

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:

402227269

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: STERLING ENERGY INVESTMENTS LLCOGCC Operator Number: 10390 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: 1200 17TH STREET #2850City: DENVER State: CO Zip: 80202Contact Name: Dena Lund
First Name Last NamePhone: 720 8817092 Email: dlund@sterlingenergy.us

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: GROVER COMPRESSOR STATION COGCC Facility ID: 451842

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: 20.00 MMSCFPDGas Compressor Station – Number of Compressors: 2Financial Assurance: Gas Facility Surety ID# 20170135

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 NESE Sec 1 Twp 9N Rng 60W Meridian 6

County WELD

Latitude 40.776800 Longitude -104.031600

GPS Data (if available): PDOP Reading 0.0

Date of Measurement 8/17/2017 GPS Instrument Operator's Name RODNEY BARNES

Facility Address (if exists) 53255 CR 111
City Grover State CO Zip 80729

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: 451839

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:

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: Dena Lund

Title: EVP - COO Email: dlund@sterlingenergy.us Date: 10/31/2019

FACILITY ID:	451842
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General Comments

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

Signature:

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
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402227269	Form 12 SUBMITTED
402227288	GEOGRAPHIC AREA MAP
402227293	FACILITY LAYOUT DRAWING

Total Attach: 3 Files