

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:

**402305886**

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: 720 666-4296 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: State Compressor Station COGCC Facility ID: 120073

**A separate Form 12 must be submitted for each facility or each component of a gathering system.****Select the type of facility below.**

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

Estimated Daily Processing Total: 0.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 0

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 16 Twp 1S Rng 65W Meridian 6

**County** ADAMS

**Latitude** 39.964400 **Longitude** -104.677663

**GPS Data (if available): PDOP Reading** 3.7

**Date of Measurement** 9/2/2010 **GPS Instrument Operator's Name** Lindblom

**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:** 120097

**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 ☐

<b>Name of Buying Operator:</b>	<b>Name of Selling Operator:</b>
<b>Buying Operator COGCC Number:</b>	<b>Selling Operator COGCC Number:</b>
<b>Print Name:</b>	<b>Print Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Title:</b>	<b>Title:</b>
<b>Date:</b>	<b>Date:</b>

**Operator Comments:**

The State Compressor Station has been decommissioned.

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:

<b>FACILITY ID:</b>	120073
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### 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>
402305912	TOPOGRAPHIC MAP
402305914	FACILITY LAYOUT DRAWING

Total Attach: 2 Files