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FORM

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Rev 02/20

# State of Colorado Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



FOR ECMC USE ONLY

JAN 12 2024

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

Delete

ECMC Operator Number:  
(if one exists)

51922 ✓

**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: Lyster Oil Company, Inc

Address: 1348 Robinson Court ✓

City: Mack ✓

State: CO ✓

Zip: 81525 ✓

Country: \_\_\_\_\_  
(if not in US)

Phone: 970-326-8820 ✓

Fax: \_\_\_\_\_

Contact Name: Amanda Stewart

Emergency Contact Name(s): Larry Lyster

Emergency Phone #(s): 970-326-8869

### 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: Amanda Stewart

Title: Secretary

Signature: Amanda Stewart

Date: 01/09/2024

NO CHANGE