

FORM  
12  
Rev  
04/18

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:

402034575

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: WAPITI OPERATING LLC

OGCC Operator Number: 10351 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: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

Contact Name: Ian Johnston

First Name

Last Name

Phone: 281 684-0067 Email: ljohnston@wapitilenergy.com

**NON-Submitting Operator Information:**

COGCC Number of Non-Submitting: 10471 Name of Non-Submitting: ARP PRODUCTION COMPANY LLC

Non-Submitting Operator is: Selling Operator Contact Name: Christopher Walker

Title: COO Non-Submitting Operator Contact Email: cwalker@atlasenergy.com

**FACILITY INFORMATION**

Facility Name and Number: VPRC CENTRAL FACILITY UNIT 401 COGCC Facility ID: 412159

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: 8900.00 MMSCFPD

Gas Compressor Station - Number of Compressors: 3

Financial Assurance: Gas Facility Surety ID# 20190058

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 SE Sec 4 Twp 35S Rng 66W Meridian 6

County LAS ANIMAS

Latitude 37.023780 Longitude -104.782130

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:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: 463648

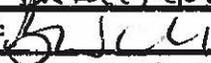
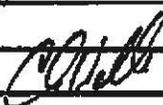
If the Gas Gathering Pipeline System is NOT registered, enter the Form 12 Document Number submitted to register that system: \_\_\_\_\_

**CHANGE OF OPERATOR**

Effective Date of Change: 4/1/2019 Form is being submitted by: Buying Operator

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: <b>WAPITI OPERATING LLC</b>	Name of Selling Operator: <b>ARP PRODUCTION COMPANY LLC</b>
Buying Operator COGCC Number: <b>10351</b>	Selling Operator COGCC Number: <b>10471</b>
Print Name: <b>BRADLEY COWLEY</b> <del>Ian Johnston</del>	Print Name: <b>Christopher Walker</b>
Signature: 	Signature: 
Title: <b>SVP FINANCE</b> <del>Director of Operations</del>	Title: <b>COO</b>
Date: <b>4/1/2019</b>	Date: <b>4/1/2019</b>

Operator Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

**SUBMITTED BY:**

Signed: \_\_\_\_\_ Print Name: Ian Johnston

Title: Director of Operations Email: johnston@waptienergy.com Date: \_\_\_\_\_