

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:

403293048

Receive Date:

02/28/2023

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: ARKOMA OPERATIONS LLC

OGCC Operator Number: 10766 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: 2121 S COLUMBIA AVE SUITE 101

City: TULSA State: OK Zip: 74114

Contact Name: Andrew Price
First Name Last Name

Phone: 918 9650040 Email: aprice@arkomaops.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: Jaques Booster Compression Station COGCC Facility ID: 484625

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: 4.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 1

Financial Assurance: Gas Facility Surety ID# 20210029

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.

<u>Legal Location:</u>	QTRQTR	NWSE	Sec	27	Twp	33N	Rng	08W	Meridian	P
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County LA PLATA

Latitude	37.071360	Longitude	-107.700374
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GPS Data (if available): PDOP Reading

Date of Measurement _____ GPS Instrument Operator's Name _____

Facility Address (if exists)

City	State	CO	Zip
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Gas Gathering Pipeline System or Underground Gas Storage Facility - Description of Geographic Area:

4.8 miles SW of Ignacio, CO

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:

Thank you.

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: Andrew Price

Title: VP of Engineering Email: aprice@arkomaops.com Date: 2/28/2023

COGCC Approved: Ellice Whittington Date: 6/21/2023

FACILITY ID:	484625
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Condition of Approval

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Per rule 220.a.(4), missing facility layout drawing of the compressor station.	02/27/2023

Total: 1 comment(s)

Signature: _____

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403293048	Form 12 SUBMITTED
403332205	FACILITY LAYOUT DRAWING

Total Attach: 2 Files