

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



#10819



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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
- Delete

COGCC 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. Justy*

Primary Mailing Address

Name of Company: Prairie Operating Co., LLC
Address: 8636 North Classen Blvd.

Operations

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

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

- 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 return to the address above

Date: 6/1/2023