



Form 3A - Financial Assurance

Summary Information Overview

Form Name: **Form 3A - Financial Assurance**
Document Number: **404049888**
Date Submitted: **1/14/2025**

Operator Information

Operator Number: **10634**
Operator Name: **P O & G OPERATING LLC**
Operator Address: **5847 SAN FELIPE SUITE 3200 ATTN: CHRISTOPHER MOORE**
Operator City: **HOUSTON**
Operator State: **TX**
Operator Zip: **77057**
First Name: **CHARLOTTE**
Last Name: **NASH**
Contact Phone: **(713) 589-8186**
Contact Email: **charlotte_nash@pogresources.com**
Subsidiary Operators: **None**

DENIED

Summary

Financial Assurance Option: **3**
Financial Assurance Plan Amount \$: **\$2,053,120.00**
Contribution Amount %: **5%**
Contribution Amount \$: **\$102,656.00**
Active Financial Assurance \$: **\$185,000.00**
Adjusted Financial Assurance Amount \$: **\$287,656.00**
Form 3A - Balance \$: **\$0.00**

Rule 702 - Plugging, Abandonment, and Reclamation

Total Financial Assurance Required: **\$1,953,120.00**
Contribution Amount \$: **\$97,656.00**
Active Financial Assurance \$: **\$160,000.00**
Adjusted Financial Assurance Amount \$: **\$257,656.00**
Form 3A - Rule 702 Balance \$: **\$0.00**

Rule 703 - Other Oil and Gas Facilities & 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 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: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**
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: **\$100,000.00**
Contribution Amount \$: **\$5,000.00**
Active Financial Assurance \$: **\$25,000.00**
Adjusted Financial Assurance Amount \$: **\$30,000.00**
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
108210	CASH	10634 - P O & G OPERATING LLC	P O & G OPERATING LLC	\$86,648.67
007174	CASH	10634 - P O & G OPERATING LLC	P O & G OPERATING LLC	\$16,007.33

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:

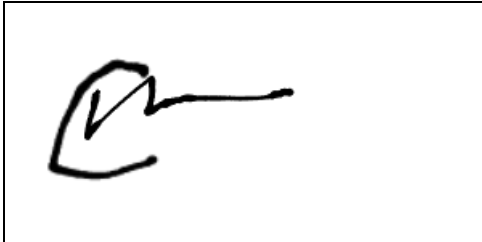
Name: **CHARLOTTE NASH**

Title: **REGULATORY ANALYST**

Email: **charlotte_nash@pogresources.com**

Phone: **(713) 589-8186**

Signature:



Associated Documents

404056817 - FORM 3A SUBMITTED

General Comments

User Group	Comment	Comment Date
Financial Assurance	SKS rwd this "In Process" Form 3A and found the instruments included were business checks and were therefore returned to the Operator as unacceptable on 2/4/2025. Operator submitted a new Assurance Form 3A with updated cashier's check instruments included and that Form was approved 8/4/2025 by Debbie, therefore this Form is being Denied as it should have been upon DL review.	09/30/2025

