



#10422

RECEIVED
FOR ECMC USE ONLY
FEB 05 2024
ECMC

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) 894-2109



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 **Regional/Field Office** ECMC Operator Number:
(if one exists)

New New
 Change in Information Change in Information
 Delete Delete

10422

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	Operations
Name of Company: Pronghorn Operating LLC Address: 2721 Golf Course Lane ✓	Write A to ADD or D to DELETE operations from your COGCC record. Indicate all that apply. <input type="checkbox"/> Operator <input type="checkbox"/> Producer <input type="checkbox"/> Gas Gatherer <input type="checkbox"/> Oil Transporter <input type="checkbox"/> Levy Payor <input type="checkbox"/> Injection Well Operator <input type="checkbox"/> Pit Operator <input type="checkbox"/> Refiner <input type="checkbox"/> Seismic Operator <input type="checkbox"/> Financial Assurance Provider <input type="checkbox"/> Downstream Gas Facility <input type="checkbox"/> First Purchaser <input type="checkbox"/> Domestic Well Operator <input type="checkbox"/> Vendor
City: Cortez State: CO Zip: 81321 Country: _____ <small>(if not in US)</small> Phone: 720-261-2019 Fax: _____	
Contact Name: Zane Kuenzler Emergency Contact Name(s): Jake Flora Emergency Phone #(s): 720-988-5375	
Regional / Field Office (If exists)	
ECMC Operator Number Suffix: _____ <small>(if exists)</small> Name of Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Country: _____ <small>(if not in US)</small> Phone: _____ Fax: _____ Contact Name: _____ Emergency Contact Name(s): _____ Emergency Phone #(s): _____	

Print Name: **Jake Flora**
 Signature:

Title: **Operations Manager**
 Date: **1-24-2024**