

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:

402501516

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: OGRIS OPERATING LLC

OGCC Operator Number: 10758 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: PO BOX 53467

City: MIDLAND State: TX Zip: 79710

Contact Name: Kim Thomason
First Name Last Name

Phone: 505 9475572 Email: kthomason@ogrisop.com

NON-Submitting Operator Information:

COGCC Number of Non-Submitting: 10672 Name of Non-Submitting: TIMBER CREEK OPERATING LLC

Non-Submitting Operator is: Selling Operator Contact Name: David Baker

Title: Federal Receiver Director Non-Submitting Operator Contact Email: 703-377-6010

FACILITY INFORMATION

Facility Name and Number: APACHE CANYON COMPRESSOR #7 COGCC Facility ID: 426615

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	<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: 0.61 MMSCFPD

Gas Compressor Station – Number of Compressors: _____

Financial Assurance: Gas Facility Surety ID# 20200144

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 SWSW Sec 10 Twp 34S Rng 67W Meridian 6

County LAS ANIMAS

Latitude 37.093370 Longitude -104.881670

GPS Data (if available): PDOP Reading 0.0

Date of Measurement 11/7/2017 GPS Instrument Operator's Name ALICE YAUGER

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: 412311

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: 9/4/2020

Form is being submitted by: Buying Operator

☒ 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: OGRIS OPERATING LLC	Name of Selling Operator: TIMBER CREEK OPERATING LLC
Buying Operator COGCC Number: 10758	Selling Operator COGCC Number: 10672
Print Name: Kim Thomason	Print Name: David Baker
Signature:	Signature:
Title: Regulatory Clerk	Title: Federal Receiver Director
Date: 9/4/2020	Date: 9/4/2020

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: Kim Thomason

Title: Regulatory Clerk Email: kthomason@ogrisop.com Date:

COGCC Approved:

Date:

FACILITY ID:	426615
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General Comments

User Group

Comment

Comment Date

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Stamp Upon
Approval

Total: 0 comment(s)

Signature:

Attachment Check List

Att Doc Num

Name

402502400

RATIFICATION DOCUMENT

Total Attach: 1 Files