



Form 3 - Financial Assurance Plan

Summary Information Overview

Form Name: **Form 3 - Financial Assurance Plan**
Document Number: **403899832**
Date Submitted: **8/30/2024**

Operator Information

Operator Number: **10841**
Operator Name: **AMERICAN HELIUM OPERATING LLC**
Operator Address: **600 TRAVIS STREET SUITE 5050 ATTN:JOSEPH FROST**
Operator City: **HOUSTON**
Operator State: **TX**
Operator Zip: **77002**
First Name: **DANIELLE**
Last Name: **GAVITO**
Contact Phone: **(303) 524-4651**
Contact Email: **dgavito@americanhelium.us**
Initial Plan: ☒
Revised Plan: ☐
Docket Number:
Commission Order:
Subsidiary Operators: **None**
Revised Plan Description:
Operator Transfer Type:
Operator's Total Oil Production: **2,313**
Operator's Total Gas Production: **990,713**
Operator's Aggregate GOR: **428,323.82**
Operator's GOR Determination: **MCFE**
Operator's Average Daily Per-Well Production: **25.68 MCFE**
Public Company: **NO**
Current Approved Plan Option:

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	43	33	0	10
Shut In	86	76	0	10
Suspended Operations	0	0	0	0
Temporarily Abandoned	14	11	0	3
Waiting on Completion	0	0	0	0
TOTALS	143	120	0	23

Well Designation Data

Designation	Total	With Federal Financial Assurance	Tribal Wells	Subject to Rule 702
Defined Inactive	60	50	0	10
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	88	76	0	12

Number of Inactive Wells: 60
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: See attached spreadsheet for details
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:	9	6
TOTAL:	9	6

FA Types & Bond Riders

Surety Bond: ☒
Is Operator's financial assurance partially or entirely provided through one or more bond riders?: NO

Plan Options

Financial Assurance Plan Option: 2

Financial Assurance for Wells Option 2

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

Total Number of Wells: **143**

5% of Total Wells: **7**

Number of Non-Low Producing Wells Covered by Per-Well Blanket: **11**

Number of Low Producing Wells Covered by Per-Well Blanket: **7**

Total Number of Blanket Wells **18**

Amount of Blanket Financial Assurance per Well **\$15,000.00**

Total Amount of Per-Well Blanket Financial Assurance **\$270,000.00**

Number of Low Producing Wells with SWFA: **5**

Amount of SWFA for Low Producing Wells using ECMC Costs: **\$360,000.00**

Amount of SWFA for Low Producing Wells using Operator's Demonstrated Costs: **\$0.00**

Number of Out of Service Wells with SWFA: **0**

Amount of SWFA for Out of Service Wells using ECMC Costs: **\$0.00**

Amount of SWFA for Out of Service Wells using Operator's Demonstrated Costs: **\$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 Financial Assurance for Wells: **\$630,000.00**

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: **\$630,000.00**

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: **\$630,000.00**

Attachments

Attached Files:

Doc Num	Attachment name	File name	Uploaded
403905956	CERTIFICATION OF FINANCIAL CAPABILITY	ECMC Financial Capabilities Executed 08292024.pdf	08/29/2024 03:04:21 PM
403905969	ASSET RETIREMENT PLANNING - CONFIDENTIAL	Inactive_Well_List Form 3 Export Notes for Submission 08292024.xlsx	08/29/2024 03:07:43 PM

Signature and Certification

Form Created: 8/25/2024

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: **The required Bond will be issued by: U.S. Specialty Insurance Co 13403 Northwest Freeway Houston, TX 77040**


Name: **DANIELLE GAVITO**

Title: **VP Regulatory**

Email: **dgavito@americanhelium.us**

Phone: **(303) 524-4651**

Signature:



Associated Documents

403907016 - FORM 3 WELL LIST

403907017 - FORM 3 INACTIVE WELLS

403907018 - FORM 3 OTHER FINANCIAL ASSURANCE

403907019 - FORM 3 PLUGGED WELLS HAVE NOT PASSED FINAL RECLAMATION

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

