



Form 3B - Federal Financial Assurance Wells

Summary Information Overview

Form Name: **Form 3B - Federal Financial Assurance Wells**
Document Number: **404357056**
Date Submitted: **9/17/2025**
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Operator Information

Operator Number: **3975**
Operator Name: **ARGALI EXPLORATION COMPANY**
Operator Address: **PO BOX 416 ATTN: CARL JEFFREY RECTOR**
Operator City: **RANGELY**
Operator State: **CO**
Operator Zip: **81648**
First Name: **Rebecca**
Last Name: **Rector**
Contact Phone: **(970) 314-4226**
Contact Email: **reb.rector@gmail.com**

Federal Financial Assurance

Total imported wells: **48**
In checking this box, the Operator certifies that it has provided or will provide the indicated amount of Financial Assurance to the federal government for the Wells listed here:
Number of Wells with Federal Financial Assurance: **29**
Total Amount of Federal Financial Assurance: **\$21,969.82**

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: **REBECCA RECTOR**
Title: **Secretary**
Email: **reb.rector@gmail.com**

Phone: (970) 314-4226

Signature:

Rebecca Rector

Associated Documents

404357057 - FORM 3B WELL LIST

404357058 - FORM 3B SUBMITTED

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