



## 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**

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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**

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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**

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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**

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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**

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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**

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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:

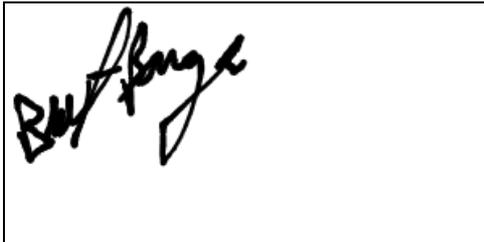
Name: **Brent Bongers**

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

