

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:

1347339

Receive Date:

09/06/2018

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: FORTIGEN RESOURCES LLC

OGCC Operator Number: 10704 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: 1165 DELAWARE STREET #160

City: DENVER State: CO Zip: 80204

Contact Name: William Hayworth

First Name Last Name

Phone: 303 748-3732 Email: wf.hayworth@gmail.com

NON-Submitting Operator Information:

COGCC Number of Non-Submitting: 10657 Name of Non-Submitting: PCR OPERATING LLC

Non-Submitting Operator is: Selling Operator Contact Name: Robert Watson

Title: CEO Non-Submitting Operator Contact Email: rwatson@passcreekresources.com

FACILITY INFORMATION

Facility Name and Number: AMHERST COMPRESSOR STATION COGCC Facility ID: 427282

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: 0.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 0

Financial Assurance: Gas Facility Surety ID# 20180085

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 SWNW Sec 22 Twp 9N Rng 43W Meridian 6

County PHILLIPS

Latitude 40.741552 Longitude -102.130283

GPS Data (if available): PDOP Reading

Date of Measurement GPS Instrument Operator's Name

Facility Address (if exists) 46551 CR 55
 City Amherst State CO Zip 80721

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

Flat to slightly rolling hills. Farmland

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: 6/1/2018 Form is being submitted by: Buying 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: FORTIGEN RESOURCES LLC	Name of Selling Operator: PCR OPERATING LLC
Buying Operator COGCC Number: 10704	Selling Operator COGCC Number: 10657
Print Name: Joshua Westling	Print Name: Robert Watson
Signature:	Signature:
Title: President	Title: CEO
Date: 6/1/2018	Date: 6/1/2018

Operator Comments:

There is a compressor building at the Amherst Facility. But there is no compressor at the facility.

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: Joshua Westling

Title: President Email: wf.hayworth@gmail.com Date: 9/6/2018

FACILITY ID: 427282

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	Operating has submitted facility layout drawing and geographic map of area. Operating has made comment clearly stating that no compressor is on location.	09/06/2018
Financial Assurance	The Form 12 indicates 0 compressors; however, the facility layout drawing indicates 1.	09/04/2018
Financial Assurance	RETURNED TO DRAFT. PURSUANT TO RULE 313B.a(4) and operator shall provide a facility layout drawing depicting all surface structures and a map of surrounding topography.	08/24/2018

Total: 3 comment(s)

Signature:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1347339	GAS FACILITY CHANGE OF OPERATOR
2302804	RATIFICATION DOCUMENT
401751680	GEOGRAPHIC AREA MAP
401751684	GAS FACILITY UPDATE

Total Attach: 4 Files