

FORM

3I

Rev
01/24

COLORADO
Energy & Carbon Management
Commission
Department of Natural Resources
1120 Lincoln Street, Suite 801
Denver, CO 80203

FINANCIAL ASSURANCE INSTRUMENT



02262078

RECEIVED

FOR COGCC USE ONLY

JUN 22 2024

ECMC

Surety Provider No:

#10820

OGCC Op No:

#10820

FATS No:

2024-0092

BOND NO: Cash This bond is a perpetual instrument which shall remain in force and effect until all obligations have been met and the bond is released by the Colorado Energy and Carbon Management Commission.

KNOW ALL PERSONS BY THESE PRESENTS, That we, Roughhouse Oil and Gas LLC of the County of Elbert, in the State of Colorado as principals, and Elbert as surety, authorized to do business in the State of Colorado, are held hereby and firmly bound unto the State of Colorado, in the penal sum of (\$ 13,000.00), Thirteen thousand Dollars, lawful money of the United States, for the faithful payment of which we hereby bind ourselves, our heirs, executors, administrators, and assigns.

The Condition of this obligation is that whereas the above bounden principals propose the following oil and gas operation(s) on lands situated in the State of Colorado.

Type of Bond	Coverage	Information for Individual Bonds
<input checked="" type="checkbox"/> 702 - PA & Reclamation	Gas Facilities	Well, Location, or Facility Name and Number: <u>05-123-08344, 05-123-08361</u>
<input type="checkbox"/> 703 - E&P Waste Facility	<input type="checkbox"/> Blanket	API, Location ID, or Facility ID Number: <u>Scheid-Cooksey #1 & #2</u>
<input type="checkbox"/> 703 - Remediation Project	<input type="checkbox"/> Individual	Owner of lands where off-site land-treatment facility is located: _____
<input type="checkbox"/> 703 - Seismic Activity	Surface Owner	_____
<input type="checkbox"/> 703 - Gas Facilities	<input type="checkbox"/> Blanket	QtrQtr, Sec, Twp, Rng, Meridian: _____
<input type="checkbox"/> 703 - Produced Water	Single Well	County: _____
<input type="checkbox"/> 703 - Commercial UIC	<input type="checkbox"/> Irrigated	_____
<input type="checkbox"/> 704 - Surface Owner	<input type="checkbox"/> Non-irrigated	_____
<input type="checkbox"/> 707 - Location Reclamation		
<input type="checkbox"/> 707 - Excess Out of Service		
<input type="checkbox"/> 707 - Compliance		

NOW, THEREFORE, If the above bounden principals shall comply with all of the provisions of the laws of the State of Colorado and the rules, regulations and requirements of the Energy and Carbon Management Commission of the State of Colorado, with reference to properly plugging of said well or wells; with reference to land damages and the restoration of the land, as nearly as possible, to its condition at the beginning of the lease; with reference to seismic operations the proper surface restoration and plugging of any shot holes, then this obligation is void; otherwise, the same shall be and remain in full force and effect.

Principal: Ryan Smith Roughhouse Oil & Gas LLC
Address: 1475 Sioux Trl
City: Elizabeth State: CO Zip: 80107
Phone: 970-396-3747 Fax: _____

Witness our hands, this 21st day of June, 2024.

Signed: _____

Printed Name: Ryan Smith

Surety: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Witness our hands, this _____ day of _____, _____.

Signed: _____

Printed Name: _____

Approved: _____

Director, Energy and Carbon Management Commission

Dated: Aug 8, 2024Bond Release
Approved: _____

Director, Energy and Carbon Management Commission

Release Date: _____



No. 0360002883

Acct: 0000988232 Teller: 5432 Date: 06/21/24 Time: 10:06am

See receipt for reference

Check Number: 00 0360002883

Purpose :

Amount : \$13,000.00

Pay to : COLORADO ENERGY AND CARBON MANAGEMENT
COMMISSION

RE: ROUGHHOUSE OIL & GAS LLC

MEMO: FINANCIAL ASSURANCE DOC #403771927

PURCHASER'S SIGNATURE

IN THE EVENT OF A DISPUTE BETWEEN YOU AND YOUR PAYEE CONCERNING THE PRODUCT OR SERVICE YOU ARE PURCHASING WITH THIS CHECK, PLEASE NOTE THAT WE CANNOT STOP PAYMENT ON THIS CHECK UNLESS YOU INDEMNIFY THE CREDIT UNION AND POST A BOND. THEREFORE, BEFORE GIVING THIS CHECK TO YOUR PAYEE, PLEASE ENSURE YOU ARE SATISFIED WITH THE SERVICE OR PRODUCT YOU ARE PURCHASING.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER



No. 0360002883

23-7583/3020

CASHIER'S CHECK

VOID AFTER 90 DAYS

Fats 2024-0092
Op#10820

06/21/24

*** THIRTEEN THOUSAND DOLLARS AND 00 CENTS ***

\$13,000.00

PAY
TO THE
ORDER
OFCOLORADO ENERGY AND CARBON MANAGEMENT
COMMISSION

RE: ROUGHHOUSE OIL & GAS LLC

MEMO: FINANCIAL ASSURANCE DOC #403771927

CANVAS CREDIT UNION

PRESIDENT/CEO

Authorized Signature

⑈0360002883⑈

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Roughhouse Oil & Gas LLC	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 1475 Sioux Trl	Requester's name and address (optional) CO EECMC 1120 Lincoln St., Ste 801 Denver, CO 80203-2136
6 City, state, and ZIP code Elizabeth, CO 80107	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.


Social security number								
			-				-	
or								
Employer identification number								
9	3	-	1	4	1	0	9	8 4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 6-21-2024
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they