

10856



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FOR ECMC USE ONLY
JUL 10 2025
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
 - New ✓
 - Change in Information
 - Delete

- Regional/Field Office
 - New
 - Change in Information
 - Delete

ECMC Operator Number:
(if one exists)
10856 ✓

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: QB Energy Services, LLC

Address: 1001 17th Street, Suite 1600 ✓

City: Denver State: CO Zip: 80202 Country: _____
(if not in US)

Phone: 303-997-3010 Fax: _____

Contact Name: Kristine Mize-Spansky

Emergency Contact Name(s): Operation Control Center

Emergency Phone #(s): 970-285-2615

Operations
Write A to ADD or D to DELETE operations from your COGCC record. Indicate all that apply.

- A Operator ✓
- A Producer
- A Gas Gatherer
- Oil Transporter
- Levy Payor
- A Injection Well Operator
- Pit Operator
- Refiner
- Seismic Operator
- Financial Assurance Provider
- A 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: Roger Biemans
Signature: [Handwritten Signature]

Title: CEO
Date: July 7, 2025