



Filing Receipt

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Public Utility Commission of Texas

1701 N. Congress Avenue or P.O. Box 13326

Austin, Texas 78711-3326

512-936-7000 • (Fax) 512-936-7003

Web Site: www.puc.texas.gov

Application for, or Amendment to, a Retail Electric Provider (REP) Certificate (Pursuant to 16 TAC §25.107)

DOCKET NUMBER:

Applicant

Applicant Name: Pumpjack Power, LLC

Second Applicant Name (if required):

Type of Certification

(a) Check only one of the following.

- ☐ New REP Option 1 Certification
- ☐ New REP Option 2 Certification
- ☐ New REP Option 3 Certification

☒ REP Amendment [REP Certification No.]: 10232

(b) If you are filing an amendment, check one or more of the following amendment categories requested in this filing: (Provide a written explanation of the Amendment in "c" below).

- | | |
|-----------------------------------------------------------|------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Name Change amendment | <input type="checkbox"/> Corporate Restructuring |
| <input type="checkbox"/> Change in Ownership/Control | <input type="checkbox"/> Change in Technical/Managerial Qualifications |
| <input type="checkbox"/> Change in Service Area | <input type="checkbox"/> Change in Financial Qualifications |
| <input type="checkbox"/> Change in Type of Provider | <input type="checkbox"/> Other (Explain in "c" below) |
| <input type="checkbox"/> Relinquishment of Certification | |

(c) Provide an explanation of the Amendment (attach additional pages if necessary):

Pumpjack Power, LLC is requesting to add the assumed name (dba) Crypto Power to its REP certificate and two delete the Reciprocal Energy Solutions and Operators Electric assumed names.

PART A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Application Contact Information

Contact Name: Waylan Johnson	Title: President	
Street or Mailing address: 20308 Highway 71 West, Suite 6A		
Mailing address (Suite, Floor or Room):		
City: Spicewood	State: TX	ZIP: 78669
Phone No.: 512-431-6050	Fax No.: 866-644-5660	Toll Free No.: 877-208-8675
Email: wjohnson@pumpjackpower.com	Web Address: www.pumpjackpower.com	

A-2. Authorized Representative Contact Information

Contact Name: Waylan Johnson	Title: President	
Street or Mailing address: 20308 Highway 71 West, Suite 6A		
Mailing address (Suite, Floor or Room):		
City: Spicewood	State: TX	ZIP: 78669
Phone No.: 512-431-6050	Fax No.: 866-644-5660	Toll Free No.: 877-208-8675
Email: wjohnson@pumpjackpower.com	Web Address: www.pumpjackpower.com	

A-3. Regulatory Representative Contact Information

Contact Name: Waylan Johnson	Title: President	
Street or Mailing address: 20308 Highway 71 West, Suite 6A		
Mailing address (Suite, Floor or Room):		
City: Spicewood	State: TX	ZIP: 78669
Phone: 512-431-6050	Fax No.: 866-644-5660	Toll Free No.: 877-208-8675
Email: wjohnson@pumpjackpower.com	Web Address: www.pumpjackpower.com	

A-4. Complaint Representative Contact Information

Contact Name: Waylan Johnson	Title: President	
Street or Mailing address: 20308 Highway 71 West, Suite 6A		
Mailing address (Suite, Floor or Room):		
City: Spicewood	State: TX	ZIP: 78669
Phone No.: 512-431-6050	Fax No.: 866-644-5660	Toll Free No.: 877-208-8675
Email: wjohnson@pumpjackpower.com	Web Address: www.pumpjackpower.com	

A-5. Emergency Contact Information – The Applicant must provide the following information

concerning its emergency contact personnel as required in §25.53(e). You may provide up to three emergency contacts per company. The Commission prefers that you provide at least two emergency contacts.

Primary Contact: Waylan Johnson		Title: President	
Office No: 512-431-6050	Fax No: 866-644-5660	Toll Free No: 877-208-8675	
Cell No:	Home No:		
Email: wjohnson@pumpjackpower.com	Web Address: www.pumpjackpower.com		
Secondary Contact: Scooter Womack		Title: Executive Vice President	
Office No: 512-587-8634	Fax No: 866-644-5660	Toll Free No: 877-208-8675	
Cell No:	Home No:		
Email: swomack@pumpjackpower.com	Web Address: www.pumpjackpower.com		
Tertiary Contact:		Title:	
Office No:	Fax No:	Toll Free No:	
Cell No:	Home No:		
Email:	Web Address:		

A-6. Principal Company Information

(a). Physical Address

Company Name: Pumpjack Power, LLC

Primary Contact: Waylan Johnson Title: President

Physical Address: 20308 Highway 71 West, Suite 6A

City: Spicewood State: TX ZIP: 78669

Email: info@pumpjackpower.com Web Address: www.pumpjackpower.com

Phone: 512-431-6050 Fax: 866-644-5660 Toll Free: 877-208-8675

(b). Mailing Address (if different from Physical Address)

