

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:

402304290

Receive Date:

02/21/2020

## 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: KERR MCGEE GATHERING LLCOGCC Operator Number: 47121 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 173779City: DENVER State: CO Zip: 80217Contact Name: DUSTIN DAVID  
First Name Last NamePhone: 720 6664296 Email: DUSTIN.DAVID@ANADARKO.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: Hambert Compressor Station COGCC Facility ID: 120054

**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: 67.00 MMSCFPDGas Compressor Station – Number of Compressors: 7Financial Assurance: Gas Facility Surety ID# 20110019

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 SWNE Sec 36 Twp 4N Rng 66W Meridian 6

County WELD

Latitude 40.268855 Longitude -104.723490

GPS Data (if available): PDOP Reading

Date of Measurement 4/28/2014 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: 421463

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:

No changes from last filing.

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: DAVID VAN DER VIEREN

Title: SR REGULATORY ANALYST Email: DAVID\_VANDERVIEREN@OXY.COM Date: 2/21/2020

<b>FACILITY ID:</b>	120054
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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
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		Stamp Upon Approval
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Total: 0 comment(s)

Signature:

**Attachment List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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402304290	Form 12 SUBMITTED
402304294	TOPOGRAPHIC MAP
402304295	FACILITY LAYOUT DRAWING

Total Attach: 3 Files