

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:

402235695

Receive Date:

11/11/2019

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: CAERUS PICEANCE LLC

OGCC Operator Number: 10456 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: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Contact Name: Jason Eckman
First Name Last Name

Phone: 970 285-2656 Email: jeckman@caerusoilandgas.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: PL28SW Compression Facility COGCC Facility ID: 479395

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 Gas Processing Plant
(Select one) Gas Gathering Pipeline System Underground Gas Storage

Estimated Daily Processing Total: 0.45 MMSCFPD

Gas Compressor Station – Number of Compressors: 1

Financial Assurance: Gas Facility Surety ID# 20190098

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 _____ NESW _____ Sec _____ 28 _____ Twp _____ 9S _____ Rng _____ 96W _____ Meridian _____ 6

County MESA _____

Latitude _____ 39.243208 _____ Longitude _____ -108.112172 _____

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: _____

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:

Facility is a single compressor for one well.

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: Jason Eckman _____

Title: Regulatory Analyst Lead _____ Email: jeckman@caerusoilandgas.com _____ Date: 11/11/2019

FACILITY ID:	479395
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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 List

<u>Att Doc Num</u>	<u>Name</u>
402235695	Form 12 SUBMITTED
402235697	FACILITY LAYOUT DRAWING

Total Attach: 2 Files