

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:

401903961

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: OUTRIGGER DJ OPERATING LLC

OGCC Operator Number: 10703 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: 1200 17TH STREET #900

City: DENVER State: CO Zip: 80202

Contact Name: Andrew Perdue  
First Name Last Name

Phone: 720 361-2580 Email: aperdue@outriggerenergy.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: Makena Gas Plant 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: 60.00 MMSCFPD

Gas Compressor Station – Number of Compressors: \_\_\_\_\_

Financial Assurance: Gas Facility Surety ID# 20180082

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 \_\_\_\_\_ NESE Sec \_\_\_\_\_ 25 Twp \_\_\_\_\_ 8N Rng \_\_\_\_\_ 62W Meridian \_\_\_\_\_ 6

County WELD

Latitude \_\_\_\_\_ 40.631784 Longitude \_\_\_\_\_ 104.260053

GPS Data (if available): PDOP Reading \_\_\_\_\_

Date of Measurement \_\_\_\_\_ GPS Instrument Operator's Name \_\_\_\_\_

Facility Address (if exists) 41980 Hwy 14  
City Briggsdale State CO Zip 80611

**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: \_\_\_\_\_

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:

<b>New Registration for Gas Plant</b>

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: Andrew Perdue

Title: Sr. Project Manager Email: aperdue@outriggerenergy.com Date: \_\_\_\_\_



COGCC Approved:

Date:

**FACILITY ID:**

**General Comments**

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

Total: 0 comment(s)

Signature:

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
401907417	TOPOGRAPHIC MAP
401907419	FACILITY LAYOUT DRAWING

Total Attach: 2 Files