

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:

402026068

Receive Date:

04/30/2019

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: 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: TAYLOR COMPRESSOR STATION COGCC Facility ID: 120074

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: 2

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 _____ NENE Sec _____ 16 Twp _____ 2S Rng _____ 60W Meridian _____ 6

County ADAMS _____

Latitude _____ 39.883667 **Longitude** _____ -104.094250

GPS Data (if available): PDOP Reading _____ 2.3 _____

Date of Measurement _____ 9/2/2010 **GPS Instrument Operator's Name** _____ Lindblom _____

Facility Address (if exists) _____

 City _____ State CO _____ Zip _____

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

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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: _____ 120097 _____

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:

| |
|---|
| THIRD CREEK GATHERING SYSTEM IS BEING DECOMMISSIONED. |
| |
| |

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: | 120074 |
|---------------------|--------|

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|---------------------|
| Bonding | This form was submitted for a registered facility per Rule 313B.b. The form was not submitted to report any changes. Surety ID 2001-0126 incorrect. Surety ID has been corrected to Surety ID 2011-0019. | 06/02/2019 |

Total: 1 comment(s)

Signature:

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------------|
| 402026068 | Form 12 SUBMITTED |
| 402026072 | FACILITY LAYOUT DRAWING |
| 402026073 | TOPOGRAPHIC MAP |

Total Attach: 3 Files