# CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | |
|---|---|
| **Title of the project / programme of activities** | Programme of activities for the recovery and use of associated petroleum gas, normally combusted in flare stacks in oil-producing fields |
| **Project / programme of activities reference number:** *(if available)* | 8659 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | | |
|---|---|---|
| **Name of entity:** Andean Center for Economics in the Environment (ACEE/CAEMA) | | |
| **Address:** Cra. 3 No. 11 – 55, Interior 213, Centro Histórico La Candelaria, Bogotá, Colombia | | |
| **Party (country authorizing participation):** Colombia | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Black-Arbelaez | | Telephone 1: |
| First name: Thomas | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Petroleum Equipment International (PEI) | | |
| **Address:** Avenida 9 N° 113-52 Piso 21. Torres Unidas II Colombia | | |
| **Party (country authorizing participation):** Colombia | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Leal | | Telephone 1: |
| First name: Omar | | Telephone 2 (optional): |
| Email: | | Fax (optional): |
| Specimen signature: | | Date (dd/mm/yyyy): |
| **Name of entity:** Union Temporal Omega Energy (UTOE) | | |
| **Address:** Avenida 9 N° 113-52 Piso 21. Torres Unidas II Colombia | | |
| **Party (country authorizing participation):** Colombia | | |
| **End-date of participation:** | ☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy | |
| **Contact details (primary authorized signatory):** | | Mr. ☒ Ms. ☐ |
| Last name: Leal | | Telephone 1: |

| | |
|---|---|
| First name: Omar | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |