

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 ECMC USE ONLY

Document Number:

403603406

Receive Date:

11/21/2023**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: CAERUS PICEANCE LLCECMC Operator Number: 10456 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 #1600City: DENVER State: CO Zip: 80202Contact Name: Kristine Mize-Spansky
First Name Last NamePhone: 720 8806368 Email: kmizespansky@caerusoilandgas.com**NON-Submitting Operator Information:**

ECMC 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: Mamm Creek Gas System

ECMC Facility ID: 475314

**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: 1.10 MMSCFPD

Gas Compressor Station – Number of Compressors:

Financial Assurance: Gas Facility Surety ID# 20230016

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 SWNE Sec 1 Twp 8S Rng 92W Meridian 6

County GARFIELD

Latitude 39.390874 Longitude -107.615039

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 ECMC Number:	Selling Operator ECMC Number:
Print Name:	Print Name:
Signature:	Signature:
Title:	Title:
Date:	Date:

Operator Comments:

Changes incorporated include database clean-up and continued field updates by line locators. Please let me know if you have any questions.

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: Kristine Mize-Spansky

Title: Integrity Management/GIS Email: kmizespansky@caerusoilandgas.com Date: 11/21/2023

ECMC Approved: Ellice Whittington Date: 4/10/2024

FACILITY ID: 475314

CONDITIONS OF APPROVAL, IF ANY LIST

<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>
		Stamp Upon Approval

Total: 0 comment(s)

Signature: _____

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
403603406	Form 12 SUBMITTED
403603411	GAS GATHERING SYSTEM GIS SHP

Total Attach: 2 Files