



Form 1B - Annual Registration

Summary Information Overview

Form Name: **Form 1B - Annual Registration**
Document Number: **403760975**
Date Submitted: **4/19/2024**
Date Approved: **6/27/2024**
EPS Order Number: **11952**

Operator and Contact Information

Form 1B, Annual Registration for Calendar Year 2023

First Name: **PATRICK**

Last Name: **JOBE**

Contact Phone: **(303) 534-3383**

Contact Email: **pjobe@wavetechenergy.com**

Operator Number: **10791**

Operator Name: **WAVETECH HELIUM INC**

Operator Address: **1801 BROADWAY SUITE 600 ATTN: PATRICK JOBE**

Operator City: **DENVER**

Operator State: **CO**

Operator Zip: **80202**

December 31st Well List

Well List Spreadsheet: **Download**

Total Wells: **0**

Annual Mitigation Fee

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

Operator's Average Daily per-Well Production for Calendar Year: **0 in N/A**

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	0
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): **0**

Annual Mitigation Fee: **\$0.00**

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"/>	IMA Select, LLC	Old Guard Insurance Co.	general	165228X	\$1,000,000.00	07/27/2021	07/27/2022
2	<input type="checkbox"/>	IMA, Inc. - Colorado	Federal Insurance Company	general	36079605	\$1,000,000.00	07/27/2023	07/27/2024
3	<input type="checkbox"/>	IMA, Inc. - Colorado	Federal Insurance Company	umbrella	78199983	\$5,000,000.00	07/27/2023	07/27/2024

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

Were there any renewals or changes to liability insurance during the previous 12 months: **No**

Updated Liability Insurance Information:

#	Producer	Insurer	Type of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date
<i>No records</i>							

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

Attached Certificate of Insurance Files:

File name	Uploaded
<i>No records</i>	

Describe renewals or changes to liability insurance during the previous 12 months:

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: **PATRICK JOBE**

Title: **COMMERCIAL MANAGER**

Email: **pjobe@wavetechenergy.com**

Phone: **(303) 534-3383**

Signature:



Associated Documents

403762294 - FORM 1B SUBMITTED

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: **6/27/2024**

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

