

APPENDIX X – FORM OR-1

*Complete and submit an original Form OR-1 to obtain a disposer/operator code
(Section 519.C.1)*

The original OR-1 Form was submitted by the applicant, PA Prospect Corporation, on May 16, 2018. The applicant was assigned the Operator Code P5603. A copy of the OR-1 Form is included in this section.

ENVIRONMENTAL ORGANIZATION REPORT

ENV 2019 FORM OR-1

READ THE INSTRUCTIONS • COMPLETE ENTIRE FORM

1. Purpose of Filing: <input type="checkbox"/> Initial Filing <input checked="" type="checkbox"/> Annual Refiling <input type="checkbox"/> Change of Address/Contact/Officer <input type="checkbox"/> Organization Name Change	2. OOC Code Number: P5603
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3. Type of Operation: <input type="checkbox"/> Offshore/Out-of-State Operator <input checked="" type="checkbox"/> Disposal Operator (Type A/B, Transfer Station) <input type="checkbox"/> LDEQ Permitted E&P Landfill <small>Site Code</small>	3a. Initial Date of LA Operation: 5/16/2018	3b. LA Secretary of State Charter Number: 42630520F
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4. Current Plan of Organization (Select ONLY ONE): <input type="checkbox"/> Company <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State Where Incorp <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trade Name <input type="checkbox"/> Trust <input type="checkbox"/> Other:	NEVADA
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6a. Organization - Name & Mailing Address (Must be Entered)

PA PROSPECT CORPORATION
 PO BOX 785
 COLUMBUS, MT 59019

Contact Person for Organization: COLLEEN BREWER
 Phone Number: 406-322-9951
 Fax Number: _____
 E-Mail Address (Required): COLLEEN.ENERGYEQUITY@GMAIL.COM

6b. EMERGENCY Contact Address

Mark here if same as 6a

Contact Person for Emergency: _____
 Phone Number: _____
 Fax Number: _____
 E-Mail Address (Required): _____

6c. Address to which ENVIRONMENTAL correspondence should be directed:

Mark here if same as 6a

Contact Person: _____
 Phone Number: _____
 Fax Number: _____
 E-Mail Address (Required): _____

7. Three Primary Officers **FULL LEGAL NAME** (# Individual, only one Officer necessary)

(1) Name: GERALD NELSON
 Address: PO BOX 785
 COLUMBUS, MT 59019
 Title: PRESIDENT

(2) Name: SUSAN NELSON
 Address: PO BOX 785
 COLUMBUS, MT 59019
 Title: SECRETARY

(3) Name: _____
 Address: _____
 Title: _____

8. If a change of organization name, give previous name, OOC code number and the desired effective date of the company name change:

Name: _____ OOC Code Number: _____ Eff. Date: _____

9. Each registered organization shall notify this Office, in writing, following the filing of a voluntary petition for bankruptcy under any Chapters of Title 11 (Bankruptcy) of the United States Code (11 U.S.C.) by or against. The notification will indicate the name of the court and date of filing.

CERTIFICATE: I DECLARE UNDER PENALTIES AS PRESCRIBED IN LRS 30:17, THAT I AM AUTHORIZED TO MAKE THIS REPORT, THAT THIS REPORT WAS PREPARED BY ME OR UNDER MY SUPERVISION AND DIRECTION, AND THAT DATA AND FACTS STATED THEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Colleen Brewer 1/9/2020
 PRINTED NAME TITLE DATE

Colleen Brewer 406.322.9951
 SIGNATURE TELEPHONE NUMBER

FOR OFFICE OF CONSERVATION USE ONLY

DATE 1/29/2020 APPROVED BY *H. J. Galt* Office of Conservation

JAN 09 2020



**ORGANIZATION REPORT FOR OPERATOR OF OIL & GAS WELLS
& TRANSPORTER, PLANT, REFINERY**

PHYSICAL ADDRESS:
OFFICE OF CONSERVATION
PRODUCTION AUDIT
617 N. 3RD STREET
BATON ROUGE, LA 70802

Form OR- 1 For Calendar Year: 2020

Report run on: Jan 10, 2020 1:46 PM

ORGANIZATION NAME: PA PROSPECT CORPORATION			OOC Code Number: P5603
Filing Type: ANNUAL RE-FILING	Organization Type: CORPORATION	Initial Date of LA Operation: 05/16/2018	LA Secretary of State Charter Number: 42630520F
Operation Type: PRODUCER/OPERATOR			Corporation - State where Incorporated: NEVADA
Organization - Mailing Address		EMERGENCY Contact Address	
PO BOX 785, COLUMBUS, MT 59019-		PO BOX 785, COLUMBUS, MT 59019-	
Contact Person: MELISSA ANDERSON		Contact Person: COLLEEN BREWER	
Phone Number: 406-322-9951		Phone Number: 406-322-9951	
Fax Number:		Fax Number:	
Cell Number:		Cell Number:	
Email Address: MELISSA.ENERGYEQUITY@GMAIL.COM		Email Address: COLLEEN.ENERGYEQUITY@GMAIL.COM	
Address to which COMPLIANCE correspondence should be directed:		Address to which INJECTION & MINING correspondence should be directed:	
PO BOX 785, COLUMBUS, MT 59019-		PO BOX 785, COLUMBUS, MT 59019-	
Contact Person: MELISSA ANDERSON		Contact Person: MELISSA ANDERSON	
Phone Number: 406-322-9951		Phone Number: 406-322-9951	
Fax Number:		Fax Number:	
Cell Number:		Cell Number:	
Email Address: MELISSA.ENERGYEQUITY@GMAIL.COM		Email Address: MELISSA.ENERGYEQUITY@GMAIL.COM	
Address to which PRODUCTION AUDIT correspondence should be directed:		Three Primary Officers FULL LEGAL NAME (if Individual, only one Officer necessary)	
PO BOX 785 COLUMBUS, MT 59019-		Name: GERALD NELSON	
Contact Person: MELISSA ANDERSON		Address: PO BOX 785, COLUMBUS, MT 59019-	
Phone Number: 406-322-9951		Title: PRESIDENT	
Fax Number:		Name: SUSAN NELSON	
Cell Number:		Address: PO BOX 785, COLUMBUS, MT 59019-	
Email Address: MELISSA.ENERGYEQUITY@GMAIL.COM		Title: SECRETARY	
Equipment Description:			
Each registered organization shall notify this office, in writing, following the filing of a voluntary petition for bankruptcy under any Chapters of 11 (Bankruptcy) of the United States Code (11 U.S.C.) by or against. The notification will indicated the name of the court and date of filing.			
CERTIFICATE: I DECLARE UNDER PENALTIES AS PRESCRIBED IN LRS 30:17, THAT I AM AUTHORIZED TO MAKE THIS REPORT, THAT THIS REPORT WAS PREPARED BY ME OR UNDER MY SUPERVISION AND DIRECTION, AND THAT DATA AND FACTS ATATED THEREIN ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.			
PRINTED NAME: CHARLIE REYNOLDS		SUBMITTED DATE: 01/09/2020	
SUBMITTER USER ID: CREYNOLDS		APPROVAL DATE: 01/10/2020	
EMAIL ADDRESS: CHARLIE.REYNOLDS@ALTECENV.COM		TELEPHONE NUMBER: 318-687-3771	