



Form 3A - Financial Assurance

Summary Information Overview

Form Name: **Form 3A - Financial Assurance**
Document Number: **403766912**
Date Submitted: **4/23/2024**
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Operator Information

Operator Number: **10348**
Operator Name: **MYSTIQUE RESOURCES COMPANY**
Operator Address: **27242 E EUCLID DR ATTN: DENNIS STAAL**
Operator City: **AURORA**
Operator State: **CO**
Operator Zip: **80016**
First Name: **DENNIS**
Last Name: **STAAL**
Contact Phone: **(308) 432-3442**
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Subsidiary Operators: **None**

Summary

Financial Assurance Option: **4**
Financial Assurance Plan Amount \$: **\$10,000.00**
Contribution Amount %: **10%**
Contribution Amount \$: **\$1,000.00**
Active Financial Assurance \$: **\$50,000.00**
Adjusted Financial Assurance Amount \$: **\$10,000.00**
Form 3A - Balance \$: **\$0.00**

Rule 702 - Plugging, Abandonment, and Reclamation

Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$40,000.00**
Adjusted Financial Assurance Amount \$: **\$0.00**

Form 3A - Rule 702 Balance \$: **\$0.00**

Rule 703 - Other Oil and Gas Facilities & Operations

Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Balance \$: **\$0.00**

703 (E&P Waste Facilities) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Waste Facilities Balance \$: **\$0.00**

703 (Remediation Projects) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Remediation Projects Balance \$: **\$0.00**

703 (Seismic Operations) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$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: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

703 (Produced Water Transfer Systems) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Produced Water Transfer Systems Balance \$: **\$0.00**

703 (Commercial Disposal Facilities) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

Rule 704 - Surface Owner Protection Bonds

Financial Assurance Selection: **Individual**
Total Financial Assurance Required: **\$10,000.00**
Contribution Amount \$: **\$1,000.00**
Active Financial Assurance \$: **\$10,000.00**
Adjusted Financial Assurance Amount \$: **\$10,000.00**
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:

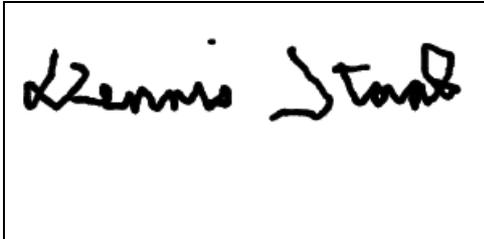
Name: **DENNIS STAAL**

Title: **PRESIDENT**

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Signature:



Associated Documents

403766914 - FORM 3A SUBMITTED

