

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:

402204817

Receive Date:

10/09/2019

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: 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: UNA COMPRESSOR STATION COGCC Facility ID: 424534

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: 22.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 3

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 SWNW Sec 35 Twp 7S Rng 96W Meridian 6

**County** GARFIELD

**Latitude** 39.394946 **Longitude** -108.084868

**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:

Updating as required by Section 313B

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: 10/9/2019



<b>FACILITY ID:</b>	424534
---------------------	--------

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Bonding	The Form 12 doc #402204817 was submitted for a registered facility per Rule 313B.b. The form was not submitted to report any changes.	02/10/2020

Total: 1 comment(s)

Signature:

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402204817	Form 12 SUBMITTED
402204818	FACILITY LAYOUT DRAWING
402204819	TOPOGRAPHIC MAP

Total Attach: 3 Files