

August 20, 2015

UPS Tracking No: 1Z 75V 291 02 9176 2161

Mr. Jesse Chacon
Manager, Operating Permit Section – Air Permits Division
Texas Commission on Environmental Quality
Mail Code 163
12100 Park 35 Circle, Building C
Austin, TX 78753

Re:

Change of Responsible Official and Duly Authorized Representative

DCP Midstream, LP

Customer Reference Number: CN601229917

Mr. Chacon,

DCP Midstream, LP (DCP) has recently appointed a new Responsible Official (RO) for the South Business Unit. With this submittal, DCP is providing one completed OP-CRO2 form for the new RO which list the facilities affected by this change. In addition, DCP has also appointed a new set of Duly Authorized Representatives (DARs) for portions of the South Business Unit.

If you have any questions or need additional information please contact me at 713-735-5643 or at jahecht@dcpmidstream.com.

Sincerely.

Sill A. Hecht

Environmental Engineer II

DCP Midstream, LP

Attachments

onss po on 1/31/15.

The Texas Commission on Environmental Quality (TCEQ) shall be notified of a new appointment or administrative information change (e.g., address, phone number, title) for a Responsible Official (RO), Designated Representative (DR), or Alternate Designated Representative (ADR) in the next submittal. This form satisfies the requirements for notification (a revised Certificate of Representation must also be submitted to the U.S. Environmental Protection agency for changes in the DR and ADR). After the initial submittal, if there is a change of Duly Authorized Representative (DAR) appointment or administrative information changes for the DAR, include a revised Form OP-DEL (Delegation of Responsible Official) with the next submittal to the TCEQ.

I. Identifying Information						
Account No.: HQA002B	RN: 10465827	3	CN: 601229917			
Permit No.: 3418		Area Name: To	lar Gas Plant			
Company Name: DCP Midstream, L	P					
II. Change Type						
A. Action Type: New Appointment:	⊠ Administra	tive Information	Change:			
B. Contact Type (only <u>one</u> response	can be accepted	d per form)				
Responsible Official: \square Designated	Representative	Alternate Des	signated Representative 🗌			
	nated Repres	entative/Alter	nate Designated Representative			
Information						
A. Name: (Mr. Mrs. Mrs. Ms.	Dr.) C Dan 7	Tarpley				
Title: VP South BU	Title: VP South BU Appointment Effective Date: 7/27/2015					
Telephone No.: 713-735-3860 Fax No.: 713-735-3146						
B. Company Name: DCP Midstream	n, LP					
C. Mailing Address: 5718 Westheim	ner Road Suite 1	900				
City: Houston	St	ate: Texas	ZIP Code: 77057			
D. Delivery Address: 5718 Westhei	mer Road Suite	1900				
City: Houston	St	ate: Texas	ZIP Code: 77057			
IV. Certification of Truth, Acc	uracy, and Co	mpleteness				
This certification does not exter	nd to informa	tion, which is	designated by the TCEQ as			
information for reference only.						
I, C Dan Tarpley	7 (7)		, certify that, based on information			
	nted or typed)					
and belief formed after Reasonable in and complete.	nquiry, the state	ements and infor	mation stated above are true, accurate,			
Signature:						
Signature Date: 8-19-15		Title: VP South	BU			

TCEQ-10010 (Revised 04/14) OP-CRO2 This form for use by facilities subject to air quality permit requirements and may be revised periodically (APDG 5152v23)

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Form OP-CRO2 Certification by Responsible Official (Extension) Federal Operating Permit Program

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Form OP-CRO2 Certification by Responsible Official (Extension) Federal Operating Permit Program

Account No.: NE0028T	RN: 102557931	CN: 601229917	
Permit No.: 2590		Area Name: Gulf Plains Gas Plant	
Account No.: WB0075S	RN: 102530730	CN: 601229917	
Permit No.: N/A		Area Name: Katy Compressor Station	
Account No.: JBA007G	RN: 106037690	CN: 601229917	
Permit No.: 3595		Area Name: Eagle 1 Gas Plant	

