

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:

401951038

Receive Date:

02/25/2019

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: KERR MCGEE GATHERING LLC

OGCC Operator Number: 47121 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 173779

City: DENVER State: CO Zip: 80217

Contact Name: DUSTIN DAVID

First Name Last Name

Phone: 720 666-4296 Email: DUSTIN.DAVID@ANADARKO.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: Hambert Compressor Station COGCC Facility ID: 120054

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: 67.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 7

Financial Assurance: Gas Facility Surety ID# 20110019

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 SWNE Sec 36 Twp 4N Rng 66W Meridian 6

**County** WELD

**Latitude** 40.268855 **Longitude** -104.723490

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

**Date of Measurement** 4/28/2014 **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: 421463

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:


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: CHERYL LIGHT

Title: STAFF REGULATORY Email: CHERYL.LIGHT@ANADARKO.COM Date: 2/25/2019



<b>FACILITY ID:</b>	120054
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### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	Doc #401951038 for the Hambert Compressor Station was submitted for a registered facility per Rule 313B.b. The form was not submitted to report any changes.	03/18/2019

Total: 1 comment(s)

Signature:

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401951038	Form 12 SUBMITTED
401951039	FACILITY LAYOUT DRAWING
401951040	TOPOGRAPHIC MAP

Total Attach: 3 Files