

FORM

12

Rev
02/20

State of Colorado

Energy & Carbon Management Commission

1120 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 INC

OGCC 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 11

City: LOVELAND State: CO Zip: 80537

Contact Name: Jody Kost
First Name Last Name

Phone: 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 Gas Compressor Station Gas Processing Plant
(Select one) 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:	486211
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Condition of Approval

<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)

General Comments

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

Total: 0 comment(s)

Signature: _____

Attachment List

<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