

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

GAS FACILITY REGISTRATION/CHANGE OF OPERATOR

Use one copy of Form 12 for each facility being registered/change of operator. Per Rule 711, an operator is to provide financial assurance to ensure compliance with the 900 Series rules in the amount of \$50,000 or in an amount voluntarily agreed to with the Director, or in an amount to be determined by order of the Commission. Operators of small systems gathering or processing less than five MMSCFD may provide individual financial assurance in the amount of \$5,000. A facility map must accompany each new registration.*

Complete the
Attachment Checklist
Oper OGCC

OGCC Operator Number: 46685

Name of Operator: Kinder Morgan CO2 Company

Address: 17801 Hwy 491

City: Cortez State: CO Zip: 81321

Contact Name and Telephone:

Carolyn Dunmire

No: (970) 564-9100

Fax: (970) 565-8874

Facility Map

✓

Plot Plan

✓

Operator's Facility Name and Number: Doe Canyon Unit / (17210 field #) Facility ID: 419643

Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW Sec. 19, T40N, R17W NMPM

Address: Doe Canyon Facility / 12090 CR. 15

City: Cahone State: CO Zip: 81320 County: Dolores

REGISTRATION

TYPE OF OPERATION

☐ GAS-PROCESSING PLANT☒ GATHERING SYSTEM☐ STORAGE FACILITY

*A facility map must accompany each new registration and be resubmitted when significant changes have been made to the facility.

All gathering and distribution maps are to be submitted at a scale no smaller than 1:24,000; all processing facilities at a scale no smaller than 1:100. All maps may be submitted digitally using DWG or DXF formats.

Estimated Daily Processing Total: 170 MMSCFD

Is the facility within a sensitive area according to Rule 901.e? ☐ Yes ☒ No

CHANGE OF OPERATOR

Seller's Signature	
Name of Operator	Operator Number
Title	Date

Buyer or Current Operator

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Andrew Antipas

Signed: *Andrew Antipas*

Title: Project Manager

Date: 08/20/2013

OGCC Approved: _____

Title: _____

Date: _____

CONDITIONS OF APPROVAL, IF ANY:

FACILITY ID: _____