

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

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Receive Date:

11/11/2024

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 Price
First Name Last Name

Phone: 918 2608324 Email: aprice@abundance-energy.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: VP of Engineering Non-Submitting Operator Contact Email: aprice@abundance-energy.com

FACILITY INFORMATION

Facility Name and Number: Southern Ute

ECMC Facility ID: 479824

**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: 1.60 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 34 Twp 33N Rng 8W Meridian N

County LA PLATA

Latitude 37.055698 Longitude -107.699747

GPS Data (if available): PDOP Reading _____

Date of Measurement 8/6/2008 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: 2/1/2024

Form is being submitted by: Selling Operator

☒ 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: 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 Price
Signature:	Signature:
Title: VP of Engineering	Title: VP of Engineering
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 Price

Title: VP of Engineering Email: aprice@abundance-energy.com Date: 11/11/2024

ECMC Approved: _____ Date: _____

FACILITY ID:	479824
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CONDITIONS OF APPROVAL, IF ANY LIST		
User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Signature: _____

ATTACHMENT LIST

Att Doc Num	Name
403989741	RATIFICATION DOCUMENT

Total Attach: 1 Files