A Responsible Official (RO may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. Signature stamps can be accepted in place of an original signature. Faxes, photocopies, and electronic submittals can be accepted in place of an original Form OP-DEL; however, a follow-up submittal of the original Form OP-DEL is requested

I, Identifying Information			4	
Account No.: HQA002B	RN: 104658273	CN:	601229917	
Permit No.: 3418		Area Name: Tolar Gas	Plant	
Company Name: DCP Midstream LP				
II. Duly Authorized Representativ	e Information			
Action Type: New DAR Identification Change				
Name: (Mr. Mrs. Mrs. Ms. Dr.) W	illiam Bradbury			
Title: General Manager South and Centra	l Texas Ops	Delegation Effective Da	ate: 7/27/2015	
Telephone No.: 713-735-3967		Fax No.: 713-735-3146		
Mailing Address: 5718 Westheimer Road	Suite 1900			
City: Houston		State: TX	ZIP: 77057	
Delivery Address: 5718 Westheimer Road	l Suite 1900			
City: Houston		State: TX	ZIP: 77057	
III. Certification of Truth, Accurac	y, and Completen	ess.		
I, <u>C Dan Tarpley</u>		,cer	tify that, based on	
(RO or DAR no	ame printed or typed)			
information and belief formed after reaso accurate, and complete. Responsible Official Signature: Date: \$-19-15	nable inquiry, the sta		stated above are true,	
Duly Authorized Representative Signature				
'		ger South and Central Texa	as Ops	
IV. Removal of Duly Authorized Re	Managasa	0 - ~		
The following should be removed as Duly	Authorized Represei	ntative(s):	AN HELEO THE REAL PROPERTY OF THE PROPERTY OF	
Effective Date:(RO or DAR name Printed or typed)				
Responsible Official Signature:				
Date:	նեle:			

TCEQ-10011 (Revised 04/14) OP-DEL This form for use by facilities subject to air quality permit requirements and may be revised periodically (APDG 5978v2)

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Sept S	V. Additional Identifying In	RN: 102805272		CN: 601000017
W.	Account No.: PB0002N Permit No.: 0955	KN: 102805272	Area Name: East	CN: 601229917
7)		DNI 1000000	Area Name: East	
	Account No.: HHA005E	RN: 105295505	I A NI C	CN: 601229917
	Permit No.: 3569	727	Area Name: Cros	T State of the sta
	Account No.: PB0067I	RN: 102421484		CN: 601229917
•	Permit No.: 2548		Area Name: Geor	rge Gray Gas Plant
_	Account No.: JE0203B	RN: 101062032	T	CN: 601229917
ΜZ	Permit No.: 2506		Area Name: Port	Arthur Gas Plant
XC.	Account No.: JE0796P	RN: 100542349		CN: 601229917
li_	Permit No.: 2802		Area Name: Wes	t Beaumont Gas Plant
.	Account No.: JE0342J	RN: 100211424		CN: 601229917
) pš	Permit No.: 2507		Area Name: Spin	dletop Compressor Station
1	Account No.: LHA012L	RN: 104800818		CN: 601229917
-	Permit No.: 81851		Area Name: Rayv	wood Gas Plant
	Account No.: PB0095D	RN: 102417680		CN: 601229917
/)	Permit No.: 82936		Area Name: Mitc	hell Compressor Station
	Account No.: JE0200H	RN: 101462562		CN: 601229917
1	Permit No.: 15929		Area Name: Wini	nie 1 Compressor Station
1	Account No.: LF0044V	RN: 102417466		CN: 601229917
	Permit No.: 25156		Area Name: Gidd	ings Booster
1	Account No.: GFA006F	RN: 106141773	n . n	CN: 601229917
×	Permit No.: 3676		Area Name: Golia	ad Gas Plant
	Account No.: JG0017B	RN: 100210822		CN: 601229917
*	Permit No.: 2556		Area Name: La G	loria Gas Plant
	Account No.: LE0012W	RN: 100213487		CN: 601229917
>	Permit No.: 2576		Area Name: Wilco	
	Account No.: FCoo33K	RN: 100213776	4	CN: 601229917
XV	Permit No.: 802	1	Area Name: Gidd	<u> </u>

