

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:

402227132

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: STERLING ENERGY INVESTMENTS LLC

OGCC Operator Number: 10390 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: 1200 17TH STREET #2850

City: DENVER State: CO Zip: 80202

Contact Name: Dena Lund

First Name

Last Name

Phone: 720 8817092 Email: dlund@sterlingenergy.us

## 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: HEMBERGER COMPRESSOR COGCC Facility ID: 451838

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<br>(Select one) | Gas Compressor Station        | <input checked="" type="checkbox"/> | Gas Processing Plant    | <input type="checkbox"/> |
|                                  | Gas Gathering Pipeline System | <input type="checkbox"/>            | Underground Gas Storage | <input type="checkbox"/> |

Estimated Daily Processing Total: 8.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 3

Financial Assurance: Gas Facility Surety ID# 20170135

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 SWNW Sec 26 Twp 8N Rng 60W Meridian 6

**County** WELD

**Latitude** 40.633500 **Longitude** -104.068100

**GPS Data (if available):** PDOP Reading 0.0

**Date of Measurement** 8/17/2017 **GPS Instrument Operator's Name** RODNEY BARNES

**Facility Address (if exists)** 43504 CR 105  
City Briggsdale State CO Zip 80611

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

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**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: 426343

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: Dena Lund

Title: EVP - COO Email: dlund@sterlingenergy.us Date: \_\_\_\_\_



COGCC Approved:

Date:

|                     |        |
|---------------------|--------|
| <b>FACILITY ID:</b> | 451838 |
|---------------------|--------|

### 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>             |
|--------------------|-------------------------|
| 402227144          | GEOGRAPHIC AREA MAP     |
| 402227147          | FACILITY LAYOUT DRAWING |

Total Attach: 2 Files