

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:

1347198

Receive Date:

07/05/2018

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: AUGUSTUS ENERGY RESOURCES LLC

OGCC Operator Number: 10489 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: 2016 GRAND AVENUE #A

City: BILLINGS State: MT Zip: 59102

Contact Name: Duane Zimmerman  
First Name Last Name

Phone: 406 294-5990 Email: dzimmerman@augustusenergy.com

NON-Submitting Operator Information:

COGCC Number of Non-Submitting: 10699 Name of Non-Submitting: OWN RESOURCES OPERATING LLC

Non-Submitting Operator is: Buying Operator Contact Name: Ed Schneider

Title: Director Non-Submitting Operator Contact Email: ed.schneider@ownresources.com

FACILITY INFORMATION

Facility Name and Number: WGSC SITE 16 COGCC Facility ID: 120714

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: 1.60 MMSCFPD

Gas Compressor Station – Number of Compressors: 1

Financial Assurance: Gas Facility Surety ID# 20180075

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 SWSW Sec 17 Twp 1N Rng 44W Meridian 6

County YUMA

Latitude 40.046837 Longitude -102.321772

GPS Data (if available): PDOP Reading

Date of Measurement GPS Instrument Operator's Name

Facility Address (if exists) City State CO Zip

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

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**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: 412231

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: 7/2/2018 Form is being submitted by: Selling Operator

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:<br>OWN RESOURCES OPERATING LLC | Name of Selling Operator:<br>AUGUSTUS ENERGY RESOURCES LLC |
| Buying Operator COGCC Number: 10699                     | Selling Operator COGCC Number: 10489                       |
| Print Name: Ed Schneider                                | Print Name: Steven D. Durrett                              |
| Signature:  | Signature:   |
| Title: Director   | Title: President & CEO                                     |
| Date: 7/2/2018  | Date: 7/2/2018   |

Operator Comments:

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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: Steven D. Durrett

Title: President & CEO Email: none@given.com Date: 7/2/2018

|                     |        |
|---------------------|--------|
| <b>FACILITY ID:</b> | 120714 |
|---------------------|--------|

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       | Stamp Upon Approval        |

Total: 0 comment(s)

Signature:

**Attachment Check List**

| <b><u>Att Doc Num</u></b> | <b><u>Name</u></b>              |
|---------------------------|---------------------------------|
| 1347198                   | GAS FACILITY CHANGE OF OPERATOR |
| 1347199                   | FACILITY DRAWING                |
| 1347200                   | TOPOGRAPHIC MAP                 |
| 2302604                   | RATIFICATION DOCUMENT           |
| 2302786                   | TOPOGRAPHIC MAP                 |

Total Attach: 5 Files