



Form 1B - Annual Registration

Summary Information Overview

Form Name: **Form 1B - Annual Registration**
 Document Number: **403661774**
 Date Submitted: **1/22/2024**
 Date Approved: **6/26/2024**
 EPS Order Number: **11665**

Operator and Contact Information

Form 1B, Annual Registration for Calendar Year 2023

First Name: **SHERRY L**

Last Name: **SCHUTZ**

Contact Phone: **(970) 264-4436**

Contact Email: **schutzsherry@yahoo.com**

Operator Number: **10363**

Operator Name: **SCHUTZ* RICHARD E**

Operator Address: **PO BOX 66 ATTN: SHERRY SCHUTZ**

Operator City: **CHROMO**

Operator State: **CO**

Operator Zip: **81128**

December 31st Well List

Well List Spreadsheet: **Download**

Total Wells: **1**

Annual Mitigation Fee

Operator's Aggregate GOR for Calendar Year: **0**

Operator's Average Daily per-Well Production for Calendar Year: **0.70957757 in BOE**

Operator's per-Well Fee for Calendar Year: **\$125.00**

Number of Wells by Status as of December 31 of Calendar Year:

Well Status	Number
Active	0
Domestic	0
Drilling	0

Well Status	Number
Injecting	0
Producing	0
Shut In	1
Suspended Operations	0
Temporarily Abandoned	0
Waiting on Completion	0
Tribal Wells	0

TOTAL Number of Wells subject to the Annual Mitigation Fee (Excludes Tribal Wells): **1**

Annual Mitigation Fee: **\$125.00**

Notice of Insurance Renewals and Changes

Liability Insurance Information in ECMC Records

Not # in Effect	Producer	Insurer	Type of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date
1 <input checked="" type="checkbox"/>	Hallmark Specialty Insurance Company	Richard E Schutz	General	E054002540	\$1,000,000.00	11/21/2022	11/21/2023
2 <input checked="" type="checkbox"/>	IMA, Inc - Wichita	StarStone Specialty Insurance Company	general	EO54400261	\$1,000,000.00	05/10/2023	11/10/2023
3 <input checked="" type="checkbox"/>	IMA, Inc - Wichita	StarStone Specialty Insurance Company	excess	S054400031	\$4,000,000.00	05/10/2023	11/10/2023
4 <input checked="" type="checkbox"/>	Hallmark Specialty Insurance Company	Richard E Schutz	Umbrella	S054000660	\$4,000,000.00	11/21/2022	11/21/2023
5 <input checked="" type="checkbox"/>	IMA, Inc - Wichita	StarStone Specialty Insurance Company	general	E054400261	\$1,000,000.00	05/10/2023	11/10/2023

Total Liability Insurance Amount: **\$0.00**

Were there any renewals or changes to liability insurance during the previous 12 months: **Yes**

Updated Liability Insurance Information:

#	Producer	Insurer	Type of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date
1	IMA, Inc. - Wichita	StarStone Specialty Insurance Company	General	E054400532	\$1,000,000.00	11/10/2023	11/10/2024
2	IMA, Inc.-Wichita	StarStone Specialty Insurance Company	General	E054400532	\$1,000,000.00	11/10/2023	11/10/2024
3	IMA, Inc.-Wichita	StarStone Specialty Insurance Company	Excess	S054400142	\$4,000,000.00	11/10/2023	11/10/2024

Updated Total Liability Insurance Amount: **\$6,000,000.00**

Attached Certificate of Insurance Files:

File name	Uploaded
Certificate of Liability Insurance Renew 2024.pdf	01/22/2024 04:07:26 PM

Describe renewals or changes to liability insurance during the previous 12 months: **Renewed policy 11/2023 - 11/2024**

In checking this box the Operator certifies all effective liability insurance policies listed above provide coverage for property damage, bodily injury to third parties, and sudden or accidental pollution that requires Remediation, with no exclusion for claims arising from operator-caused seismicity from oil or gas Wells. (Per Rule 705.b.):

In checking this box the Operator certifies all effective liability insurance policies listed above include the Commission as a "scheduled person or organization" so that the Commission may receive advance notice of cancellation. (Per Rule 705.c.):

Signature and Certification

Signature and Certification Terms and Conditions

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

A non-refundable third-party payment processing fee of \$1.00 for electronic check will be added to the total price at checkout. This amount will be included in the total price on your receipt.

Signature and Certification Terms and Conditions

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

A non-refundable third-party payment processing fee of \$1.00 for electronic check will be added to the total price at checkout. This amount will be included in the total price on your receipt.

Operator Comments:

Name: **SHERRY L SCHUTZ**

Title: **Contact/Submitter**

Email: **schutzsherry@yahoo.com**

Phone: **(970) 264-4436**

Signature:



Associated Documents

403662657 - FORM 1B SUBMITTED

403662661 - FORM 1B WELL LIST

403812256 - FORM 1B WELL LIST

ECMC Approval

Based on the information provided herein, this Form 1B, Annual Registration complies with ECMC Rules and is hereby approved.

Approved: **ECMC Financial Assurance Staff**

Date: **6/26/2024**

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Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

