

FORM

12

Rev
04/18

State of Colorado

Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

Document Number:

401674364

Receive Date:

GAS FACILITY REGISTRATION/CHANGE OF OPERATOR

Per Rule 313B.a and Rule313B.b, a Form 12 is required to register a new Gas Gathering System, Gas Compressor Station, Gas Processing Plant, or Underground Gas Storage Facility. Financial Assurance is required per Rule 711. Per Rule 313B.c, a Form 12 is required for an annual report of changes to a Gas Gathering System, Gas Compressor Station, Gas Processing Plant, or Underground Gas Storage Facility. Per Rule 313B.d, a Form 12 is required to report the transfer of ownership of a Gas Gathering System, Gas Compressor Station, Gas Processing Plant, or Underground Gas Storage Facility.

Purpose of Form: (Select one)

New Registration

Annual Report of Changes

Change of Operator

Name of Operator: NOBLE MIDSTREAM SERVICES LLC

OGCC Operator Number: 10686 Suff:

Is the Buying Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's

One Call notification system? Yes No

Address: 1625 BROADWAY #2200

City: DENVER State: CO Zip: 80202

Contact Name: LOGAN BOUGHAL

First Name Last Name

Phone: 832 6397447 Email: LOGAN.BOUGHAL@NBLENERGY.COM

NON-Submitting Operator Information:

COGCC Number of Non-Submitting: Name of Non-Submitting:

Non-Submitting Operator is: Contact Name:

Title: Non-Submitting Operator Contact Email:

FACILITY INFORMATION

Facility Name and Number: MUSTANG GAS GATHERING SYSTEM COGCC Facility ID:

A separate Form 12 must be submitted for each facility or each component of a gathering system.

Select the type of facility below.

TYPE OF FACILITY (Select one) Gas Compressor Station Gas Processing Plant
Gas Gathering Pipeline System Underground Gas Storage

Estimated Daily Processing Total: 85.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 0

Financial Assurance: Gas Facility Surety ID# 20180024

Surface Ownership: Fee State Federal Indian

Facility Location

- Provide a legal location and the latitude and longitude of that location.
- Provide the GPS data for the latitude and longitude of the legal location.
- When one exists, provide the street address of the facility.
- For a Gas Gathering Pipeline System or an Underground Gas Storage Facility use sections, townships, ranges and counties to describe the geographic area covered by the system or facility.

Legal Location: QTRQTR NWSW Sec 10 Twp 2N Rng 64W Meridian 6

County WELD

Latitude 40.152250 Longitude -104.545110

GPS Data (if available): PDOP Reading 2.2

Date of Measurement 10/22/2012 GPS Instrument Operator's Name DAVID C HOLMES

Facility Address (if exists) _____
 City _____ State CO Zip _____

Gas Gathering Pipeline System or Underground Gas Storage Facility - Description of Geographic Area:

T2N R64W SEC 3, 4, 9, 10, 11, 15, 16T3N R64W SEC 21, 28, 33T4N R64W SEC 18, 19T4N R65W SEC 13, 24, 25

Related Gas Gathering Pipeline System

For a Gas Processing Plant or a Gas Compressor Station that is part of a Gas Gathering Pipeline System:

If the Gas Gathering Pipeline System is registered, enter the Facility ID of that system: _____

If the Gas Gathering Pipeline System is NOT registered, enter the Form 12 Document Number submitted to register that system: _____

CHANGE OF OPERATOR

Effective Date of Change: _____ Form is being submitted by: _____

Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's

One Call notification system? Yes No

Name of Buying Operator:	Name of Selling Operator:
Buying Operator COGCC Number:	Selling Operator COGCC Number:
Print Name:	Print Name:
Signature:	Signature:
Title:	Title:
Date:	Date:

Operator Comments:

GPS & LEGAL LOCATION BASED ON HULLABALLOO Y16-746 (123-45235)

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

SUMMITTED BY:

Signed: _____ Print Name: LOGAN BOUGHAL

Title: REGULATORY ANALYST II Email: LOGAN.BOUGHAL@NBLENERGY.COM Date: _____

COGCC Approved:

Date:

FACILITY ID:

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

Signature:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401674439	TOPOGRAPHIC MAP

Total Attach: 1 Files