## **FORM** 1

Rev 02/20

## State of Colorado

## Energy & Carbon Management Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



FOR ECMC USE ONLY

## **REGISTRATION FOR OIL AND GAS OPERATIONS**

Per Rule 302, each company conducting oil and gas related operations is required to submit a Form1. Submit a new Form 1 immediately to report a change of address, emergency contact(s), and phone number(s). Submit a new Form 1 to add or delete operations.					
Primary Mailing Address  Regional/Field Office  New  New  Change in Information Delete  One Call Participation (One box must be checked.) In checking this box, the Operator hereby confirms Tier One membership in the Utility Notification Center of Colorado (CO 811) and participation in Colorado's One Call notification system. [Rule 1102.n]  In checking this box, the Operator hereby certifies it has no underground facilities and is exempt from CO 811 membership. [Rule 1102.n.(2)]					
Primary Mailing Address					Operations
Name of Company:					rite A to ADD or D to DELETE perations from your COGCC
Address:					cord. Indicate all that apply.
					Operator
City:	State:	Zip:	Country:		북 <sup>`</sup>
Phone:			(If not in US)		Producer
Contact Name:				————— <u> </u>	Gas Gatherer
Emergency Contact Name(s):			_	<u> </u>	Oil Transporter
					Levy Payor
Emergency Phone #(s):					Injection Well Operator
Regional / Field Office (If exists)					Pit Operator
ECMC Operator Number Suffix: (if exists)					Refiner
Name of Company:				=	Seismic Operator
Address:					Financial Assurance
					Provider Downstream Gas
City:	State:	Zip:	Country: (If not in US)		Facility First Purchaser
Phone:		Fax:	、 ····/		
Contact Name:		<u> </u>			Domestic Well Operator
Emergency Contact Name(s):					Vendor
Emergency Phone #(s):					
Print Name:			Title:		
Signature:			Date:		