



Form 1B

Summary Information Overview

Form Name: **Form 1B - Annual Registration**
Document Number: **403113839**
Date Submitted: **8/1/2022**
EPS Order Number: **3222**

Operator and Contact Information

- Form 1B, Annual Registration for Calendar Year: **2021**
- Number: **10348**
- Name: **MYSTIQUE RESOURCES COMPANY**
- Address: **27242 E EUCLID DR**
- City: **AURORA**
- State: **CO**
- Zip: **80016**
- Name: **DENNIS STAAL**
- Phone: **308-432-3442**
- Email: **dstaal@msn.com**

December 31st Well List

- Total Wells: **1**

Annual Mitigation Fee

- Operator's Aggregate GOR for Calendar Year: **0**
- Operator's Average Daily per-Well Production for Calendar Year: **0**
- in **N/A**
- Operator's per-Well Fee for Calendar Year: **\$125**
- Number of Wells by Status as of December 31 of Calendar Year

Well Status	Number
Active	0
Domestic	0
Drilling	0
Injecting	0
Producing	0
Shut In	1
Suspended Operations	0
Temporarily Abandoned	0
Waiting on Completion	0
Tribal Wells	0

- TOTAL Number of Wells subject to the Annual Mitigation Fee: **1**
- Annual Mitigation Fee: **\$125**

Notice of Insurance Renewals and Changes

- Total Liability Insurance Amount: **\$0.00**
- Were there any renewals or changes to liability insurance during the previous 12 months: **No**
- In checking this box the Operator certifies all effective liability insurance policies listed above provide coverage for property damage, bodily injury to third parties, and sudden or accidental pollution that requires Remediation, with no exclusion for claims arising from operator-caused seismicity from oil or gas Wells. (Per Rule 705.a.)
- In checking this box the Operator certifies all effective liability insurance policies listed above include the Commission as a "scheduled person or organization" so that the Commission may receive advance notice of cancellation. (Per Rule 705.b.)

Signature and Certification

Signature and Certification Terms and Conditions

1. I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
2. A non-refundable third-party payment processing fee of \$1.00 for electronic check will be added to the total price at checkout. This amount will be included in the total price on your receipt.

- *Operator Comments* **This well is in process of plugging which has taken longer than expected. Insurance was canceled**
- *Name:* **DENNIS STAAL**
- *Title:* **PRESIDENT**
- *Email Address:* **dstaal@msn.com**
- *Phone:* **308-432-3442**

- *Signature*

