

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:

402502630

Receive Date:

10/02/2020

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: OGRIS OPERATING LLC

OGCC Operator Number: 10758 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 53467

City: MIDLAND State: TX Zip: 79710

Contact Name: Kim Thomason  
First Name Last Name

Phone: 505 9475572 Email: kthomason@ogrisop.com

NON-Submitting Operator Information:

COGCC Number of Non-Submitting: 10672 Name of Non-Submitting: TIMBER CREEK OPERATING LLC

Non-Submitting Operator is: Selling Operator Contact Name: David Baker

Title: Federal Receiver Non-Submitting Operator Contact Email: dbaker@auroramp.com

FACILITY INFORMATION

Facility Name and Number: GOLDEN EAGLE #6 COMPRESSOR STATION COGCC Facility ID: 452973

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: 4507.00 MMSCFPD

Gas Compressor Station – Number of Compressors:

Financial Assurance: Gas Facility Surety ID# 20200144

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 SWSE Sec 29 Twp 33S Rng 67W Meridian 6

County LAS ANIMAS

Latitude 37.142820 Longitude -104.907720

GPS Data (if available): PDOP Reading 6.0

Date of Measurement 11/7/2017 GPS Instrument Operator's Name ALICE YAUGER

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: 120679

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: 9/4/2020 Form is being submitted by: Buying Operator

- 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: OGRIS OPERATING LLC	Name of Selling Operator: TIMBER CREEK OPERATING LLC
Buying Operator COGCC Number: 10758	Selling Operator COGCC Number: 10672
Print Name: Kim Thomason	Print Name: David Baker
Signature:	Signature:
Title: Regulatory Clerk	Title: Federal Receiver
Date: 9/4/2020	Date: 9/4/2020

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: Kim Thomason

Title: Regulatory Clerk Email: kthomason@ogrisop.com Date: 10/2/2020

<b>FACILITY ID:</b>	452973
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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>
402502630	Form 12 SUBMITTED
402502631	RATIFICATION DOCUMENT

Total Attach: 2 Files