

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: 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@wapitienergy.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	<input checked="" type="checkbox"/>	Gas Processing Plant	<input type="checkbox"/>
	Gas Gathering Pipeline System	<input type="checkbox"/>	Underground Gas Storage	<input type="checkbox"/>

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:

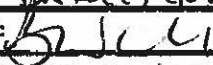
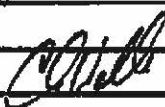
CHANGE OF OPERATOR

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

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: Ian Johnston

Title: Director of Operations Email: ljohnston@waptienergy.com Date: