

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:

402227235

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: BOB WHITE COMPRESSOR STATION COGCC Facility ID: 451844

**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: 1.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 1

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 \_\_\_\_\_ NENE Sec \_\_\_\_\_ 1 Twp \_\_\_\_\_ 7N Rng \_\_\_\_\_ 62W Meridian \_\_\_\_\_ 6

**County** WELD \_\_\_\_\_

**Latitude** \_\_\_\_\_ 40.610000 **Longitude** \_\_\_\_\_ -104.262400

**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)** \_\_\_\_\_  
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: 451839 \_\_\_\_\_

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: Dena Lund \_\_\_\_\_

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



COGCC Approved:

Date:

**FACILITY ID:** 451844

**General Comments**

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

Total: 0 comment(s)

Signature:

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402227258	GEOGRAPHIC AREA MAP
402227263	FACILITY LAYOUT DRAWING

Total Attach: 2 Files