

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:

402227049

Receive Date:

10/31/2019

## 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: ATG ENTERPRISES INC

OGCC Operator Number: 10692 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: 2 ROAD 2951

City: AZTEC State: NM Zip: 87410

Contact Name: Andrew Glinn  
First Name Last Name

Phone: 308 289-5220 Email: dglinn27@yahoo.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: Southern Ute COGCC Facility ID: 479824

**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: 2200.00 MMSCFPD

Gas Compressor Station – Number of Compressors: \_\_\_\_\_

Financial Assurance: Gas Facility Surety ID# \_\_\_\_\_

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 SESE Sec 34 Twp 33N Rng 8W Meridian N

County LA PLATA

Latitude 37.055698 Longitude -107.699747

GPS Data (if available): PDOP Reading

Date of Measurement 8/6/2008 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:

T33N R8W S33: NWSE, NESE, NENET33N R8W S34: NWSW, NESW, SESW, SWSE, SESE, NWSE, SENW, NENW, NWNW, SWNE, SWNW, NWNW

#### 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:

Surety ID provided: 290201801

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: Andrew Glinn

Title: President Email: dglinn27@yahoo.com Date: 10/31/2019

<b>FACILITY ID:</b>	479824
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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

Signature:

**Attachment List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402227049	Form 12 SUBMITTED
402227053	TOPOGRAPHIC MAP

Total Attach: 2 Files