

State of Colorado
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109

FOR OGCC USE ONLY

GAS FACILITY REGISTRATION/CHANGE OF OPERATOR

Use one copy of Form 12 for each facility being registered/change of operator. Per Rule 711, an operator is to provide financial assurance to ensure compliance with the 900 Series rules in the amount of \$50,000 or in an amount voluntarily agreed to with the Director, or in an amount to be determined by order of the Commission. Operators of small systems gathering or processing less than five MMSCFD may provide individual financial assurance in the amount of \$5,000. A facility map must accompany each new registration.*

Complete the
Attachment Checklist
Oper OGCC

OGCC Operator Number: _____ Name of Operator: _____ Address: _____ City: _____ State: _____ Zip: _____	Contact Name and Telephone: _____ No: _____ Fax: _____
Operator's Facility Name and Number: _____ Location (QtrQtr, Sec, Twp, Rng, Meridian): _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____	

Facility Map		

**REGISTRATION
TYPE OF OPERATION**

GAS-PROCESSING PLANT

GATHERING SYSTEM

STORAGE FACILITY

*A facility map must accompany each new registration and be resubmitted when significant changes have been made to the facility. All gathering and distribution maps are to be submitted at a scale no smaller than 1:24,000; all processing facilities at a scale no smaller than 1:100. All maps may be submitted digitally using DWG or DXF formats.

Estimated Daily Processing Total: _____ MMSCFD
 Is the facility within a sensitive area according to Rule 901.e? Yes No

CHANGE OF OPERATOR

Seller's Signature	
Name of Operator	Operator Number
Title	Date

Buyer or Current Operator

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

Print Name: _____ Signed: _____
 Title: _____ Date: _____

OGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

FACILITY ID: _____