



Form 3 - Financial Assurance Plan

Summary Information Overview

Form Name:	Form 3 - Financial Assurance Plan
Document Number:	403374603
Date Submitted:	2/3/2024
Date Approved:	10/3/2024

Operator Information

Operator Number: **78527**
Operator Name: **SHIVELEY* MELVIN H SHIRLEY A**
Operator Address: **45522 C R 12.5**
Operator City: **TRINCHERA**
Operator State: **CO**
Operator Zip: **81081**
First Name: **SHANNON**
Last Name: **SHIVELEY**
Contact Phone: **(719) 680-9611**
Contact Email: **sl_shiveley_2002@hotmail.com**
Initial Plan: ☐
Revised Plan: ☐
Docket Number:
Commission Order:
Subsidiary Operators: **None**
Revised Plan Description:
Operator Transfer Type:
Operator's Total Oil Production: **0**
Operator's Total Gas Production: **0**
Operator's Aggregate GOR: **0**
Operator's GOR Determination:
Operator's Average Daily Per-Well Production: **N/A**
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	2	0	0	2
Active Permit	0	0	0	0
Domestic	0	0	0	0
Drilling	0	0	0	0
Injecting	0	0	0	0
Producing	0	0	0	0
Shut In	0	0	0	0
Suspended Operations	0	0	0	0
Temporarily Abandoned	0	0	0	0
Waiting on Completion	0	0	0	0
TOTALS	2	0	0	2

Well Designation Data

Designation	Total	With Federal Financial Assurance	Tribal Wells	Subject to Rule 702
Defined Inactive	0	0	0	0
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	0	0	0	0

Number of Inactive Wells: **0**

Number of Wells Plugged (2023): **0**

Number of Wells Plugged (2022): **0**

Number of Wells Plugged (2021): **0**

Number of Wells Plugged (2020): **0**

Asset Retirement Planning Description: **Not applicable - domestic use only**

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:	0	0
TOTAL:	0	0

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: **4**

Financial Assurance for Wells Option 4

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

Total Number of Wells: **2**

Number of Wells with SWFA: **2**

Amount of SWFA using ECMC Costs: **\$220,000.00**

Amount of SWFA using Operator's Demonstrated Costs: **\$0.00**

Number of Transferred Low Producing Wells with Other Financial Assurance: **0**

Amount of Other Financial Assurance for Transferred Low Producing Wells: **\$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 Amount of Financial Assurance Required Pursuant to Rule 702.d.(3).B.: **\$220,000.00**

Annual Contribution Amount: 10% of Total Amount: **\$22,000.00**

Operator's Modified Annual Contribution Amount: **\$0.00**

Operator's Modified Annual Contribution Amount: **0%**

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: **\$22,000.00**

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: **\$22,000.00**

Attachments

Attached Files:

Doc Num	Attachment name	File name	Uploaded
403676042	CERTIFICATION OF FINANCIAL CAPABILITY	12844.jpg	02/03/2024 04:07:36 PM
403676043	CERTIFICATION OF FINANCIAL CAPABILITY	12843.jpg	02/03/2024 04:12:00 PM
403945776	NOTICE OF DECISION/COMMISSION ORDER	78527 Shiveley Notice of Decision - 403374603.pdf	10/03/2024 03:29:55 PM

Signature and Certification

Form Created: 4/14/2023

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: **Please note that these wells are not production wells. They are strictly for individual, domestic use only.**

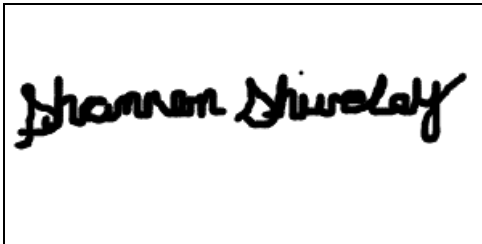
Name: **SHANNON SHIVELEY**

Title: **OFFICE ASSISTANT**

Email: **sl_shiveley_2002@hotmail.com**

Phone: **(719) 680-9611**

Signature:



Associated Documents

403676049 - FORM 3 SUBMITTED

403806592 - FORM 3 WELL LIST

403806593 - FORM 3 INACTIVE WELLS

403806594 - FORM 3 OTHER FINANCIAL ASSURANCE

403806595 - FORM 3 PLUGGED WELLS HAVE NOT PASSED FINAL RECLAMATION

Conditions of Approval

The plan is approved as it applies to Financial Assurance associated with the Wells/Facilities identified in the plan. Additional Financial Assurance may be required as the Asset Retirement Plan, inactive well information, and other non-well infrastructure are evaluated further.