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V. Additional Identifyin	ng Information	Problems
Account No.: LK0027R	RN: 100542794	CN: 601229917
Permit No.: 2803		Area Name: Three Rivers Gas Plant
Account No.: NE0028T	RN: 102557931	CN: 601229917
Permit No.: 2590		Area Name: Gulf Plains Gas Plant
Account No.: WB0075S	RN: 102530730	CN: 601229917
Permit No.: N/A		Area Name: Katy Compressor Station
Account No.: JBA007G	RN: 106037690	CN: 601229917
Permit No.: 3595		Area Name: Eagle 1 Gas Plant

A Responsible Official (RO may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. Signature stamps can be accepted in place of an original signature. Faxes, photocopies, and electronic submittals can be accepted in place of an original Form OP-DEL; however, a follow-up submittal of the original Form OP-DEL is requested

I. Identifying Information			
Account No.: PB0002N	RN: 102805272		CN: 601229917
Permit No.: 0955		Area Name: East	Texas Gas Plant
Company Name: DCP Midstream LP			C
II. Duly Authorized Representative	Information		
Action Type:	w DAR Identification	☐ Admi Char	inistrative Information nge
Name: (Mr. Mrs. Ms. Dr.) Les	ter Caldwell		
Title: Asset Director II		Delegation Effect	ive Date: 7/27/2015
Telephone No.: 903-694-4119		Fax No.: 903-69:	3-4162
Mailing Address: 662 South Shelby			
City: Carthage	St	ate: TX	ZIP: 75633
Delivery Address: 662 South Shelby			
City: Carthage	St	ate: TX	ZIP: 75633
III. Certification of Truth, Accuracy	, and Completenes	SS	
I, <u>C Dan Tarpley</u>			_ ,certify that, based on
(RO or DAR nat	ne printed or typed)		
information and belief formed after reason accurate, and complete.	able inquiry, the state	ements, and inform	ation stated above are true,
Responsible Official Signature:	Un do		
Date: 8-19-15	Γitle: VP South BU		
Duly Authorized Representative Signature:			<u> </u>
Date: 1944 3, 2015 T	itle: Asset Director I	I	4
IV. Removal of Duly Authorized Re	presentative(s)		
The following should be removed as Duly A	Authorized Represent	ative(s):	
		Effective Date	9:
(RO or DAR name Printed or			
i e	.1		
Date:Ti	tle:		

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V. Additional Identifying	g Information		
Account No.: HHA005E	RN: 105295505	CN: 601229917	
Permit No.: 3569		Area Name: Crossroads Gas Plant	1
Account No.: PB0067I	RN: 102421484	CN: 601229917	(in R
Permit No.: 2548		Area Name: George Gray Gas Plant	b.
Account No.: PB0095D	RN: 102417680	CN: 601229917	
Permit No.: 82936		Area Name: Mitchell Compressor Station	V

A Responsible Official (RO may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. Signature stamps can be accepted in place of an original signature. Faxes, photocopies, and electronic submittals can be accepted in place of an original Form OP-DEL; however, a follow-up submittal of the original Form OP-DEL is requested

