



Form 3 - Financial Assurance Plan

Summary Information Overview

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| Form Name: | Form 3 - Financial Assurance Plan |
| Document Number: | 404043093 |
| Date Submitted: | 12/31/2024 |
| Date Approved: | 12/31/2024 |

Operator Information

Operator Number: **42300**
Operator Name: **HUNTINGTON ENERGY LLC**
Operator Address: **908 NW 71ST STREET ATTN: CATHERINE SMITH**
Operator City: **OKLAHOMA CITY**
Operator State: **OK**
Operator Zip: **73116**
First Name: **ECMC_Sharon Schoepflin_FA Plan Specialist**
Last Name: **on behalf of Operator_Tribal Wells Only**
Contact Phone: **(303) 894-2100**
Contact Email: **sharon.schoepflin@state.co.us**
Initial Plan: ☒
Revised Plan: ☐
Docket Number:
Commission Order:
Subsidiary Operators: **None**
Revised Plan Description:
Operator Transfer Type:
Operator's Total Oil Production: **113**
Operator's Total Gas Production: **131,939**
Operator's Aggregate GOR: **1,167,601.77**
Operator's GOR Determination: **MCFE**
Operator's Average Daily Per-Well Production: **27.85 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 | 10 | 0 | 10 | 0 |
| Shut In | 3 | 0 | 3 | 0 |
| Suspended Operations | 0 | 0 | 0 | 0 |
| Temporarily Abandoned | 0 | 0 | 0 | 0 |
| Waiting on Completion | 0 | 0 | 0 | 0 |
| TOTALS | 13 | 0 | 13 | 0 |

Well Designation Data

| Designation | Total | With Federal Financial Assurance | Tribal Wells | Subject to Rule 702 |
|---------------------------|-------|----------------------------------|--------------|---------------------|
| Defined Inactive | 3 | 0 | 3 | 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 | 6 | 0 | 6 | 0 |

Number of Inactive Wells: 0
Number of Wells Plugged (2024): 0
Number of Wells Plugged (2023): 1
Number of Wells Plugged (2022): 0
Number of Wells Plugged (2021): 0
Asset Retirement Planning Description: No wells subject to Rule 702.
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: 2

Financial Assurance for Wells Option 2

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

Total Number of Wells: **13**

5% of Total Wells: **0**

Number of Non-Low Producing Wells Covered by Per-Well Blanket: **0**

Number of Low Producing Wells Covered by Per-Well Blanket: **0**

Total Number of Blanket Wells **0**

Amount of Blanket Financial Assurance per Well **\$18,000.00**

Total Amount of Per-Well Blanket Financial Assurance **\$0.00**

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

Amount of SWFA for Low Producing Wells using ECMC Costs: **\$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 Financial Assurance for Wells: **\$0.00**

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: **\$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 |
|-----------|---------------------------------------|---------------------------------------|------------------------|
| 404043668 | CERTIFICATION OF FINANCIAL CAPABILITY | Huntington CFC 2016_0095 PerfBond.pdf | 12/31/2024 12:40:18 AM |

Signature and Certification

Form Created: **12/30/2024**

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: **Form has been submitted administratively on behalf of the Operator to document that no Rule 702 Financial Assurance is required as of the date of this form creation. All wells are Tribal and not subject to ECMC jurisdiction.**

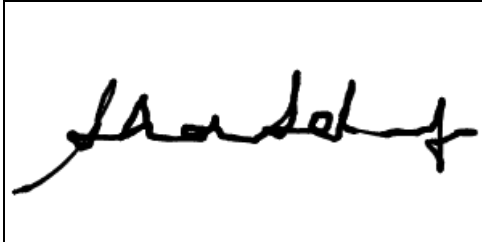
Name: **Sharon Schoepflin**

Title: **Financial Assurance & Audit Supervisor/Plan Specialist**

Email: **sharon.schoepflin@state.co.us**

Phone: **(720) 467-4887**

Signature:



Associated Documents

404043669 - FORM 3 WELL LIST

404043670 - FORM 3 INACTIVE WELLS

404043671 - FORM 3 OTHER FINANCIAL ASSURANCE

404043672 - FORM 3 PLUGGED WELLS HAVE NOT PASSED FINAL RECLAMATION

404043673 - FORM 3 SUBMITTED

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.

The plan includes a number of plugged wells that have not passed final reclamation that may require additional financial assurance when the plan is reviewed pursuant to Rule 707.a.(1).D.

General Comments

| User Group | Comment | Comment Date |
|---------------------|--|--------------|
| Financial Assurance | Form has been submitted administratively on behalf of the Operator to document that no Rule 702 Financial Assurance is required as of the date of this form creation. All wells are Tribal and not subject to ECMC jurisdiction. Operator's existing Financial Assurance bond was uploaded in lieu of a CFC. | 12/31/2024 |

