



## Form 3 - Financial Assurance Plan

### Summary Information Overview

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

### 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: **na**  
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

## 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: **ralley@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

1120 Lincoln Street, Suite 801, Denver, CO 80203 P 303.894.2100 [www.colorado.gov/ecmc](http://www.colorado.gov/ecmc)  
Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

