

FORM

12

Rev
02/20**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:

403293048

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: ARKOMA OPERATIONS LLCOGCC Operator Number: 10766 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: 2121 S COLUMBIA AVE SUITE 101City: TULSA State: OK Zip: 74114Contact Name: Andrew Price
First Name Last NamePhone: 918 9650040 Email: aprice@arkomaops.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: Jaques Booster Compression Station 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 Gas Compressor Station ☒ Gas Processing Plant ☐
(Select one) Gas Gathering Pipeline System ☐ Underground Gas Storage ☐

Estimated Daily Processing Total: 4.00 MMSCFPD

Gas Compressor Station – Number of Compressors: 1

Financial Assurance: Gas Facility Surety ID# 20210029

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 NWSE Sec 27 Twp 33N Rng 08W Meridian P

County LA PLATA

Latitude 37.071360 Longitude -107.700374

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:

4.8 miles SW of Ignacio, CO

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:

| |
|------------|
| Thank you. |
| |
| |
| |

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: Andrew Price

Title: VP of Engineering Email: aprice@arkomaops.com Date: _____

COGCC Approved:

Date:

| |
|---------------------|
| FACILITY ID: |
|---------------------|

Condition of Approval

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--------------------------------------------------------------------------------|---------------------|
| Engineer | Per rule 220.a.(4), missing facility layout drawing of the compressor station. | 02/27/2023 |

Total: 1 comment(s)

Signature: _____

Attachment List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------------|
| 403332205 | FACILITY LAYOUT DRAWING |

Total Attach: 1 Files