

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:

402197571

Receive Date:

12/03/2019

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: BARGATH LLC

OGCC Operator Number: 10128 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: 2717 COUNTY ROAD 215 SUITE 200

City: PARACHUTE State: CO Zip: 81635

Contact Name: Kirsten Derr  
First Name Last Name

Phone: 970 285-5435 Email: kirsten.derr@williams.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: HAYBARN GAS PLANT COGCC Facility ID: 428644

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: 0.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 4

Financial Assurance: Gas Facility Surety ID# 20110152

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 NENW Sec 2 Twp 7S Rng 96W Meridian 6

County GARFIELD

Latitude 39.469896 Longitude -108.077257

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:

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**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: 424529

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:

|  |
|--|
| Updated original registration as required by Section 313B.Facility currently on standby and is depressurized |
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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: Kirsten Derr

Title: Environmental Specialist Email: kirsten.derr@williams.com Date: 12/3/2019

|                     |        |
|---------------------|--------|
| <b>FACILITY ID:</b> | 428644 |
|---------------------|--------|

### General Comments

| <u>User Group</u> | <u>Comment</u>   | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Bonding           | Return to draft per operator.<br>Facility layout drawing indicates 4 compressors. Form 12 indicates 3 compressors.<br>This form was submitted for a registered facility per Rule 313B.b. The form was not submitted to report any changes. | 12/03/2019          |

Total: 1 comment(s)

Signature:

### Attachment List

| <u>Att Doc Num</u> | <u>Name</u>             |
|--------------------|-------------------------|
| 402197571          | Form 12 SUBMITTED       |
| 402197584          | FACILITY LAYOUT DRAWING |
| 402197585          | TOPOGRAPHIC MAP         |

Total Attach: 3 Files