

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

GAS FACILITY REGISTRATION/CHANGE OF OPERATOR

Use one copy of Form 12 for each facility being registered/change of operator. Per Rule 711, an operator is to provide financial assurance to ensure compliance with the 900 Series rules in the amount of \$50,000 or in an amount voluntarily agreed to with the Director, or in an amount to be determined by order of the Commission. Operators of small systems gathering or processing less than five MMSCFD may provide individual financial assurance in the amount of \$5,000. A facility map must accompany each new registration.*

Complete the
Attachment Checklist
Oper OGCC

OGCC Operator Number: 16830
Name of Operator: CHOLLA PRODUCTION, LLC
Address: 10390 BRADFORD RD., SUITE 201
City: LITTLETON State: CO Zip: 80127

Contact Name and Telephone:
EMILY HUNDLEY-GOFF
No: 303-623-4565
Fax: 303-623-5062

Facility Map		

Operator's Facility Name and Number: S BEAR CREEK COMPRESSOR AND TREATER - #438617
Location (QtrQtr, Sec, Twp, Rng, Meridian): SW SE SEC 15-31S-43W
Address: _____
City: WALSH State: CO Zip: 81090 County: BACA

REGISTRATION
TYPE OF OPERATION

☐ GAS-PROCESSING PLANT ☐ GATHERING SYSTEM ☐ STORAGE FACILITY

*A facility map must accompany each new registration and be resubmitted when significant changes have been made to the facility. All gathering and distribution maps are to be submitted at a scale no smaller than 1:24,000; all processing facilities at a scale no smaller than 1:100. All maps may be submitted digitally using DWG or DXF formats.

Estimated Daily Processing Total: _____ MMSCFD
Is the facility within a sensitive area according to Rule 901.e? ☐ Yes ☐ No

CHANGE OF OPERATOR

Seller's Signature <i>Emily Hundley-Goff</i>	
Name of Operator CHOLLA PRODUCTION, LLC	Operator Number 16830
Title OWNER/MGR	Date 8/1/2016

Buyer or Current Operator

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

Print Name: Dover Atwood Corporation Signed: *[Signature]*
Title: Attorney-in-fact Date: 12/3/16

OGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

FACILITY ID:

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE

For the year ending 31st March 1900

By the Hon. the Secretary of State for the Colonies

Printed by the Government Printer

1900

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