

FORM

1

Rev
02/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

Phone: (303) 894-2100 Fax: (303) 894-2109



RECEIVED

JUN 29 2023

COGCC

REGISTRATION FOR OIL AND GAS OPERATIONS

Per Rule 302, each company conducting oil and gas related operations is required to submit a Form 1. 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☒ New☐ Change in Information☐ Delete☐ Regional/Field Office☐ New☐ Change in Information☐ DeleteCOGCC Operator Number:
(If one exists)

#10819

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)]

*Currently does not operate any wells or facilities
N.D. Duty*

Primary Mailing Address

Name of Company: **Prairie Operating Co., LLC**Address: **8636 North Classen Blvd.**City: **Oklahoma City** State: **OK** Zip: **73114** Country: _____
(If not in US)Phone: **303.550.2375**

Fax: _____

Contact Name: **Erin Ekblad**Emergency Contact Name(s): **Brian Cocchiere**Emergency Phone #(s): **303.489.3274**

Operations

Write A to ADD or D to DELETE operations from your COGCC record. Indicate all that apply.

- ☒ Operator
- ☒ Producer
- ☐ Gas Gatherer
- ☐ Oil Transporter
- ☐ Levy Payor
- ☐ Injection Well Operator
- ☐ Pit Operator
- ☐ Refiner
- ☐ Seismic Operator
- ☐ Financial Assurance Provider
- ☐ Downstream Gas Facility
- ☐ First Purchaser
- ☐ Domestic Well Operator
- ☐ Vendor

Regional / Field Office (If exists)

COGCC Operator Number Suffix:
(if exists)

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____
(If not in US)

Phone: _____

Fax: _____

Contact Name: _____

Emergency Contact Name(s): _____

Emergency Phone #(s): _____

Print Name: **Edward Kovalik**Title: **Chief Executive Officer**Signature: *Edward Kovalik*
Click here to attach a scanned image of the signature to the address aboveDate: **6/1/2023**