



## Form 1/1A - Operator Registration and Designation of Agents

### Summary Information Overview

Form Name: **Form 1/1A - Operator Registration and Designation of Agents**  
Document Number: **404637223**  
Date Submitted: **4/28/2026**  
Date Approved: **4/28/2026**

### Operations

Existing Update:

Responsibilities:

**Operator**

Oil and Gas Operator

### Primary Office

ECMC Operator Number: 10856

Primary Mailing Address:

QB ENERGY SERVICES LLC  
1001 17TH STREET, SUITE 1600  
DENVER, CO 80202

Principal Agent:

**Name:** KATIE BIERSMITH  
**Title:** SR. REGULATORY ANALYST  
**Phone:** (303) 997-3010  
**Mobile:** (303) 997-3010  
**Email:** kbiersmith@qb-energy.com

Emergency Contacts:

#	Name	Phone	Alt. Phone
1	OPERATION CONTROL CENTER	(970) 997-3010	---

### Regional or Field Office

None

## Designated Agents

**Name:** DOUG DENNISON  
**Title:** SR. REGULATORY MANAGER  
**Phone:** (303) 997-3010  
**Mobile:** ---  
**Email:** ddennison@qb-energy.com

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**Name:** KRISTINE MIZE-SPANSKY  
**Title:** INTEGRITY MGMT & GIS  
**Phone:** (303) 997-3010  
**Mobile:** ---  
**Email:** kmizespansky@qb-energy.com

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**Name:** CATHI BOLES  
**Title:** REGULATORY MANAGER  
**Phone:** (720) 547-8750  
**Mobile:** ---  
**Email:** cboles@qb-energy.com

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**Name:** KATIE BIERSMITH  
**Title:** SR. REGULATORY ANALYST  
**Phone:** (303) 997-3010  
**Mobile:** ---  
**Email:** kbiersmith@qb-energy.com

## Inspection Contacts

**Name:** DOUG DENNISON **(Primary Contact)**  
**Phone:** (303) 997-3010  
**Email:** ddennison@qb-energy.com

## Signature and Certification

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

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**Operator Comments:** Administratively executed by SI for Beta Testing.

**Name:** KATIE BIERSMITH  
**Title:** SR REGULATORY ANALYST  
**Email:** kbiersmith@qb-energy.com  
**Phone:** (303) 997-3010  
**Signature:**

*KATIE BIERSMITH*

## Associated Documents

404637317 - FORM 1/1A SUBMITTED

1120 Lincoln Street, Suite 801, Denver, CO 80203 | P 303.894.2100 | [www.colorado.gov/ecmc](http://www.colorado.gov/ecmc)  
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