

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:

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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 LLCECMC 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 101City: TULSA State: OK Zip: 74114Contact Name: Andrew Price
First Name Last NamePhone: 918 2608324 Email: aprice@arkomaops.com**NON-Submitting Operator Information:**ECMC Number of Non-Submitting : 10840 Name of Non-Submitting: ABUNDANCE ENERGY SERVICES LLCNon-Submitting Operator is : Buying Operator Contact Name : Andrew PriceTitle: Vice President Non-Submitting Operator Contact Email: aprice@abundance-energy.com

FACILITY INFORMATION

Facility Name and Number: Jaques Booster Compression Station ECMC Facility ID: 484625

**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: 3.20 MMSCFPD

Gas Compressor Station – Number of Compressors: 1

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 NWSE Sec 27 Twp 33N Rng 8W Meridian N

County LA PLATA

Latitude 37.071360 Longitude -107.700374

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: 479824

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
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: Steven Wheeler Date: 11/15/2024

FACILITY ID:	484625
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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
403893287	Form 12 SUBMITTED
403893301	RATIFICATION DOCUMENT

Total Attach: 2 Files