

FORM

12

Rev
02/20State 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:

402193859

Receive Date:

01/30/2020

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: REP PROCESSING LLC

OGCC Operator Number: 10726 Suff:

One Call Participation (One box must be checked.)

☒ In checking this box, the Submitting Operator hereby confirms Tier One membership in the Utility Notification Center of Colorado (CO 811) and participation in Colorado's One Call notification system. [Rule 1102.n.]☐ In checking this box, the Operator hereby certifies it has no underground facilities and is exempt from CO 811 membership. [Rule 1102.n. (2)]

Address: 5956 SHERRY LANE SUITE 825

City: DALLAS State: TX Zip: 75225

Contact Name: Erin Markovich
First Name Last Name

Phone: 406 491-7460 Email: e.markovich@rimrockenergy.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: Pierce Gas Plant COGCC Facility ID: 476816

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 checked="" type="checkbox"/>
	Gas Gathering Pipeline System	<input type="checkbox"/>	Underground Gas Storage	<input type="checkbox"/>

Estimated Daily Processing Total: 200.00 MMSCFPD

Gas Compressor Station – Number of Compressors:

Financial Assurance: Gas Facility Surety ID# 20190036

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 NW/NW Sec 21 Twp 8N Rng 66W Meridian 6

County WELD

Latitude 40.650161 Longitude -104.786675

GPS Data (if available): PDOP Reading

Date of Measurement GPS Instrument Operator's Name

Facility Address (if exists) 44588 CR 29
City Pierce State CO Zip 80650

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: _____

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: _____

☐ The Buying Operator is a Tier One membership in the Utility Notification Center of Colorado (CO 811) and participates in Colorado's One Call notification system. [Rule 1102.n.]

☐ The Buying Operator has no underground facilities and is exempt from CO 811 membership. [Rule 1102.n.(2)]

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:

Please advise if any additional information is needed.

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: Erin Markovich

Title: Safety and Compliance Mgr Email: e.markovich@rimrockenergy.com Date: 1/30/2020

FACILITY ID:	476816
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Bonding	The Form 12 doc# 402193859 for the Pierce Gas Plant resubmitted and approved. Rule 313B.a(2). The legal location (quarter-quarter, section, township, range, county) of a gas compressor station or a gas processing plant or legal location description (section, township, range, county) of the geographic area covered by the gas gathering system, or an underground gas storage facility.	06/08/2020
Bonding	The Form 12 doc# 402193859 for the Pierce Gas Plant was returned to draft. Rule 313B.a(2). The legal location (quarter-quarter, section, township, range, county) of a gas compressor station or a gas processing plant or legal location description (section, township, range, county) of the geographic area covered by the gas gathering system, or an underground gas storage facility. QTRQTR missing on doc.	11/07/2019

Total: 2 comment(s)

Signature:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402193859	Form 12 SUBMITTED
402195275	TOPOGRAPHIC MAP
402195276	FACILITY LAYOUT DRAWING
402247179	TOPOGRAPHIC MAP

Total Attach: 4 Files