

FORM

12

Rev  
04/18State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

FOR OGCC USE ONLY

Document Number:

402227049

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: ATG ENTERPRISES INC

OGCC Operator Number: 10692 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: 2 ROAD 2951

City: AZTEC State: NM Zip: 87410

Contact Name: Andrew Glinn

First Name

Last Name

Phone: 308 289-5220 Email: dglinn27@yahoo.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: Southern Ute 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	<input type="checkbox"/>	Gas Processing Plant	<input type="checkbox"/>
	Gas Gathering Pipeline System	<input checked="" type="checkbox"/>	Underground Gas Storage	<input type="checkbox"/>

Estimated Daily Processing Total: 2200.00 MMSCFPD

Gas Compressor Station – Number of Compressors:

Financial Assurance: Gas Facility Surety ID# 290201801

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 SESE Sec 34 Twp 33N Rng 8W Meridian N

**County** LA PLATA

**Latitude** 37.055698 **Longitude** -107.699747

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

**Date of Measurement** 8/6/2008 **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:**

T33N R8W S33: NWSE, NESE, NENET33N R8W S34: NWSW, NESW, SESW, SWSE, SESE, NWSE, SENW, NENW, NWNE, SWNE, SWNW, NWNW

**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:**

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:** Andrew Glinn

**Title:** President **Email:** dglinn27@yahoo.com **Date:**



COGCC Approved:

Date:

FACILITY ID:

### General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

Signature:

### Attachment Check List

Att Doc Num

Name

402227053	TOPOGRAPHIC MAP
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Total Attach: 1 Files