

FORM

12

Rev
02/20State of Colorado
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

FOR OGCC USE ONLY

Document Number:

403644452

Receive Date:

01/04/2024**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: MAGPIE OPERATING INCOGCC Operator Number: 52530 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: 2707 SOUTH COUNTY RD 11City: LOVELAND State: CO Zip: 80537Contact Name: Jody Kost
First Name Last NamePhone: 719 429-1434 Email: magpieoil2@yahoo.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: Loveland Gas Gathering

COGCC Facility ID: 486211

**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

☐

Gas Processing Plant

☐

Gas Gathering Pipeline System

☒

Underground Gas Storage

☐

Estimated Daily Processing Total: 3.50 MMSCFPD

Gas Compressor Station – Number of Compressors:

Financial Assurance: Gas Facility Surety ID#

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 SESE Sec 30 Twp 5N Rng 68W Meridian 6

County LARIMER

Latitude 40.364874 Longitude -105.040379

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: 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:

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: Jessica Donahue

Title: Compliance Specialist Email: jdonahue@ardorenvironmental.com Date: 1/4/2024

COGCC Approved: Scott Cuthbertson Date: 3/6/2024

FACILITY ID:	<u>486211</u>
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<u>Condition of Approval</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	Operator must submit a new Form 3 within 7 calendar days of this approval in order to determine the Financial Assurance required by this transfer.	03/06/2024

Total: 1 comment(s)

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

Total: 0 comment(s)

Signature: _____

<u>Attachment List</u>	
<u>Att Doc Num</u>	<u>Name</u>
403644452	Form 12 SUBMITTED
403645454	GAS GATHERING SYSTEM GIS SHP
403645455	GAS GATHERING SYSTEM GIS SHP

Total Attach: 3 Files