

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:

402304361

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: KERR MCGEE GATHERING LLC

OGCC Operator Number: 47121 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: PO BOX 173779

City: DENVER State: CO Zip: 80217

Contact Name: DUSTIN DAVID

First Name

Last Name

Phone: 720 6664296 Email: DUSTIN.DAVID@ANADARKO.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: PLATTEVILLE COMPRESSOR STATION COGCC Facility ID: 421464

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

Estimated Daily Processing Total: 67.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 4

Financial Assurance: Gas Facility Surety ID# 20110019

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 NWSW Sec 13 Twp 3N Rng 66W Meridian 6

County WELD

Latitude 40.222101 **Longitude** -104.719881

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:

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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: 421463

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:

| |
|----------------------------------|
| No changes from previous filing. |
| |
| |
| |

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:** DAVID VAN DER VIEREN

Title: SR REGULATORY ANALYST **Email:** DAVID_VANDERVIEREN@OXY.COM **Date:**

COGCC Approved:

Date:

| | |
|---------------------|--------|
| FACILITY ID: | 421464 |
|---------------------|--------|

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> |
|--------------------|-------------|
|--------------------|-------------|

| | |
|-----------|-------------------------|
| 402304534 | TOPOGRAPHIC MAP |
| 402304544 | FACILITY LAYOUT DRAWING |

Total Attach: 2 Files