



## Form 3A - Financial Assurance

### Summary Information Overview

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

### 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:

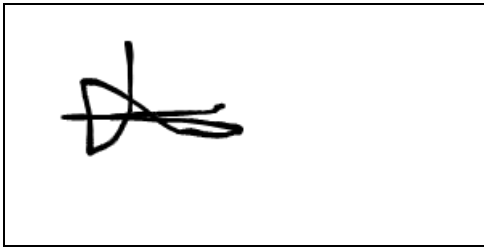
Name: **Joseph Frost**

Title: **General Counsel**

Email: **jfrost@americanhelium.us**

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

Signature:



## Associated Documents

404086714 - FORM 3A SUBMITTED

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

