



#10831

FORM

1

Rev
02/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109RECEIVED
FOR ECMC USE ONLY

OCT 16 2023

ECMC

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☐ DeleteECMC Operator Number:
(if one exists)

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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)]**Primary Mailing Address**Name of Company: Spellbound Energy LLC ✓Address: 511 16th Street, Suite 600 ✓City: Denver State: CO Zip: 80202 Country: _____
(If not in US)Phone: 303-407-8630 ✓ Fax: _____Contact Name: Sydney Hommel ✓Emergency Contact Name(s): Brent Schneider ✓Emergency Phone #(s): 303-319-0324 ✓**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)ECMC 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: William SchneiderTitle: CEO/PresidentSignature: [Signature]Date: 9/27/2023