

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:

402235695

Receive Date:

**GAS FACILITY REGISTRATION/CHANGE OF OPERATOR**

Per Rule 313B.a and Rule313B.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: PL28SW Compression Facility 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: 0.45 MMSCFPD

Gas Compressor Station – Number of Compressors: 1

Financial Assurance: Gas Facility Surety ID# 2019098

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 \_\_\_\_\_ NESW Sec \_\_\_\_\_ 28 Twp \_\_\_\_\_ 9S Rng \_\_\_\_\_ 96W Meridian \_\_\_\_\_ 6

County MESA \_\_\_\_\_

Latitude \_\_\_\_\_ 39.243208 Longitude \_\_\_\_\_ -108.112172

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: \_\_\_\_\_

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:

Facility is a single compressor for one well.

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: \_\_\_\_\_



COGCC Approved:

Date:

**FACILITY ID:**

**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>
402235697	FACILITY LAYOUT DRAWING

Total Attach: 1 Files