

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:

404096786

Receive Date:

02/18/2025

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 LLC

ECMC 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 #1600

City: DENVER State: CO Zip: 80202

Contact Name: Kristine Mize-Spansky
First Name Last Name

Phone: 720 8806368 Email: kmizespansky@qb-energy.com

NON-Submitting Operator Information:

ECMC Number of Non-Submitting: 10844 Name of Non-Submitting: QB ENERGY OPERATING LLC

Non-Submitting Operator is: Buying Operator Contact Name: Kristine Mize-Spansky

Title: Integrity Management/GIS Non-Submitting Operator Contact Email: kmizespansky@qb-energy.com

FACILITY INFORMATION

Facility Name and Number: BULL FORK COMPRESSOR STATION ECMC Facility ID: 419752

**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: 3.00 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 SWSE Sec 16 Twp 4S Rng 97W Meridian 6

County GARFIELD

Latitude 39.695594 Longitude -108.283333

GPS Data (if available): PDOP Reading 0.0

Date of Measurement 8/22/2017 GPS Instrument Operator's Name JASON ECKMAN

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: 8/16/2024 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: QB ENERGY OPERATING LLC	Name of Selling Operator: CAERUS PICEANCE LLC
Buying Operator ECMC Number: 10844	Selling Operator ECMC Number: 10456
Print Name: Kristine Mize-Spansky	Print Name: Kristine Mize-Spansky
Signature:	Signature:
Title: Integrity Management/GIS	Title: Integrity Management/GIS
Date: 8/16/2024	Date: 8/16/2024

Operator Comments:

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@qb-energy.com Date: 2/18/2025

ECMC Approved: Steven Wheeler Date: 5/29/2025

FACILITY ID: 419752

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>
404096786	Form 12 SUBMITTED
404096787	RATIFICATION DOCUMENT

Total Attach: 2 Files