

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:

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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: NOBLE MIDSTREAM SERVICES LLC

OGCC Operator Number: 10686 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: 1625 BROADWAY #2200

City: DENVER State: CO Zip: 80202

Contact Name: Anita Cuevas

First Name

Last Name

Phone: 303 6537960 Email: anita.cuevas@nblmidstream.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: MUSTANG GAS GATHERING SYSTEM COGCC Facility ID: 456492

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: 150.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 0

Financial Assurance: Gas Facility Surety ID# 20180024

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 NWSW Sec 10 Twp 2N Rng 64W Meridian 6

**County** WELD

**Latitude** 40.152250 **Longitude** -104.545110

**GPS Data (if available):** PDOP Reading 2.2

**Date of Measurement** 10/22/2012 **GPS Instrument Operator's Name** DAVID C HOLMES

**Facility Address (if exists)**  
City State CO Zip

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

Weld County T2N R64W SEC 3, 4, 9, 10, 11, 15, 16, 22 T3N R64W SEC 19, 20, 21, 22, 28, 29, 30, 33 T3N R65W SEC 25, 26 T4N R64W SEC 18, 19 T4N R65W SEC 13, 24, 25

**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:**

Additions to the gas gathering system from the previous submittal are noted in red on the attached map.

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:** Anita Cuevas

**Title:** Regulatory Contractor **Email:** anita.cuevas@nblmidstream.com **Date:**



COGCC Approved:

Date:

**FACILITY ID:**

456492

### General Comments

**User Group**

**Comment**

**Comment Date**

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Stamp Upon  
Approval

Total: 0 comment(s)

Signature:

### Attachment Check List

**Att Doc Num**

**Name**

402153100

GEOGRAPHIC AREA MAP

Total Attach: 1 Files