

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:

402026088

Receive Date:

04/30/2019

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: KERR MCGEE GATHERING LLCOGCC 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 173779City: DENVER State: CO Zip: 80217Contact Name: DUSTIN DAVID

First Name

Last Name

Phone: 970 515-1304 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: LANCASTER PLANT COGCC Facility ID: 439054

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 type="checkbox"/>	Gas Processing Plant	<input checked="" type="checkbox"/>
	Gas Gathering Pipeline System	<input type="checkbox"/>	Underground Gas Storage	<input type="checkbox"/>

Estimated Daily Processing Total: 660.00 MMSCFPDGas Compressor Station – Number of Compressors: 4Financial Assurance: Gas Facility Surety ID# 20110019Surface 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 NWNW Sec 14 Twp 2N Rng 66W Meridian 6

County WELD

Latitude 40.145404 **Longitude** -104.728942

GPS Data (if available): PDOP Reading 0.0

Date of Measurement 4/13/2018 **GPS Instrument Operator's Name** CHERYL LIGHT

Facility Address (if exists) 16157 WCR 22

City FT LUPTON **State** CO **Zip** 80621

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:** 4/30/2019

FACILITY ID:	439054
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	This form was submitted for a registered facility per Rule 313B.b. The form was not submitted to report any changes.	06/02/2019

Total: 1 comment(s)

Signature:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402026088	Form 12 SUBMITTED
402026093	FACILITY LAYOUT DRAWING
402026094	TOPOGRAPHIC MAP

Total Attach: 3 Files