

FORM

12

Rev  
02/20

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:

402405327

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: MUSTANG RESOURCES LLC

OGCC Operator Number: 10550 Suff:

One Call Participation (One box must be checked.)

In checking this box, the Submitting Operator hereby confirms Tier One membership in the Utility Notification Center of Colorado (CO 811) and participation in Colorado's One Call notification system. [Rule 1102.n.]

In checking this box, the Operator hereby certifies it has no underground facilities and is exempt from CO 811 membership. [Rule 1102.n. (2)]

Address: 1660 LINCOLN STREET SUITE 1450

City: DENVER State: CO Zip: 80264

Contact Name: Deb Lemon  
First Name Last Name

Phone: 720 5507507 Email: dlemon@mustangresourcesllc.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: Blue Gravel COGCC Facility ID:

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: 0.25 MMSCFPD

Gas Compressor Station – Number of Compressors: 1

Financial Assurance: Gas Facility Surety ID# 20190130

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 NESE Sec 23 Twp 9N Rng 91W Meridian 6

County MOFFAT

Latitude 40.721149 Longitude -107.564921

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: 469335

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:

The Buying Operator is a Tier One membership in the Utility Notification Center of Colorado (CO 811) and participates in Colorado's One Call notification system. [Rule 1102.n.]

The Buying Operator has no underground facilities and is exempt from CO 811 membership. [Rule 1102.n.(2)]

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:


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: Deb Lemon

Title: Regulatory Manager Email: dlemon@mustangresourcesllc.com Date:

FACILITY ID:
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### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Bonding	<p>Form 12 doc #402405327 for the Blue Gravel was returned to draft.</p> <p>Rule 313B.a(2). The legal location (quarter-quarter, section, township,range, county) of a gas compressor station or a gas processing plant or legal location description (section, township, range, county) of the geographic area covered by the gas gathering system, or an underground gas storage facility.</p> <p>Rule 313B.a(4). A facility layout drawing of a gas compressor station, a gas processing plant or an underground gas storage facility and the surrounding topography.</p> <p>The surrounding topography map was not submitted.</p> <p>Request to verify surety id</p>	06/02/2020

Total: 1 comment(s)

Signature:

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402405352	FACILITY LAYOUT DRAWING
402412840	TOPOGRAPHIC MAP

Total Attach: 2 Files