



Form 1B - Annual Registration

Summary Information Overview

Form Name: **Form 1B - Annual Registration**
 Document Number: **404487975**
 Date Submitted: **12/29/2025**
 Date Approved: **1/5/2026**
 EPS Order Number: **13391**

Operator and Contact Information

Form 1B, Annual Registration for Calendar Year 2024
First Name: DAVID
Last Name: WYMAN
Contact Phone: (970) 701-9388
Contact Email: brokenbox6431@yahoo.com
Operator Number: 97730
Operator Name: WYMAN* LOUIS M DBA WYMAN INC
Operator Address: P O BOX 278
Operator City: CRAIG
Operator State: CO
Operator Zip: 81626

December 31st Well List

Well List Spreadsheet: [Download](#)
Total Wells: 3

Annual Mitigation Fee

Operator's Aggregate GOR for Calendar Year: 2,372.51
Operator's Average Daily per-Well Production for Calendar Year: 1.289 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	3
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): 3

Annual Mitigation Fee: \$375.00

Annual Marginal Well Fee

Marginal Well Fee for Calendar Year: 2024

Operator's per-Well Fee for Calendar Year: \$115.00

TOTAL Number of Wells subject to the Marginal Well Fee (Excludes Tribal Wells): 3

Annual Marginal Well Fee: \$345.00

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"/>	Mountain West Insurance - Farmington	National American Insurance Co.	umbrella	OU82660005	\$5,000,000.00	08/31/2023	08/31/2023
2	<input checked="" type="checkbox"/>	Mountain West Insurance - Farmington	National American Insurance Co.	general	OP04830105	\$1,000,000.00	08/09/2023	08/09/2023
3	<input checked="" type="checkbox"/>	Mountain West In & Fin Serv LLC	National American Insurance Company	umbrella	OU82660105	\$5,000,000.00	08/09/2024	08/09/2025
4	<input checked="" type="checkbox"/>	97730	Acord	Umbrella	DAVILWY-02	\$5,000,000.00	08/09/2023	08/09/2024
5	<input checked="" type="checkbox"/>	Mountain West In & Fin Serv LLC	National American Insurance Company	general	OP04830205	\$1,000,000.00	08/09/2024	08/09/2025
6	<input checked="" type="checkbox"/>	97730	Acord	General	OP04830105	\$1,000,000.00	08/09/2023	08/09/2024
7	<input checked="" type="checkbox"/>	Mountain West Insurance - Farmington	National American Insurance Co.	umbrella	OU82660005	\$5,000,000.00	08/31/2023	08/09/2024
8	<input checked="" type="checkbox"/>	Mountain West Insurance	Acord	General	OP04830005	\$1,000,000.00	08/09/2022	08/09/2023

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	97730	National American Insurance Co;NAICO	General	OP04830305	\$1,000,000.00	08/09/2025	08/09/2026
2	97730	National American Insurance Co;NAICO	Umbrella	OU82660205	\$5,000,000.00	08/09/2025	08/09/2026

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

Attached Certificate of Insurance Files:

File name	Uploaded
2025-2026 Master Certificate - Colorado Energy & Carbon Management Commission - ECMC - Copy.pdf	12/29/2025 02:56:24 PM

Describe renewals or changes to liability insurance during the previous 12 months: This is simply a renewal of Ins that we had last year with no changes to it.

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.):

Secretary of State Certificate of Good Standing

Confirmation Number: 453455

Expiration Date: 12/31/2025

Secretary of State Certificate of Good Standing Attachments:

File name	Size	Uploaded
2025-2026 Master Certificate - Colorado Energy & Carbon Management Commission - ECMC - Copy.pdf	25kb	12/29/2025 03:03:49 PM

Fee Payment Summary

Annual Mitigation Fee:

Annual Marginal Well Fee:

Total Payment: \$720.00

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.

Operator Comments:

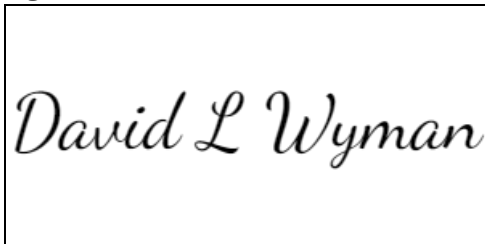
Name: DAVID WYMAN

Title: MANAGER

Email: brokenbox6431@yahoo.com

Phone: (970) 701-9388

Signature:



David L Wyman

Associated Documents

404488024 - 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: **1/5/2026**

