



Form 3A - Financial Assurance

Summary Information Overview

Form Name: **Form 3A - Financial Assurance**
Document Number: **404144634**
Date Submitted: **3/28/2025**
Date Approved: **4/18/2025**

Operator Information

Operator Number: **10825**
Operator Name: **RHVO INVESTMENTS I LLC**
Operator Address: **558 CASTLE PINES PKWY UNIT B-4, PMB 412 ATTN: BRENT BONGERS**
Operator City: **CASTLE PINES**
Operator State: **CO**
Operator Zip: **80108**
First Name: **Brent**
Last Name: **Bongers**
Contact Phone: **(361) 935-5633**
Contact Email: **bbongers@impetroresources.com**
Subsidiary Operators:

ECMC Operator Number	Subsidiary Operator Name
10330	INVESTMENT EQUIPMENT LLC
10690	IMPETRO RESOURCES LLC

Summary

Financial Assurance Option: **3**
Financial Assurance Plan Amount \$: **\$7,702,800.00**
Contribution Amount %: **5%**
Contribution Amount \$: **\$383,640.00**
Active Financial Assurance \$: **\$260,000.00**
Adjusted Financial Assurance Amount \$: **\$573,640.00**
Form 3A - Balance \$: **\$0.00**

Rule 702 - Plugging, Abandonment, and Reclamation

Total Financial Assurance Required: **\$7,672,800.00**
Contribution Amount \$: **\$383,640.00**

Active Financial Assurance \$: **\$160,000.00**
Adjusted Financial Assurance Amount \$: **\$543,640.00**
Form 3A - Rule 702 Balance \$: **\$0.00**

Rule 703 - Other Oil and Gas Facilities & Operations

Total Financial Assurance Required: **\$30,000.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$50,000.00**
Adjusted Financial Assurance Amount \$: **\$30,000.00**
Form 3A - Rule 703 Balance \$: **\$0.00**

703 (E&P Waste Facilities) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Waste Facilities Balance \$: **\$0.00**

703 (Remediation Projects) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Remediation Projects Balance \$: **\$0.00**

703 (Seismic Operations) - Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$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**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

703 (Produced Water Transfer Systems) - Total Financial Assurance Required: **\$30,000.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$50,000.00**
Adjusted Financial Assurance Amount \$: **\$30,000.00**
Form 3A - Rule 703 Produced Water Transfer Systems Balance \$: **\$0.00**

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

Contribution Amount \$: **\$0.00**

Active Financial Assurance \$: **\$50,000.00**

Adjusted Financial Assurance Amount \$: **\$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
817130380	CERTIFICATE OF DEPOSIT	10825 - RHVO INVESTMENTS I LLC	RHVO INVESTMENTS I LLC	\$383,640.00

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:

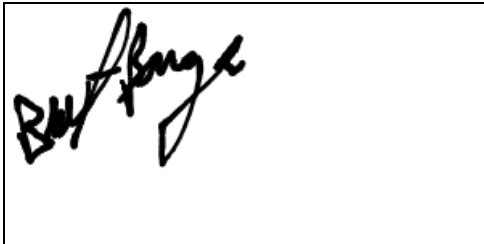
Name: **Brent Bongers**

Title: **President/Chief Operating Officer**

Email: **bbongers@impetroresources.com**

Phone: **(361) 935-5633**

Signature:



Associated Documents

404145816 - FORM 3A SUBMITTED

General Comments

User Group	Comment	Comment Date
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User Group	Comment	Comment Date
Financial Assurance	COA: Form 3A has been approved with COA per M Leonard. The Operator must submit the required bank restrictions for the CD within 10 business days of the approved Form 3A, stating the following: Authority to access CD funds, and account verification from the bank will be right of the ECMC without Operator/Company signature or approval. Additionally, the CD will not be redeemed or replaced without written approval from the ECMC. A letter or computer printout can be submitted as proof of restriction on CD funds Proof of restriction on CD funds, and a copy of signature card (if applicable) Original Form 1 Operator Registration.	04/17/2025

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