I. Identifying Information			
Account No.: JG0017B	RN: 100210822	***************************************	CN: 601229917
Permit No.: 2556		Area Name: La G	loria Gas Plant
Company Name: DCP Midstream LP		<u></u>	
II. Duly Authorized Representati	ve Information		
Action Type:	Iew DAR Identification	☐ Admi Char	inistrative Information nge
Name: (Mr. Mrs. Ms. Dr.) R	Leymundo Guajardo		
Title: Asset Director I		Delegation Effect	ive Date: 7/27/2015
Telephone No.: 361-584-8522		Fax No.: N/A	
Mailing Address: 7226 County Rd 16	1 2000		
City: Bishop	St	ate: TX	ZIP: 78343
Delivery Address: 7225 County Rd 16			
City: Bishop	St	ate: TX	ZIP: 78343
III. Certification of Truth, Accurac	cy, and Completenes	S	
I, C Dan Tarpley			_ ,certify that, based on
(RO or DAR 1	name printed or typed)		
information and belief formed after rease accurate, and complete.	onable inquiry, the state	ements, and inform	ation stated above are true
Responsible Official Signature:		· · · · · · · · · · · · · · · · · · ·	
Date: 8-19-15	Title: VP South BU	,	
Duly Authorized Representative Signatur	re: Rley &		
Date: 8/03/2015	Title: Asset Director I_		
IV. Removal of Duly Authorized R	depresentative(s)		
The following should be removed as Duly	y Authorized Representa	ative(s):	
		Effective Date	9:
(RO or DAR name Printed			
Responsible Official Signature:			
Date:	Title:		

TCEQ-10011 (Revised 04/14) OP-DEL This form for use by facilities subject to air quality permit requirements and may be revised periodically (APDG 5978v2)

Page __1___ of ____2___

V. Additional Identifying Information			
Account No.: LK0027R	RN: 100542794	CN: 601229917	
Permit No.: 2803		Area Name: Three Rivers Gas Plant	
Account No.: NE0028T	RN: 102557931	CN: 601229917	
Permit No.: 2590		Area Name: Gulf Plains Gas Plant	

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	RN: 106141773		CN: 601229917
		Area Name: Goli	ad Gas Plant
ı LP			
entative	Information		
⊠ Nev	v DAR Identification	Adm Chai	inistrative Information nge
Dr.) Scot	t Orr		
		Delegation Effect	ive Date: 7/27/2015
······································		Fax No.: N/A	
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	S	tate: TX	ZIP: 78960
S of Ward	a		
	S	tate: TX	ZIP: 78960
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as Duly A	uthorized Represent		
e Printed or	tuned)	Effective Date).
	S of Ward Ccuracy, or DAR namer reasons Fignature: Tiezed Rep as Duly A	RN: 106141773 LP entative Information New DAR Identification Dr.) Scott Orr S of Warda S of Warda S ccuracy, and Completenes or DAR name printed or typed) er reasonable inquiry, the state Title: VP South BU Signature: Title: Asset Director Inized Representative(s) as Duly Authorized Representative e Printed or typed)	RN: 106141773 Area Name: Goli LP entative Information New DAR Identification Delegation Effect Fax No.: N/A S of Warda State: TX S of Warda State: TX ccuracy, and Completeness or DAR name printed or typed) er reasonable inquiry, the statements, and inform Title: VP South BU dignature: Title: Asset Director II rized Representative(s) as Duly Authorized Representative(s): Effective Date

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V. Additional Identifying Information					
Account No.: LE0012W	RN: 100213487		CN: 601229917	/	
Permit No.: 2576		Area Name: Wild	ox Gas Plant		
Account No.: FC0033K	RN: 100213776	100213776 CN: 601229917		/	
Permit No.: 802		Area Name: Giddings Gas Plant		/	
Account No.: WB0075S	RN: 102530730		CN: 601229917		
Permit No.: N/A		Area Name: Katy	Compressor Station		
Account No.: LF0044V	RN: 102417466		CN: 601229917		
Permit No.: 25156		Area Name: Gido	lings Booster	126	
Account No.: JBA007G	RN: 106037690		CN: 601229917	/	
Permit No.: 3595	-	Area Name: Eagl	e 1 Gas Plant	V	

A Responsible Official (RO may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. Signature stamps can be accepted in place of an original signature. Faxes, photocopies, and electronic submittals can be accepted in place of an original Form OP-DEL; however, a follow-up submittal of the original Form OP-DEL is requested

