



Form 1B

Summary Information Overview

Form Name: **Form 1B - Annual Registration**
Document Number: **403115406**
Date Submitted: **7/29/2022**
EPS Order Number: **3203**

Operator and Contact Information

- Form 1B, Annual Registration for Calendar Year: **2021**
- Number: **10759**
- Name: **ORGANIC ENERGY COMPANY LLC**
- Address: **1318 SMEDE HWY (HWY 92)**
- City: **BROUSSARD**
- State: **LA**
- Zip: **70518**
- Name: **BENJAMIN BIENVENU**
- Phone: **281-300-5049**
- Email: **ben@organicenergyco.com**

December 31st Well List

- Total Wells: **3**

Annual Mitigation Fee

- Operator's Aggregate GOR for Calendar Year: **1372.14260653658**
- Operator's Average Daily per-Well Production for Calendar Year: **41.90205452**
- in **BOE**
- Operator's per-Well Fee for Calendar Year: **\$225**
- Number of Wells by Status as of December 31 of Calendar Year

Well Status	Number
Active	0
Domestic	0
Drilling	0
Injecting	0
Producing	3
Shut In	0
Suspended Operations	0
Temporarily Abandoned	0
Waiting on Completion	0
Tribal Wells	0

- TOTAL Number of Wells subject to the Annual Mitigation Fee: **3**
- Annual Mitigation Fee: **\$675**

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: **Yes**
- Updated Liability Insurance Information:

#	Certificate Producer	Insurer	Type of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date
1	Houston Casualty Company	Organic Energy Company LLC	General	USGL1511994	\$2,000,000	11/12/2021	11/12/2022
2	Houston Casualty Company	Organic Energy Company LLC	Umbrella	USUMB1512195	\$4,000,000	08/01/2022	11/12/2023

- Updated Total Liability Insurance Amount: **\$6,000,000**
- Attached Certificate of Insurance Files:

Organic Energy Certificate.pdf

- Describe renewals or changes to liability insurance during the previous 12 months: **\$5M per incident - we are continuing our renewal of coverage with Houston Casualty Company since our inception Nov 2020**
- 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 **N/A**
- Name: **BENJAMIN BIENVENU**
- Title: **OWNER/MANAGER**
- Email Address: **ben@organicenergyco.com**
- Phone: **281-300-5049**

• Signature 