Company Name: Pumpjack Power, LLC

Contact: Waylan Johnson Title: President

Mailing Address: P.O. Box 341227

City: Spicewood State: TX ZIP: 78669

Email: info@pumpjackpower.com Web Address: www.pumpjackpower.com

(c). Texas Office Address (Cannot be a P. O. Box)			
Company Name: Pumpjack Power, LLC			
Contact: Waylan Johnson		Title: President	
Address: 20308 Highway 71 West, Suite 6A			
City: Spicewood		State: TX	IP: 78669
Email: wjohnson@pumpjackpower.com		Web Address: www.pumpjackpower.com	
Phone: 512-431-6050		Fax: 866-644-5660	Toll Free: 877-208-8675
A-7. Directors, Officers, or Principals Information – (Provide a list of the names, titles, phone numbers and office emails)			
Name: Waylan Johnson	Title: President	Phone: 512-431-6050	Email: wjohnson@pumpjackpower.com
Name: Scooter Womack	Title: Executive Vice President	Phone: 512-587-8634	Email: swomack@pumpjackpower.com
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
A-8. Certificated Name(s)			
(a). Primary Name on Certificate			
Primary Certificate Name: Pumpjack Power, LLC			
Texas Secretary of State (or County) File Number: 802697890			
Date and State where Business was established: April 13, 2017 Texas			
Texas Comptroller's Tax ID. Number: 32063470994			
Other Applicable Certification/File Numbers:			
(b). EXISTING Approved Assumed Names (if applicable) (Maximum of 5 Assumed Names)			
PUC Approved Assumed Name: Pumpjack Power			
PUC Approved Assumed Name:			
PUC Approved Assumed Name:			
PUC Approved Assumed Name:			
PUC Approved Assumed Name:			
(c). REQUESTED Assumed Names (if applicable) (Maximum of 5 Assumed Names)			
Name: Crypto Power	Texas SoS File No. 802697890	Date Active: 3/23/2022	
Name:	Texas SoS File No.	Date Active:	
Name:	Texas SoS File No.	Date Active:	
Name:	Texas SoS File No.	Date Active:	
Name:	Texas SoS File No.	Date Active:	

(d). DELETION of EXISTING Assumed Names (if applicable)
Assumed Name to be DELETED: Reciprocal Energy Solutions
Assumed Name to be DELETED: Operators Electric
Assumed Name to be DELETED:
Assumed Name to be DELETED:
Assumed Name to be DELETED:

PART B – SERVICE AREA
APPLICANT MUST SELECT ONE SERVICE AREA OPTION BELOW (1, 2, OR 3).
B-1 Option 1 REP – Service Area by Geography (Applicant must select one geographic option below)
<input type="checkbox"/> Entire State of Texas
<input type="checkbox"/> Service Area of one or more Transmission and Distribution Utilities (TDUs), Municipal Utilities, or Electric Cooperatives (Identify each requested utility and cooperative):
<input type="checkbox"/> Geographic Area of one or more Independent Organizations within Texas (e.g. ERCOT) (Identify each organization):
<input type="checkbox"/> Specific Geographic Area. (Identify on Attachment B-1 the Zip Codes defining the requested service area.)
B-2 Option 2 REP – Service Area by Customer
<input type="checkbox"/> Provide as Attachment B-2 the affidavit from each customer required by §25.107(d)(2)(A). (Identify the customers):
B-3 Option 3 REP – Service Area by Customer
<input type="checkbox"/> Provide as Attachment B-3A the affidavit which states that the Applicant is in compliance with §§25.107 d)(3), 25.109, 25.211, and 25.212 (Registration of PGC, Registration of Distributed Generation, and compliance with National Electric Safety Code and local building codes). (Identify the entities involved):
<input type="checkbox"/> Provide as Attachment B-3B evidence that the Applicant is in compliance with §25.107(g)(2)(A).

AFFIDAVIT

State of: TX

§

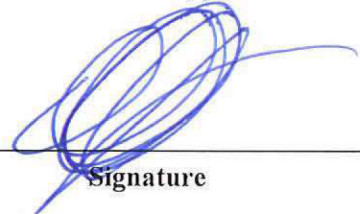
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County of: Travis

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My name is Waylan Johnson. I am the President of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this Application for a Retail Electric Provider Certificate, that I am competent to testify to them, and that I have the authority to make this Application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this Application for a Retail Electric Provider Certificate are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements applicable to a Retail Electric Provider.



Signature

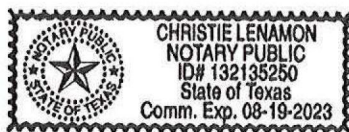
WAYLAN JOHNSON

Typed or Printed Name

PRESIDENT

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 15th day of July, 2022.





Notary Public in and for the State of TX

My commission expires on: 8/19/23