

FORM

1

Rev  
02/20

02415903

State of Colorado

## Energy &amp; Carbon Management Commission

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

JUN 20 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☐ DeleteECMC Operator Number:  
(If one exists)

10842

**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: **Switchback Restoration LLC**Address: **1660 Lincoln Street Suite 2200**City: **Denver**State: **CO**Zip: **80462**Country:  
(If not in US)Phone: **720-421-2633**Fax: **80264**Contact Name: **Christopher Caskey**Emergency Contact Name(s): **Eric Edwards**Emergency Phone #(s): **9704173143****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: **Christopher Caskey**

Signature:

Title: **Managing Partner**Date: **14Jun2023**