

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

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: WME Yates LLCOGCC Operator Number: 10751

Suff: _____

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☐ NoAddress: 4601 DTC Blvd, Suite 130City: DenverState: COZip: 80237Contact Name: JenScott

First Name

Last Name

Phone: 303-507-4545Email: jen@westlark.com**NON-Submitting Operator Information:**COGCC Number of Non-Submitting: 10704Name of Non-Submitting: Fortigen Resources LLCNon-Submitting Operator is: Selling OperatorContact Name: Blake MertensTitle: President & CEONon-Submitting Operator Contact Email: bmertens@tetradcorp.com

FACILITY INFORMATION

Facility Name and Number: Marks Butte Compressor StationCOGCC Facility ID: 412183

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 MMSCFPDGas Compressor Station – Number of Compressors: 0Financial Assurance: Gas Facility Surety ID# 20200066Surface Ownership: Fee ☒ State ☐ Federal ☐ Indian ☐ (Select one)

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 SESE Sec 30 Twp 11N Rng 4W Meridian 6County SedgwickLatitude 40.879133 Longitude -102.517593

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:



Flat to slightly rolling hills. Just south of Interstate 76.**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: 412183

If the Gas Gathering Pipeline System is NOT registered, enter the Form 12 Document Number submitted to register that system: _____


CHANGE OF OPERATOREffective Date of Change: 04/01/2020Form is being submitted by: Buying OperatorIs the Buying Operator a Tier One member of the UNCC that participates in Colorado's One Call notification system? ☒ Yes ☐ No

Name of Buying Operator: <u>WME Yates, LLC</u>	Name of Selling Operator: <u>Fortigen Resources, LLC</u>
Buying Operator COGCC Number: _____	Selling Operator COGCC Number: <u>10704</u>
Print Name: <u>Jen Scott</u>	Print Name: <u>Blake Mertens</u>
Signature: 	Signature: 
Title: <u>CFO</u>	Title: <u>President and CEO</u>
Date: <u>5-7-20</u>	Date: <u>5.7.2020</u>

Operator Comments:

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: Jen Scott
Title: CFO Email: jen@westlark.com Date: 5/7/20