

FORM
12

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:

401131037

Receive Date:

03/24/2018

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: DCP MIDSTREAM LP

OGCC Operator Number: 4680 Suff: _____

Operator's Utility Notification Center of Colorado (One Call - UNCC) Member Code: Rachael

Address: 370 17TH STREET - SUITE 2500

City: DENVER State: CO Zip: 80202

Contact Name: Rachael Solis
First Name Last Name

Phone: 303 894-2100 Email: Rachael.Solis@gmail.com

NON-Submitting Operator Information:

COGCC Number of Non-Submitting: 47120 Name of Non-Submitting: KERR MCGEE OIL & GAS ONSHORE LP

Non-Submitting Operator is: Selling Operator Contact Name: Rosa Padilla

Title: Regulatory Specialist Non-Submitting Operator Contact Email: rosa.padilla@hotmail.com

FACILITY INFORMATION

Facility Name and Number: DCP MIDSTREAM LP COGCC Facility ID: 412211

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 Compressor Station	<input type="checkbox"/>	Gas Processing Plant	<input type="checkbox"/>
Gas Gathering Pipeline System	<input checked="" type="checkbox"/>	Underground Gas Storage	<input type="checkbox"/>

Estimated Daily Processing Total: 8000.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 19980043

Financial Assurance: Gas Facility Surety ID# 19980043

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 2314 **Sec** 23 **Twp** 13S **Rng** 44W **Meridian** 6

County DELTA

Latitude 35.333333 **Longitude** 104.555555 **PDOP Reading** 4.0

GPS Data:

Date of Measurement 9/5/2017 **GPS Instrument Operator's Name** John Smith

Facility Address (if exist) 1120 LINCOLN ST

City DENVER **State** CO **Zip** 80203

Gas Gathering Pipeline System or Underground Gas Storage Facility - Description of Geographic Area:

TEST 1

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: 419908

If the Gas Gathering Pipeline System is NOT registered, enter the Form 12 Document Number submitted to register that system: 1662534

CHANGE OF OPERATOR

Effective Date of Change: 9/1/2017 **Form is being submitted by:** Buying Operator

If form submitted by Selling Operator - Buyer's Utility Notification Center of Colorado (One Call - UNCC) Member Code: _____

Name of Buying Operator: DCP MIDSTREAM LP	Name of Selling Operator: KERR MCGEE OIL & GAS ONSHORE LP
Buying Operator COGCC Number: 4680	Selling Operator COGCC Number: 47120
Print Name: Rachael Solis	Print Name: Rosa Padilla
Signature:	Signature:
Title: Landman	Title: Regulatory Specialist
Date: 9/1/2017	Date: 9/1/2017

Operator Comments:

Change of Operator for High Plains/Bradshaw pipeline

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:** Rachael Solis

Title: Landman **Email:** Rachael.Solis@gmail.com **Date:** 3/24/2018

COGCC AHLSTRAND, DENNIS
Approved:

Date: 3/24/2018

FACILITY ID: 412211

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	This is a test.	09/06/2017

Total: 1 comment(s)

Signature:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401131037	Form12 Submitted
401131038	RATIFICATION DOCUMENT

Total Attach: 2 Files