



COLORADO

Oil & Gas Conservation Commission

Department of Natural Resources

Form 1B - Annual Registration

Summary Information Overview

Form Name: **Form 1B - Annual Registration**
Document Number: **403115020**
Date Submitted: **7/29/2022**
Date Approved: **4/18/2023**
EPS Order Number: **3186**

Operator and Contact Information

- Form 1B, Annual Registration for Calendar Year: **2021**
- Number: **76830**
- Name: **SCHMID PROPERTIES INC**
- Address: **PO BOX 389**
- City: **HICO**
- State: **TX**
- Zip: **76457**
- Name: **WILLIAM SCHMID**
- Phone: **337-261-1500**
- Email: **tenniswilliam123@cs.com**

December 31st Well List

- Well List Spreadsheet: **Download**
- Total Wells: **4**

Annual Mitigation Fee

- Operator's Aggregate GOR for Calendar Year: **0**
- Operator's Average Daily per-Well Production for Calendar Year: **13.754479**
- in **MCFE**
- 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	4
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: **4**
- Annual Mitigation Fee: **\$500**

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	Herbrick Agency	National American Insurance CO	General	OP81390242	\$1,000,000	09/04/2021	09/04/2022
2	Herbrick Agency	Texas Mutual	Excess	OU62590242	\$4,000,000	09/04/2021	09/04/2022

- Updated Total Liability Insurance Amount: **\$5,000,000**
- Attached Certificate of Insurance Files:

Cert COGCC 7.28.2022.pdf

- Describe renewals or changes to liability insurance during the previous 12 months: **Addition \$4,000,000 excess liability added.**
- 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 **Operator's Average Daily per-Well Production for Calendar Year should be calculated in BOE, the GOR is zero due to no gas production.**
- Name: **Drezden Kinnaird**
- Title: **Consultant**
- Email Address: **dkinnaird@cgrs.com**
- Phone: **970-493-7780**

- Signature



COGCC Approval

Based on the information provided herein, this Form 1B, Annual Registration complies with COGCC Rules and is hereby approved.

Approved: **COGCC Financial Assurance Staff**
Date: **4/18/2023**

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Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

