

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

GAS FACILITY REGISTRATION/CHANGE OF OPERATOR

Use one copy of Form 12 for each facility being registered/change of operator. Per Rule 711, an operator is to provide financial assurance to ensure compliance with the 900 Series rules in the amount of \$50,000 or in an amount voluntarily agreed to with the Director, or in an amount to be determined by order of the Commission. Operators of small systems gathering or processing less than five MMSCFD may provide individual financial assurance in the amount of \$5,000. A facility map must accompany each new registration.*

Complete the
Attachment Checklist
Oper OGCC

OGCC Operator Number: 46685Name of Operator: Kinder Morgan CO2 CO LPAddress: 17801 HWY 491City: CORTEZ State: CO Zip: 81321

Contact Name and Telephone:

Phil KennedyNo: (970) 882-2464Fax: (970) 882-5521

Facility Map

Operator's Facility Name and Number: CC ClusterLocation (QtrQtr, Sec, Twp, Rng, Meridian): Tract 39, Section 1, Township 38N, Range 19W, NMPMAddress: 25400 ROAD 8City: PLEASANT VIEW State: CO Zip: 81331 County: MONTEZUMA

REGISTRATION TYPE OF OPERATION

☐ GAS-PROCESSING PLANT☒ GATHERING SYSTEM☐ STORAGE FACILITY

*A facility map must accompany each new registration and be resubmitted when significant changes have been made to the facility.

All gathering and distribution maps are to be submitted at a scale no smaller than 1:24,000; all processing facilities at a scale no smaller than 1:100. All maps may be submitted digitally using DWG or DXF formats.

Estimated Daily Processing Total: 50 MMSCFDIs the facility within a sensitive area according to Rule 901.e? ☐ Yes ☒ No

CHANGE OF OPERATOR

Seller's Signature

Name of Operator

Operator Number

Title

Date

Buyer or Current Operator

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Phil Kennedy

Signed:

Title: Regulatory ManagerDate: 04/18/14

OGCC Approved: _____

Title: _____

Date: _____

CONDITIONS OF APPROVAL, IF ANY:

FACILITY ID: _____