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FORM

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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



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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.

[X] Primary Mailing Address

[X] New

[ ] Change in Information

[ ] Delete

[ ] Regional/Field Office

[ ] New

[ ] Change in Information

[ ] Delete

ECMC Operator Number: (if one exists)

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One Call Participation (One box must be checked.)

[X] 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				Operations	
Name of Company: <b>Covalence Operating Company, LLC</b>				Write A to ADD or D to DELETE operations from your COGCC record. Indicate all that apply.	
Address: <b>5847 San Felipe St., Suite 940</b>					
City: <b>Houston</b>	State: <b>TX</b>	Zip: <b>77057</b>	Country: (if not in US)	<input checked="" type="checkbox"/> A	Operator
Phone: <b>281-224-3430</b>	Fax:			<input type="checkbox"/>	Producer
Contact Name: <b>Greg Wachel</b>				<input type="checkbox"/>	Gas Gatherer
Emergency Contact Name(s): <b>Julie Tannehill</b>				<input type="checkbox"/>	Oil Transporter
Emergency Phone #(s): <b>720-376-5885</b>				<input type="checkbox"/>	Levy Payor
Regional / Field Office (if exists)				<input type="checkbox"/>	Injection Well Operator
			ECMC Operator Number Suffix: (if exists)	<input type="checkbox"/>	Pit Operator
Name of Company:				<input type="checkbox"/>	Refiner
Address:				<input type="checkbox"/>	Seismic Operator
City:	State:	Zip:	Country: (if not in US)	<input type="checkbox"/>	Financial Assurance Provider
Phone:	Fax:			<input type="checkbox"/>	Downstream Gas Facility
Contact Name:				<input type="checkbox"/>	First Purchaser
Emergency Contact Name(s):				<input type="checkbox"/>	Domestic Well Operator
Emergency Phone #(s):				<input type="checkbox"/>	Vendor
Print Name: <b>Greg Wachel</b>			Title: <b>Chief Operating Officer</b>		
Signature:			Date: <b>11/24/25</b>		