

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

## REGISTRATION FOR OIL AND GAS OPERATIONS

Each company conducting oil-and-gas-related operations is required to submit a Form 1. Submit a separate registration for each regional/field office which will be an active reporter. A new registration is required to document change of address or addition/deletion of types of operations.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Corporate Office</b><br><input type="checkbox"/> New<br><input type="checkbox"/> Change in Information<br><input type="checkbox"/> Delete | <input type="checkbox"/> <b>Regional/Field Office</b><br><input type="checkbox"/> New<br><input type="checkbox"/> Change in Information<br><input type="checkbox"/> Delete |
|---|--|

**OGCC Operator Number (if you have one):**

### Corporate Office

|                            |        |         |                        |
|----------------------------|--------|---------|------------------------|
| Name of Company:           |        |         |                        |
| Address:                   |        |         |                        |
|                            |        |         |                        |
| City:                      | State: | Zip:    | Country (if not U.S.): |
| Phone No:                  |        | Fax No: |                        |
| Contact Name(s):           |        |         |                        |
| Emergency Contact Name(s): |        |         |                        |
| Emergency Phone Number(s): |        |         |                        |

**OGCC Operator Number Suffix:**

### Regional/Field Office (if any)

|                            |        |         |
|----------------------------|--------|---------|
| Name of Company:           |        |         |
| Address:                   |        |         |
|                            |        |         |
| City:                      | State: | Zip:    |
| Phone No:                  |        | Fax No: |
| Contact Name(s):           |        |         |
| Emergency Contact Name(s): |        |         |
| Emergency Phone Number(s): |        |         |

### CORPORATE OPERATIONS

Write A to Add or D to Delete operations from your OGCC record. Indicate all that apply.

- |  |                              |
|--|------------------------------|
|  | Operator                     |
|  | Producer                     |
|  | Gatherer                     |
|  | Transporter                  |
|  | Levy Payor                   |
|  | Injection Well Oper.         |
|  | Pit Operator                 |
|  | Driller                      |
|  | Seismic Operator             |
|  | Financial Assurance Provider |
|  | Downstream Gas Facility      |
|  | Insurance Agent              |
|  | Domestic Well Operator       |
|  | Vendor                       |

#### General Mailing

Hearing notices are mailed monthly. Please call OGCC for information.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_