

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:

402968758

Receive Date:

03/01/2022

## 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: LARAMIE ENERGY LLC

OGCC Operator Number: 10433 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 #1900

City: DENVER State: CO Zip: 80202

Contact Name: Wayne P Bankert  
First Name Last Name

Phone: 970 812-5310 Email: wbankert@laramie-energy.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: Alkali Creek Compressor Station COGCC Facility ID: 479841

**A separate Form 12 must be submitted for each facility or each component of a gathering system.**  
**Select the type of facility below.**

<b>TYPE OF FACILITY</b> <b>(Select one)</b>	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: 2.65 MMSCFPD

Gas Compressor Station – Number of Compressors: 1

Financial Assurance: Gas Facility Surety ID# 20210136

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 NESE Sec 15 Twp 8S Rng 92W Meridian 6

County MESA

Latitude 39.356693 Longitude -107.644562

GPS Data (if available): PDOP Reading

Date of Measurement GPS Instrument Operator's Name GeoSurv

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:

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:

Up date to the Alkali Creek Compressor and Gas Gathering System.
Gas Meters are on location for each well pad and is point of measurement.

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: Wayne P Bankert

Title: Reg & Env. Manager Email: wbankert@laramie-energy.com Date: 3/1/2022

COGCC Approved:

Date:

<b>FACILITY ID:</b>	479841
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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>
402971267	GAS GATHERING SYSTEM GIS SHP
402971268	GAS GATHERING SYSTEM GIS SHP

Total Attach: 2 Files