

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:

402673150

Receive Date:

05/01/2021

## 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: NOBLE MIDSTREAM SERVICES LLC

OGCC Operator Number: 10686 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: 1625 BROADWAY #2200

City: DENVER State: CO Zip: 80202

Contact Name: Jenifer Wolfe  
First Name Last Name

Phone: 720 587-2358 Email: jenifer.wolfe@chevron.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: KEOTA PLANT COGCC Facility ID: 479843

**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: 19.77 MMSCFPD

Gas Compressor Station – Number of Compressors:

Financial Assurance: Gas Facility Surety ID# 20180024

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 NNW Sec 21 Twp 9N Rng 61W Meridian 6

County WELD

Latitude 40.730623 Longitude -104.216807

GPS Data (if available): PDOP Reading

Date of Measurement GPS Instrument Operator's Name

Facility Address (if exists) 50990 CR 89  
City BRIGGS DALE State CO Zip 80611

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: 473945

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: Anita Cuevas

Title: Regulatory Contractor Email: anita.cuevas@integrityc2.com Date: 5/1/2021

<b>FACILITY ID:</b>	479843
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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>
402673150	Form 12 SUBMITTED
402677287	FACILITY LAYOUT DRAWING

Total Attach: 2 Files