DRMS ePermitting Change of Contact



General Information

Submittal Date

7/3/2019

The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact information

Administrator Information

Administrator First Name

Administrator Last Name

Justin

Bilyeu

Administrator Email

jbilyeu@shale-tech.com

Select a Permit Number *

M2013022

Select Contact Type *

Select all that apply

Select all triat apply

✓ Permittee Contact ✓ Permitting Contact ✓ Inspection Contact ✓ Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee Company Name

Shale Tech International Services LLC

Name change requires succession of operator application

Salutation First Name Middle Initial Last Name

Mr Justin Bilyeu

Address 1 Address 2

1354 County Road 246

City State Zip Code

Rifle CO 816500000

Telephone # Extension Fax #

9706253193 9706259898

Digits only, no separators Digits only, no separators

Permitting Contact Information

Permitting Company Name

Shale Tech International Services LLC

Salutation First Name

Deena

Middle Initial Last Name

Stanley

Address 1 Address 2

1354 County Road 246

City State Zip Code

Rifle CO 81650

Telephone # Extension Fax #

9704402050

Digits only, no separators

9706259898

Digits only, no separators

Email Address

dstanley@shale-tech.com

Inspection Contact Information

Inspection Company Name

Shale Tech International Services LLC

Salutation First Name Middle Initial Last Name

Justin Bilyeu

Address 1 Address 2

1354 County Road 246

City State Zip Code

Rifle CO 816500000

Telephone # Extension Fax #

9706253193 9706259898

Digits only, no separators Digits only, no separators

Email Address

jbilyeu@shale-tech.com

Annual Fee Notice to Copy

| Additional people | you would like to receive no | tices of upcoming annua | al fee/report due dates | |
|----------------------------|------------------------------|----------------------------|-------------------------|-------------|
| Remove Existin | ng Contact? | | | |
| ☐ Remove | | | | |
| Salutation | First Name * | | Middle Initial | Last Name * |
| | Deena | | | Stanley |
| | ice Company Name | | | |
| Address 1 | | | Address 2 | |
| 1354 County Roa | d 246 | | | |
| City | | State | | Zip Code |
| Rifle | | CO | | 81650 |
| Telephone # | | Extension | Fax # | |
| 9704402050 | | 9706259898 | | |
| Digits only, no separators | | Digits only, no separators | | |
| Email Address | | | | |
| dstanley@shale-t | ech.com | | | |

Confirmation

Have you reviewed all the information provided on this form? $\mbox{\ensuremath{\$}}$

✓ Yes