FORM 12 Rev 02/20

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY
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GAS FACILITY REGISTRATION/CHANGE OF OPERATOR

Per Rule 313B.a and Rule313B.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: CAERUS PICEANCE LLC
OGCC Operator Number: 10456 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: 1001 17TH STREET #1600
City: DENVER State: CO Zip: 80202
Contact Name: Kristine (First Name) Mize-Spansky (Last Name)
Phone: 720 8806368 Email: kmizespansky@caerusoilandgas.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: Gasaway Gas System COGCC Facility ID: 468942

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: 2.70 MMSCFPD

Gas Compressor Station – Number of Compressors:

Financial Assurance: Gas Facility Surety ID# 20190098

Surface Ownership: Fee [X] 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** SENE **Sec** 26 **Twp** 6S **Rng** 100W **Meridian** 6

County GARFIELD

Latitude 39.505932 **Longitude** -108.515051

GPS Data (if available): **PDOP Reading**

Date of Measurement **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:

Legal Description: Gasaway Gathering SystemGarfield CountyT6S R99W Sec 3, 6, 7, 8, 10, 11, 13, 14, 17, 20, 24, 25, 26, 27, 28, 29,30,31; T6S R100W Sec 1, 17, 19, 20, 21, 22, 23, 25, 26, 28, 29; T6S R101W Sec 13, 20, 23, 24, 26, 27, 28, 29, 30, 33, 34; T6S R102WSec25, 34, 35, 36; T7S R99W Sec 6, 7, 8

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:

Annual Report of Changes, including GIS information.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

SUMITTED BY:

Signed: Print Name: Kristine Mize-Spansky

Title: Integrity Management/GIS Email: kmizespansky@caerusoilandgas.com Date: 10/15/2021

COGCC Approved: Ellice Whittington Date: 11/2/2021

FACILITY ID: 468942

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Signature:

Attachment List

Att Doc Num	Name
402843336	Form 12 SUBMITTED
402843345	GAS GATHERING SYSTEM GIS SHP

Total Attach: 2 Files