

FORM

12

Rev
04/18State of Colorado
Oil and Gas Conservation Commission1120 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 Rule 313B.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	<input checked="" type="checkbox"/>	Gas Processing Plant	<input type="checkbox"/>
	Gas Gathering Pipeline System	<input type="checkbox"/>	Underground Gas Storage	<input type="checkbox"/>

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:

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: OWN RESOURCES OPERATING LLC	Name of Selling Operator: 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:

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

FACILITY ID:	120714
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General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

Signature:

Attachment Check List**Att Doc Num****Name**

1347198	GAS FACILITY CHANGE OF OPERATOR
1347199	FACILITY DRAWING
1347200	TOPOGRAPHIC MAP
2302604	RATIFICATION DOCUMENT
2302786	TOPOGRAPHIC MAP

Total Attach: 5 Files