

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 ECMC USE ONLY

Document Number:

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Receive Date:

08/19/2024

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: ARKOMA OPERATIONS LLC

ECMC 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 2608324 Email: aprice@arkomaops.com

NON-Submitting Operator Information:

ECMC Number of Non-Submitting: 10840 Name of Non-Submitting: ABUNDANCE ENERGY SERVICES LLC

Non-Submitting Operator is: Buying Operator Contact Name: Andrew Price

Title: Vice President Non-Submitting Operator Contact Email: aprice@abundance-energy.com



Name of Buying Operator: ABUNDANCE ENERGY SERVICES LLC	Name of Selling Operator: ARKOMA OPERATIONS LLC
Buying Operator ECMC Number: 10840	Selling Operator ECMC Number: 10766
Print Name: Andrew Price	Print Name: Andrew Price
Signature:	Signature:
Title: Vice President	Title: Vice President
Date: 2/1/2024	Date: 2/1/2024

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: Andrew Price  
 Title: Vice President Email: aprice@arkomaops.com Date: 8/19/2024

ECMC Approved:

Date:

**FACILITY ID:** 484625

**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>
403893301	RATIFICATION DOCUMENT

Total Attach: 1 Files