

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:

402197571

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: HAYBARN GAS PLANT COGCC Facility ID: 428644

**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: 0.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 4

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 \_\_\_\_\_ NENW Sec \_\_\_\_\_ 2 Twp \_\_\_\_\_ 7S Rng \_\_\_\_\_ 96W Meridian \_\_\_\_\_ 6

County GARFIELD

Latitude \_\_\_\_\_ 39.469896 Longitude \_\_\_\_\_ -108.077257

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 original registration as required by Section 313B.Facility currently on standby and is depressurized

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: \_\_\_\_\_



<b>FACILITY ID:</b>	428644
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### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Bonding	Return to draft per operator. Facility layout drawing indicates 4 compressors. Form 12 indicates 3 compressors. This form was submitted for a registered facility per Rule 313B.b. The form was not submitted to report any changes.	12/03/2019

Total: 1 comment(s)

Signature:

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402197584	FACILITY LAYOUT DRAWING
402197585	TOPOGRAPHIC MAP

Total Attach: 2 Files