

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:

402026050

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: STATE COMPRESSOR STATION COGCC Facility ID: 120073

**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** Gas Compressor Station ☒ Gas Processing Plant ☐  
(Select one) Gas Gathering Pipeline System ☐ Underground Gas Storage ☐

Estimated Daily Processing Total: 5.00 MMSCFPDGas Compressor Station – Number of Compressors: 2Financial 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 NWSW Sec 16 Twp 1S Rng 65W Meridian 6

**County** ADAMS

**Latitude** 39.964400 **Longitude** -104.677663

**GPS Data (if available): PDOP Reading** 3.7

**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:**


**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 ☐

<b>Name of Buying Operator:</b>	<b>Name of Selling Operator:</b>
<b>Buying Operator COGCC Number:</b>	<b>Selling Operator COGCC Number:</b>
<b>Print Name:</b>	<b>Print Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Title:</b>	<b>Title:</b>
<b>Date:</b>	<b>Date:</b>

**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



<b>FACILITY ID:</b>	120073
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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402026050	Form 12 SUBMITTED
402026054	FACILITY LAYOUT DRAWING
402026056	TOPOGRAPHIC MAP

Total Attach: 3 Files