



## Form 3 - Financial Assurance Plan

### Summary Information Overview

Form Name: **Form 3 - Financial Assurance Plan**  
Document Number: **403648834**  
Date Submitted: **1/9/2024**

### Operator Information

Operator Number: **10791**  
Operator Name: **WAVETECH HELIUM INC**  
Operator Address: **1801 BROADWAY SUITE 600 ATTN: PATRICK JOBE**  
Operator City: **DENVER**  
Operator State: **CO**  
Operator Zip: **80202**  
First Name: **PATRICK**  
Last Name: **JOBE**  
Contact Phone: **(303) 534-3383**  
Contact Email: **pjobe@wavetechenergy.com**  
Initial Plan:   
Revised - Annual Review:   
Revised - Change in Circumstance:   
Revised - Proposed Transfer of Ownership:   
Revised - Transfer of Ownership:   
Docket Number: **N/A**  
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	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	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	0	0	0	0

## 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 (2024): **0**

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

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

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

Asset Retirement Planning Description: **Expected duration of Eiger 14-11 well production is estimated to be approximately 10 years and then it will be plugged and reclaimed.**

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:	1	1
TOTAL:	1	1

## FA Types & Bond Riders

Cash Bond:

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

## Plan Options

Financial Assurance Plan Option: **5**

## Financial Assurance for Wells Option 5

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

Total Number of Wells: **0**

Number of Transferred Low Producing Wells with SWFA: **0**

Amount of SWFA for Transferred Low Producing Wells: **\$0.00**

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 amount of Financial Assurance based upon Well Status and Well Designation: **\$0.00**

Describe the circumstances under which the Director will collect Single Well Financial Assurance (SWFA) for future Low Producing Wells: **Cash surety provided to ECMC by Operator.**

Applicable Option from Rules 702.c.(1)–(4) based on the Operator's average daily per-Well production: **Option 4**

The Financial Assurance that would be required for the Operator's Low Producing Wells if the Operator pursued a Financial Assurance Plan per the Option above: **\$0.00**

Total Financial Assurance for Wells: **\$0.00**

Provide the Operator's justification for not pursuing a Financial Assurance Plan based on the criteria in Rules 702.c.(1)–(4) in the space below. NOTE: If this space is not adequate, please provide this information in an attachment.: **Using demonstrated costs for our area from the only service provider for this type of work.**

Describe the following in the space below: the operator's financial condition or circumstances, the operator's history of compliance (especially compliance with well integrity requirements and timely payment of royalties), the lack of any adjudicated major violations under Rule 525.c in the three years immediately preceding the Option 5 application, and the operator's plugging and abandonment activities. NOTE: If this space is not adequate, please provide this information in an attachment.: **This is Operator's fist well.**

## 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: **\$0.00**

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: **\$0.00**

## Attachments

Attached Files:

Doc Num	Attachment name	File name	Uploaded
403649079	CERTIFICATION OF FINANCIAL CAPABILITY	Wavetech Bond - Demonstrated Costs.docx	01/09/2024 12:14:47 PM

## Signature and Certification

Form Created: **1/9/2024**

**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:* **Please advise what's meant by "CERTIFICATION OF FINANCIAL CAPABILITY". We have attached our demonstrated costs for our type of wells. These were provided by the service provider that plugs and reclaims all the wells in the area (rural Southeastern Colorado). Total demonstrated amount per well is \$30,000. We would like our cash surety with ECMC in the amount of \$20,000 to count towards this and we'll provide an additional \$10,000 cash.**

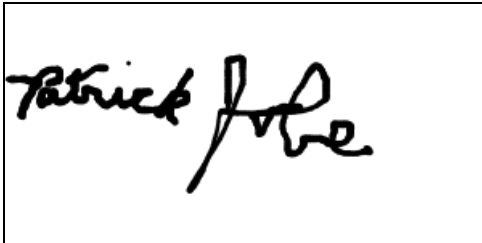
Name: **PATRICK JOBE**

Title: **COMMERCIAL MANAGER**

Email: **pjobe@wavetechenergy.com**

Phone: **(303) 534-3383**

Signature:



## Associated Documents

403649106 - FORM 3 WELL LIST

403649107 - FORM 3 INACTIVE WELLS

403649108 - FORM 3 OTHER FINANCIAL ASSURANCE

403649109 - FORM 3 PLUGGED WELLS HAVE NOT PASSED FINAL RECLAMATION

