

# BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

**In the Matter of the Application by Navigator  
CO2 Ventures LLC for a Permit to Construct  
A Carbon Dioxide Transmission Pipeline**

**APPLICATION  
FOR PARTY STATUS**

**HP22-002**

**David Reker**

\_\_\_\_\_, petitions the Public Utilities Commission to be granted party status in  
(Name of applicant. This will be the person or entity named as a party.)

the above-referenced facility permit proceeding, pursuant to SDCL 49-41B-17 and ARSD 20:10:22:40.

Place a check mark next to each item below that applies to you, adding a mileage number for items requiring this. Explain your further interest below. If your submitted form is incomplete, you risk not being granted party status.

\_\_\_\_ I am a person or organization that received official notification via U.S. mail of the project from the siting permit applicant.

☒ I own land within 0.25 miles of the proposed project.

☒ I reside within 0.25 miles of the proposed project.

\_\_\_\_ I officially represent a municipal, city, township, county, or other affected governmental agency within \_\_\_\_\_ miles of the proposed project.

\_\_\_\_ I am directly interested in the proposed project as I explain below:

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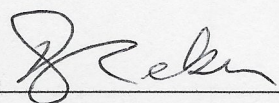
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**DEADLINE:**

Consistent with SDCL 49-41B-17 and ARSD 20:10:22:40, this application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, November 28, 2022.

File this completed form electronically  
at <http://puc.sd.gov/EFilingOptions.aspx>

*\*The Commission processes its dockets electronically for time and cost efficiencies. Thus, communication on the docket will be done via email with parties to this docket.*

  
\_\_\_\_\_  
Signature of Applicant

**David Reker**

Print or Type Applicant's Name

**47975 239th St**

Applicant's Address, PO Box/St./Ave./Rd.

**Trent, SD 57065**

Applicant's Address, City, State, ZIP

**605-413-7998**

Applicant's Phone Number

**dcreker@proton.me**

Applicant's E-mail Address\*

\_\_\_\_\_  
Name of Applicant's Organization (if applicable)

**11-28-2022**

Date Signed

*Above fields are required.*

\_\_\_\_\_  
Name of Attorney, if being represented

\_\_\_\_\_  
Attorney's E-mail Address

\_\_\_\_\_  
Attorney's Phone Number