



Form 3A - Financial Assurance

Summary Information Overview

Form Name: **Form 3A - Financial Assurance**
Document Number: **403918226**
Date Submitted: **2/7/2025**
Date Approved: **2/7/2025**

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: **Joseph**
Last Name: **Frost**
Contact Phone: **(713) 742-3624**
Contact Email: **jfrost@americanhelium.us**
Subsidiary Operators: **None**

Summary

Financial Assurance Option: **2**
Financial Assurance Plan Amount \$: **\$630,000.00**
Form 3A - Balance \$: **\$0.00**

Rule 702 - Plugging, Abandonment, and Reclamation

Total Financial Assurance Required: **\$630,000.00**
Form 3A - Rule 702 Balance \$: **\$0.00**

Rule 703 - Other Oil and Gas Facilities & Operations

Total Financial Assurance Required: **\$0.00**
Form 3A - Rule 703 Balance \$: **\$0.00**

703 (E&P Waste Facilities) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Waste Facilities Balance \$: **\$0.00**

703 (Remediation Projects) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Remediation Projects Balance \$: **\$0.00**

703 (Seismic Operations) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Seismic Operations Balance \$: **\$0.00**

703 (Gas Facilities) - Financial Assurance Selection: **Blanket**

703 (Gas Facilities) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

703 (Produced Water Transfer Systems) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Produced Water Transfer Systems Balance \$: **\$0.00**

703 (Commercial Disposal Facilities) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

Rule 704 - Surface Owner Protection Bonds

Financial Assurance Selection: **Blanket**

Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 704 Balance \$: **\$0.00**

Exempt from Rule 704:

Instrument Allocation Summary

Instrument Summary:

Operator to mail the following instruments to ECMC office:

Instrument	Type	Operator	Provider	Amount
PSS11120008	SURETY BOND	10841 - AMERICAN HELIUM OPERATING LLC	INDEMNITY NATIONAL INSURANCE COMPANY	\$630,000.00

Signature and Certification

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:

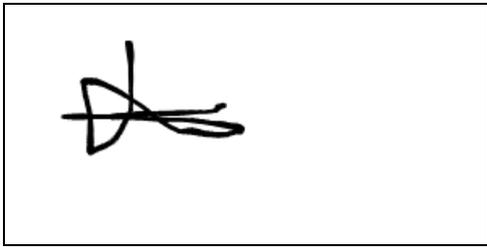
Name: **Joseph Frost**

Title: **General Counsel**

Email: **jfrost@americanhelium.us**

Phone: **(713) 742-3624**

Signature:



Associated Documents

404086714 - FORM 3A SUBMITTED

1120 Lincoln Street, Suite 801, Denver, CO 80203 P 303.894.2100 www.colorado.gov/cogcc
Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

