

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:

402958419

Receive Date:

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: CHOLLA PRODUCTION LLC

OGCC Operator Number: 16830 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: 10390 BRADFORD RD #201

City: LITTLETON State: CO Zip: 80127

Contact Name: Emily First Name Hundley-Goff Last Name

Phone: 303 623-4565 Email: cholla_production@msn.com

NON-Submitting Operator Information:

COGCC Number of Non-Submitting: 10626 Name of Non-Submitting: DOVER ATWOOD CORPORATION

Non-Submitting Operator is: Buying Operator Contact Name: John Levensgood

Title: PRESIDENT Non-Submitting Operator Contact Email: jlevengood07@gmail.com

FACILITY INFORMATION

Facility Name and Number: S. Bear Creek Compressor & Treater COGCC Facility ID: 438617

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: 350.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 1

Financial Assurance: Gas Facility Surety ID# 20160105

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 15 Twp 31S Rng 43W Meridian 6

County BACA

Latitude 37.338873 Longitude -102.249003

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:

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: 8/1/2016 Form is being submitted by: Selling 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: DOVER ATWOOD CORPORATION	Name of Selling Operator: CHOLLA PRODUCTION LLC
Buying Operator COGCC Number: 10626	Selling Operator COGCC Number: 16830
Print Name: John Levengood	Print Name: Emily Hundley-Goff
Signature:	Signature:
Title: PRESIDENT	Title: OWNER/MANAGER
Date: 8/1/2016	Date: 8/1/2016

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: Emily Hundley-Goff

Title: OWNER/MANAGER Email: cholla_production@msn.com Date:

COGCC Approved:

Date:

FACILITY ID: 438617

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>
402958490	RATIFICATION DOCUMENT
402958491	GAS FACILITY CHANGE OF OPERATOR

Total Attach: 2 Files