



Form 3 - Financial Assurance Plan

Summary Information Overview

Form Name: **Form 3 - Financial Assurance Plan**
Document Number: **404242833**
Date Submitted: **8/13/2025**
Date Approved: **9/26/2025**

Operator Information

Operator Number: **10849**
Operator Name: **THE HIGH LONESOME RANCH LLC**
Operator Address: **0275 COUNTY ROAD 222 ATTN: TRAVIS BROOKS**
Operator City: **DE BEQUE**
Operator State: **CO**
Operator Zip: **81630**
First Name: **TRAVIS**
Last Name: **BROOKS**
Contact Phone: **(970) 283-9420**
Contact Email: **travis@thehighlonesomeranch.com**
Initial Plan:
Revised Plan:
Docket Number:
Commission Order:
Subsidiary Operators: **None**
Revised Plan Description:
Operator Transfer Type:
Operator's Total Oil Production: **0**
Operator's Total Gas Production: **0**
Operator's Aggregate GOR: **0**
Operator's GOR Determination:
Operator's Average Daily Per-Well Production: **N/A**
Public Company: **NO**
Current Approved Plan Option:

Well Data

Well Status Data **Reported Plugged Wells are excluded.**

Status	Total	With Federal Financial Assurance	Tribal Wells	Subject to Rule 702
Active	1	0	0	1
Active Permit	0	0	0	0
Domestic	0	0	0	0
Drilling	0	0	0	0
Injecting	0	0	0	0
Producing	0	0	0	0
Shut In	0	0	0	0
Suspended Operations	0	0	0	0
Temporarily Abandoned	0	0	0	0
Waiting on Completion	0	0	0	0
TOTALS	1	0	0	1

Well Designation Data

Designation	Total	With Federal Financial Assurance	Tribal Wells	Subject to Rule 702
Defined Inactive	0	0	0	0
Noticed Inactive	0	0	0	0
Inactive Exception	0	0	0	0
Out of Service	0	0	0	0
Out of Service Repurposed	0	0	0	0
Low Producing	0	0	0	0

Number of Inactive Wells: **0**

Number of Wells Plugged (2025): **0**

Number of Wells Plugged (2024): **0**

Number of Wells Plugged (2023): **0**

Number of Wells Plugged (2022): **0**

Asset Retirement Planning Description: **The Operator operates a single small well, all gas for which is used on-site to power a pump. Should the well stop producing, the well will be shut-in and reclaimed.**

Plugged Wells Have Not Passed Final Reclamation:

	Have Not Passed Final Reclamation	Were Covered by Financial Assurance in Previous FA Plan
Reported Plugged (RP) Wells:	0	0
Dry & Abandoned (DA) Wells:	0	0
Plugged & Abandoned (PA) Wells:	0	0
TOTAL:	0	0

FA Types & Bond Riders

Cash Bond:

Is Operator's financial assurance partially or entirely provided through one or more bond riders?: **NO**

Plan Options

Financial Assurance Plan Option: **4**

Financial Assurance for Wells Option 4

Operator chooses to use their Demonstrated Costs for Single Well Financial Assurance (SWFA):

Total Number of Wells: **1**

Number of Wells with SWFA: **1**

Amount of SWFA using ECMC Costs: **\$130,000.00**

Amount of SWFA using Operator's Demonstrated Costs: **\$0.00**

Number of Transferred Low Producing Wells with Other Financial Assurance: **0**

Amount of Other Financial Assurance for Transferred Low Producing Wells: **\$0.00**

Number of Out of Service Wells with Other Financial Assurance: **0**

Amount of Other Financial Assurance for Out of Service Wells: **\$0.00**

Total Amount of Financial Assurance Required Pursuant to Rule 702.d.(3).B.: **\$130,000.00**

Annual Contribution Amount: 10% of Total Amount: **\$13,000.00**

Operator's Modified Annual Contribution Amount: **\$0.00**

Operator's Modified Annual Contribution Amount: **0%**

Other Financial Assurance

Number of Centralized E&P Waste Management Facilities with Financial Assurance: **0**

Amount of Financial Assurance for Centralized E&P Waste Management Facilities: **\$0.00**

Number of Remediation Projects with Financial Assurance: **0**

Amount of Financial Assurance for Remediation Projects: **\$0.00**

Amount of Blanket Financial Assurance for Seismic Operations: **\$0.00**

Number of Gas Gathering, Gas Processing, and Underground Gas Storage Facilities: **0**

Amount of Financial Assurance for Gas Gathering, Gas Processing, and Underground Gas Storage Facilities: **\$0.00**

Number of Produced Water Transfer Systems: **0**

Amount of Financial Assurance for Produced Water Transfer Systems: **\$0.00**

Number of Commercial Disposal Facilities: **0**

Amount of Financial Assurance for Commercial Disposal Facilities: **\$0.00**

Amount of Statewide Blanket Surface Owner Protection Bond: **\$0.00**

Number of Individual Surface Owner Protection Bonds: **1**

Total Amount of Individual Surface Owner Protection Bonds: **\$4,000.00**

Operator's Financial Assurance Summary

Amount of Financial Assurance Required per Rule 702: **\$13,000.00**

Amount of Financial Assurance Required per Rule 703: **\$0.00**

Amount of Financial Assurance Required per Rule 704: **\$0.00**

Total Amount of Financial Assurance the Operator will provide to the Commission no later than 90 days from the Commission's approval of the Financial Assurance Plan: **\$13,000.00**

Attachments

Attached Files:

Doc Num	Attachment name	File name	Uploaded
404315350	CERTIFICATION OF FINANCIAL CAPABILITY	ECMC Bonding Statement_NicholsFederal1_HLR 4900-5171-4654 v.1.pdf	08/13/2025 12:30:21 PM
404370493	NOTICE OF DECISION/COMMISSION ORDER	10849 High Lonesome Ranch LLC-The_ Notice of Decision - 404242833.pdf	09/26/2025 02:56:31 PM

Signature and Certification

Form Created: 6/16/2025

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: **William Raley**

Title: **Attorney for The High Lonesome Ranch, LLC**

Email: **ralew@dwmk.com**

Phone: **(970) 248-5854**

Signature:

William Raley

Associated Documents

404315358 - FORM 3 WELL LIST

404315359 - FORM 3 INACTIVE WELLS

404315360 - FORM 3 OTHER FINANCIAL ASSURANCE

404315361 - FORM 3 PLUGGED WELLS HAVE NOT PASSED FINAL RECLAMATION

404315363 - FORM 3 SUBMITTED

Conditions of Approval

The plan is approved as it applies to Financial Assurance associated with the Wells/Facilities identified in the plan. Additional Financial Assurance may be required as the Asset Retirement Plan, inactive well information, and other non-well infrastructure are evaluated further.

Rule 702.d.(3).C. for Option 3 plans and Rule 702.d.(4).C. for Option 4 plans states "The contribution amount of the Operator's Contributed Financial Assurance will increase each year..." The annual contribution shown in the approved plan is required in addition to any assurance already provided until such time as the entire approved amount is provided. Initial contributions are required within 90 days of initial plan approval. Subsequent annual contributions are required by July 1 of each year.

Submit Form 3A with required instruments and then send those instruments to 1120 Lincoln St, Suite 801, Denver CO 80203.

