

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:

402958419

Receive Date:

02/23/2022

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 (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: 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: 2/23/2022

FACILITY ID:	438617
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	Form was submitted to the COGCC in 2016 but was never entered into the system or processed. Passed form based on rule requirements in place at the time of original submittal.	02/23/2022

Total: 1 comment(s)

Signature:

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402958419	Form 12 SUBMITTED
402958490	RATIFICATION DOCUMENT
402958491	GAS FACILITY CHANGE OF OPERATOR

Total Attach: 3 Files