

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

☐

Gas Processing Plant

☐

Gas Gathering Pipeline System

☒

Underground Gas Storage

☐

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:** \_\_\_\_\_

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

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