

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:

404631028

Receive Date:

04/23/2026

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: KERR MCGEE GATHERING LLC

ECMC Operator Number: 47121 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: PO BOX 173779

City: DENVER State: CO Zip: 80217

Contact Name: David Van der Vieren  
First Name Last Name

Phone: 303 3577789 Email: david.vandervieren@westernmidstream.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: DACONO COMPRESSOR STATION ECMC Facility ID: 467071

**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: 120.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 7

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 7    Twp 1N    Rng 67W    Meridian 6

County WELD

Latitude 40.061090    Longitude -104.925050

GPS Data (if available):    PDOP Reading \_\_\_\_\_

Date of Measurement \_\_\_\_\_    GPS Instrument Operator's Name \_\_\_\_\_

Facility Address (if exists) 4015 COLORADO BLVD  
City DACONO    State CO    Zip 80514

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: 421463

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:


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: David Van der Vieren

Title: Sr Regulatory Advisor Email: david.vandervieren@westernmidstream.com Date: 4/23/2026

ECMC Approved:

Date:

<b>FACILITY ID:</b>	467071
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**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>
404631029	FACILITY LAYOUT DRAWING
404631030	TOPOGRAPHIC MAP

Total Attach: 2 Files