I. Identifying Information					
Account No.: JE0203B	RN: 101062032		CN: 601229917		
Permit No.: 2506	Area Name: I			ort Arthur Gas Plant	
Company Name: DCP Midstream	LP				
II. Duly Authorized Represe	entative Informatio	n			
Action Type:					
Name: (Mr. Mrs. Ms. Ms.	Dr.) Josh Crawford				
Title: Manager, Area Operations	Delegat			gation Effective Date: 7/27/2015	
Telephone No.: 713-268-8780	Fax No.: N/A				
Mailing Address: 28531 Hwy 124					
City: Winnie		State:	TX	ZIP: 77665	
Delivery Address: 28531 Hwy 124	, , ,				
City: Winnie		State:	TX	ZIP: 77665	
III. Certification of Truth, A	ccuracy, and Compl	leteness			
I, <u>C Dan Tarpley</u>				,certify that, based on	
· · ·	r DAR name printed or typ	ped)			
information and belief formed after accurate, and complete. Responsible Official Signature: Date: Date: Duly Authorized Representative States	Title: VP Sout		ts, and info	ermation stated above are true	
Date: 8/18/2015	Title: Manager	r, Area Opera	itions		
IV. Removal of Duly Author	ized Representative	e(s)			
The following should be removed	as Duly Authorized Re	presentative((s):		
(RO or DAR name	Printed or tuped)		Effective D	ate:	
Responsible Official Signature:					
Date:	Title:				

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Page 1 of 2

V. Additional Identifyin	g Information	. 1 .		
Account No.: LHA012L	RN: 104800818	CN: 601229917		
Permit No.: 81851		Area Name: Raywood Gas Plant		
Account No.: JE0796P	RN: 100542349	CN: 601229917		
Permit No.: 2802		Area Name: West Beaumont Gas Plant		
Account No.: JE0342J	RN: 100211424	CN: 601229917		
Permit No.: 2507		Area Name: Spindletop Compressor Stations		
Account No.: JE0200H	RN: 101462562	CN: 601229917		
Permit No.: 15929		Area Name: Winnie 1 Compressor Station		

A Responsible Official (RO may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. Signature stamps can be accepted in place of an original signature. Faxes, photocopies, and electronic submittals can be accepted in place of an original Form OP-DEL; however, a follow-up submittal of the original Form OP-DEL is requested

Account No.: HQA002B	RN: 104658273	CN: 601229917		
Permit No.: 3418		Area Name: Tolar Gas Plant		
Company Name: DCP Midstream	LP			
II. Duly Authorized Represe	entative Information			
Action Type:	⊠ New DAR Identification	☐ Administrative Information Change		
Name: (🛛 Mr. 🗌 Mrs. 🗌 Ms. 🗌	Dr.) Gary Minatra			
Title: Manager Area Operations		Delegation Effective Date: 7/27/2015		
Telephone No.: 254-835-9710		Fax No.: N/A		
Mailing Address: 4205 Hill City H	[wy			
City: Tolar	Sta	ite: TX	ZIP: 76476	
Delivery Address: 4205 Hill City I	łwy			
City: Tolar	Sta		ZIP: 76476	
III. Certification of Truth, A	ccuracy, and Completeness			
I, <u>C Dan Tarpley</u>			,certify that, based on	
(RO c	or DAR name printed or typed)		·	
information and belief formed afte accurate, and complete. Responsible Official Signature:	er reasonable inquiry, the state	ments, and info	rmation stated above are true	
Date: 6-19-15	Title: YP South BU	_		
Date:	Title. Yr South Bo			
Duly Authorized Representative Si	ignature: Dun	small	Tu -	
Duly Authorized Representative Si	Vo o	perations_	Tu d	
Duly Authorized Representative Si Date: 8/3/2015	ignature: Title: Manager Area Op	perations_	w d	
Duly Authorized Representative Si Date: <u> </u>	Title: Manager Area Opized Representative(s)		u d	
Duly Authorized Representative Single Date: 8/3/2015 IV. Removal of Duly Authority The following should be removed a	Title: Manager Area Opized Representative(s) as Duly Authorized Representa	tive(s):	ate:	
Duly Authorized Representative Si	Title: Manager Area Opiced Representative(s) as Duly Authorized Representa	tive(s): _ Effective D		

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