

FORM

12

Rev  
03/17

State of Colorado  
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

Document Number:

401131090

Receive Date:

10/16/2017

GAS FACILITY REGISTRATION/CHANGE OF OPERATOR

Submit a Form 12 to register a new facility, to update a registered facility, or to change the operator of a facility. A Facility Layout Drawing and a Topographic Map must be attached to each new registration. When significant changes have been made to the facility, a new Form 12 should be submitted with an updated Facility Layout Drawing and Topographic Map attached. Both seller's and buyer's signatures are required for a 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.

Purpose of Form: (Select one)

New Registration

Update Registered Facility

Change of Operator

Name of Operator: ENERGY OIL AND GAS INC

OGCC Operator Number: 100199 Suff:

Address: P O BOX 910

City: NIWOT State: CO Zip: 80544

Contact Name: ALVARO MARTINEZ

First Name

Last Name

Phone: 303 402-3203 Email: ALVARO.MARTINEZ@STATE.CO.US

NON-Submitting Operator Information:

COGCC 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: BIMBO INC COGCC Facility ID: 447865

Financial Assurance: Gas Facility Surety ID# 20020093 Form is being submitted by:

Effective Date of Change: 10/16/2017 (Required for Update and Change of Operator)

A separate Form 12 must be submitted for each facility or each component of a gathering system.

Select the type of facility below.

- |   |                        |                                     |                             |                          |
|---|------------------------|-------------------------------------|-----------------------------|--------------------------|
| <b>TYPE OF FACILITY</b><br>(Select one) | Gas Processing Plant   | <input type="checkbox"/>            | Gas Storage Facility        | <input type="checkbox"/> |
|   | Gas Gathering Pipeline | <input type="checkbox"/>            | Gas Gathering Fluid Tank    | <input type="checkbox"/> |
|   | Gas Compressor         | <input checked="" type="checkbox"/> | Water Gathering System/Line | <input type="checkbox"/> |

Estimated Daily Processing Total: 2.00 MMSCFPD

(Daily Processing Total does not apply to Water Gathering Pipeline System or Gas Gathering Fluid Tank.)

Facility Location: QTRQTR 12 Sec 21 Twp 32 Rng 23 Meridian 4

County DOUGLAS

Latitude 11.000000 Longitude 22.000000 PDOP Reading 3.0

GPS Data: Date of Measurement 10/16/2017 GPS Instrument Operator's Name JOSE HERNANDEZ

Facility Address (if applicable) 1120 LINCONL ST

City DENVER State CO Zip 80203

Surface Ownership: Fee  State  Federal  Indian

### Related Gas Gathering Pipeline System

For a Gas Processing Plant or a Gas Compressor or a Gas Gathering Fluid Tank 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: \_\_\_\_\_

Comments:


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

### CHANGE OF OPERATOR

Name of Buying Operator:	Name of Selling Operator:
Buying Operator COGCC Number:	Selling Operator COGCC Number:
Print Name:	Print Name:
Signature:	Signature:
Title:	Title:
Date: <u>10/16/2017</u>	Date: <u>10/16/2017</u>

COGCC Approved: Alonzo, Francisco Date: 12/20/2017

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Signature:

### Attachment Check List

Att Doc Num	Name
<u>401131542</u>	<u>RATIFICATION DOCUMENT</u>

Total Attach: 1 Files

FACILITY ID: 447865