

FORM

12

Rev
02/20State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

FOR OGCC USE ONLY

Document Number:

402633240

Receive Date:

05/05/2021

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 LLC

OGCC 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 173779

City: DENVER State: CO Zip: 80217

Contact Name: Dustin David
First Name Last Name

Phone: 970 5151304 Email: dustin.david@westernmidstream.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: TAYLOR COMPRESSOR STATION COGCC Facility ID: 120074

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	<input checked="" type="checkbox"/>	Gas Processing Plant	<input type="checkbox"/>
	Gas Gathering Pipeline System	<input type="checkbox"/>	Underground Gas Storage	<input type="checkbox"/>

Estimated Daily Processing Total: 0.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 0

Financial 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 NENE Sec 16 Twp 2S Rng 60W Meridian 6

County ADAMS

Latitude 39.883667 Longitude -104.094250

GPS Data (if available): PDOP Reading 2.3

Date of Measurement 9/2/2010 GPS Instrument Operator's Name Lindblom

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: 120097

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:

The compressor station was decommissioned and therefore no facility layouts are attached.

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@westernmidstream.com Date: 5/5/2021

FACILITY ID:	120074
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General Comments

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

Total: 0 comment(s)

Signature:

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402633240	Form 12 SUBMITTED
402633246	TOPOGRAPHIC MAP

Total Attach: 2 Files