

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:

402197374

Receive Date:

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: BARGATH LLC

OGCC Operator Number: 10128 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: 2717 COUNTY ROAD 215 SUITE 200

City: PARACHUTE State: CO Zip: 81635

Contact Name: Kirsten Derr

First Name Last Name

Phone: 970 285-5435 Email: kirsten.derr@williams.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: HAYES GULCH COMPRESSOR STATION COGCC Facility ID: 424538

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: 40.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 6

Financial Assurance: Gas Facility Surety ID# 20110152

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 _____ NESE Sec _____ 1 Twp _____ 7S Rng _____ 96W Meridian _____ 6

County GARFIELD _____

Latitude _____ 39.466738 **Longitude** _____ -108.051409

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:

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: 424529 _____

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:

Updated from original registration as required by Section 313B

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:** Kirsten Derr _____

Title: Environmental Specialist **Email:** kirsten.derr@williams.com **Date:** _____

COGCC Approved:

Date:

FACILITY ID:	424538
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

Signature:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402197377	FACILITY LAYOUT DRAWING
402197378	TOPOGRAPHIC MAP

Total Attach: 2 Files