

FORM

**12**

Rev 6/99

**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 CO LP  
 Address: 17801 HWY 491  
 City: CORTEZ State: CO Zip: 81321

Contact Name and Telephone:  
Bob Clayton  
 No: (970) 882-2464  
 Fax: (970) 882-5521

Facility Map	<input checked="" type="checkbox"/>	

Operator's Facility Name and Number: CB Cluster  
 Location (QtrQtr, Sec, Twp, Rng, Meridian): Tract 46, Section 10, Township 38N, Range 19W, NMPM  
 Address: 24341 ROAD 8  
 City: PLEASANT VIEW State: CO Zip: 81331 County: MONTEZUMA

## 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: 50 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: Bob Clayton

Signed: *Bob Clayton*

Title: Operations Superintendent

Date: 02/26/2014

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

FACILITY ID: \_\_\_\_\_