

FORM

12

Rev
03/17State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

FOR OGCC USE ONLY

Document Number:

401131670

Receive Date:

12/21/2017

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: JULIAN ZANICAY PEREZ

First Name

Last Name

Phone: 303 408-2823

Email: JULIAN.ZANICAY.PEREZ.ORTEGA@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: AUOMOTRIZ ZANICAY

COGCC Facility ID: 447883

Financial Assurance: Gas Facility Surety ID#

20020093

Form is being submitted by:

Effective Date of Change:

(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.

TYPE OF FACILITY

(Select one)

Gas Processing Plant

☐

Gas Storage Facility

☐

Gas Gathering Pipeline

☐

Gas Gathering Fluid Tank

☐

Gas Compressor

☒

Water Gathering System/Line

☐

Estimated Daily Processing Total: 2111.00 MMSCFPD

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

Facility Location: QTRQTR 345 Sec 54 Twp 345 Rng 534 Meridian 3

County ELBERT

Latitude 23.000000 Longitude 32.000000 PDOP Reading 1.2

GPS Data: Date of Measurement 12/21/2017 GPS Instrument Operator's Name CARO

Facility Address (if applicable) SALVADOR ALLENDE SN

City MTZ 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:

TEST 1

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:	Date:

COGCC Approved: Arauza, Steven

Date: 12/21/2017

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
CPW	TEST 1	12/21/2017

Total: 1 comment(s)

Signature:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401131671	RATIFICATION DOCUMENT

Total Attach: 1 Files

FACILITY ID: 447883