

FORM

12

Rev
04/18State 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:

401721685

Receive Date:

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: CURETON FRONT RANGE LLC

OGCC Operator Number: 10708 Suff:

Is the Buying Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's

One Call notification system? Yes ☒ No ☐

Address: 518 17TH STREET #650

City: DENVER State: CO Zip: 80202

Contact Name: Jeannie Davis

First Name

Last Name

Phone: 303 867-5396 Email: jeannie.davis@curetonmidstream.com

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: Front Range Gathering System COGCC Facility ID:

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: 100.00 MMSCFPD

Gas Compressor Station – Number of Compressors:

Financial Assurance: Gas Facility Surety ID# 20180100

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 NENE Sec 19 Twp 2N Rng 64W Meridian 6

County WELD

Latitude 40.127056 **Longitude** -104.586044

GPS Data (if available): PDOP Reading

Date of Measurement **GPS Instrument Operator's Name**

Facility Address (if exists)
City State CO Zip

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

The Front Range Gathering System originates in the north east part of Brighton, CO and travels east along the I-76 corridor before proceeding north towards Hwy 34 after Roggen, CO Sec 4-16,24-30Twp 1N,2N,3N,4N,5NRng 66W, 65W, 64W, 63W, 62W SE and SW of the SE and SW, NE and NW of the NE and NW for qtrQtr

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:

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

CHANGE OF OPERATOR

Effective Date of Change: Form is being submitted by:

Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's

One Call notification system? Yes ☐ No ☐

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:

Operator Comments:

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: Jeannie Davis

Title: Revenue Manager Email: jeannie.davis@curetonmidstream.com Date:

COGCC Approved:

Date:

FACILITY ID:

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Signature:

Attachment Check List

Att Doc Num	Name
401721740	FACILITY LAYOUT DRAWING
401730636	TOPOGRAPHIC MAP

Total Attach: 2 Files