Amount \$: **\$1,389,000.00**
Form 3A - Balance \$: **\$0.00**

Rule 702 - Plugging, Abandonment, and Reclamation

Total Financial Assurance Required: **\$36,000.00**
Form 3A - Rule 702 Balance \$: **\$0.00**

Rule 703 - Other Oil and Gas Facilities & Operations

Total Financial Assurance Required: **\$1,353,000.00**
Form 3A - Rule 703 Balance \$: **\$0.00**

703 (E&P Waste Facilities) - Total Financial Assurance Required: **\$1,248,000.00**

Form 3A - Rule 703 Waste Facilities Balance \$: **\$0.00**

703 (Remediation Projects) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Remediation Projects Balance \$: **\$0.00**

703 (Seismic Operations) - Total Financial Assurance Required: **\$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: **\$100,000.00**

Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

703 (Produced Water Transfer Systems) - Total Financial Assurance Required: **\$5,000.00**

Form 3A - Rule 703 Produced Water Transfer Systems Balance \$: **\$0.00**

703 (Commercial Disposal Facilities) - Total Financial Assurance Required: **\$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**

Form 3A - Rule 704 Balance \$: **\$0.00**

Exempt from Rule 704: ☐

Instrument Allocation Summary

Instrument Summary: **None**

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: **Jessica Donahue**

Title: **Compliance Specialist**

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Signature:

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Associated Documents

403611653 - FORM 3A SUBMITTED

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