

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:

402166517

Receive Date:

09/05/2019

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: CAERUS PICEANCE LLC

OGCC Operator Number: 10456 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: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Contact Name: Jason Eckman

First Name Last Name

Phone: 970 285-2656 Email: jeckman@caerusoilandgas.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: Gasaway Gas System COGCC Facility ID:

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: 2.70 MMSCFPD

Gas Compressor Station – Number of Compressors:

Financial Assurance: Gas Facility Surety ID# -2019

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 _____ SENE Sec _____ 26 Twp _____ 6S Rng _____ 100W Meridian _____ 6

County GARFIELD

Latitude _____ 39.505932 Longitude _____ -108.515051

GPS Data (if available): PDOP Reading _____

Date of Measurement _____ 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:

Legal Description: Gasaway Gathering System Garfield County T6S R99W Sec 3, 6, 7, 8, 10, 11, 13, 14, 17, 20, 24, 25, 26, 27, 28, 29, 30, 31; T6S R100W Sec 1, 17, 19, 20, 21, 22, 23, 25, 26, 28, 29; T6S R101W Sec 13, 20, 23, 24, 26, 27, 28, 29, 30, 33, 34; T6S R102W Sec 25, 34, 35, 36; T7S R99W Sec 6, 7, 8

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:

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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: Jason Eckman

Title: Regulatory Analyst Lead Email: jeckman@caerusoilandgas.com Date: 9/5/2019

COGCC Approved:

Date:

FACILITY ID:

General Comments

| User Group | Comment | Comment Date |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)

Signature:

Attachment Check List

| Att Doc Num | Name |
|--------------------|---------------------|
| 402166517 | Form 12 SUBMITTED |
| 402166545 | GEOGRAPHIC AREA MAP |

Total Attach: 2 Files