

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:

401964549

Receive Date:

## 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: TEP ROCKY MOUNTAIN LLC

OGCC Operator Number: 96850 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: PO BOX 370

City: PARACHUTE State: CO Zip: 81635

Contact Name: Vicki Schoeber

First Name Last Name

Phone: 970 263-2721 Email: vschoeber@terraep.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: GL\_TrailRidge 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: 40.00 MMSCFPD

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

Financial Assurance: Gas Facility Surety ID# 20160061

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 SENW Sec 34 Twp 5S Rng 97W Meridian 6

County GARFIELD

Latitude 39.571144 Longitude -108.266899

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:**

Township 4 South, Range 97 West, Section 31; Township 5 South, Range 97 West, Sections 1-17, 19-36; Township 5 South, Range 98 West, Sections 1, 3, 11-12; Township 6 South, Range 96 West, Section 30; Township 6 South, Range 97 West, Sections 4-6, 9, 14-16, 22-23, 25-17; Township 6 South, Range 98 West, Sections 1-2

**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:

Surface ownership consists of Federal and Fee.

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: Vicki Schoeber

Title: Regulatory Specialist Email: vschoeber@terraep.com Date:



COGCC Approved:

Date:

**FACILITY ID:**

**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>
401965329	TOPOGRAPHIC MAP

Total Attach: 1 Files