

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:

402076793

Receive Date:

08/25/2019

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: NOBLE MIDSTREAM SERVICES LLC

OGCC Operator Number: 10686 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: 1625 BROADWAY #2200

City: DENVER State: CO Zip: 80202

Contact Name: Anita Cuevas
First Name Last Name

Phone: 303 6537960 Email: anita.cuevas@nblmidstream.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: MUSTANG GAS GATHERING SYSTEM COGCC Facility ID: 456492

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: 150.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 0

Financial Assurance: Gas Facility Surety ID# 20180024

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 NWSW Sec 10 Twp 2N Rng 64W Meridian 6

County WELD

Latitude 40.152250 **Longitude** -104.545110

GPS Data (if available): PDOP Reading 2.2

Date of Measurement 9/7/2012 **GPS Instrument Operator's Name** DAVID C HOLMES

Facility Address (if exists)
City _____ State CO Zip _____

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

Weld County T2N R64W SEC 3, 4, 9, 10, 11, 15, 16, 22 T3N R64W SEC 19, 20, 21, 22, 28, 29, 30, 33 T3N R65W SEC 25, 26 T4N R64W SEC 18, 19 T4N R65W SEC 13, 24, 25

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:

Additions to the gas gathering system from the previous submittal are noted in red on the attached map.

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: Anita Cuevas

Title: Regulatory Contractor Email: anita.cuevas@nblmidstream.com Date: 8/25/2019

FACILITY ID:	456492
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General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Signature:

Attachment Check List

Att Doc Num	Name
402076793	Form 12 SUBMITTED
402153100	GEOGRAPHIC AREA MAP

Total Attach: 2 Files