



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](mailto:jahecht@dcpmidstream.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Jill A. Hecht", with a stylized flourish at the end.

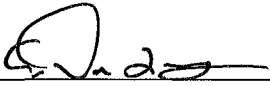
Jill A. Hecht  
Environmental Engineer II  
DCP Midstream, LP

Attachments

0955 - OPCR01 signed by  
PB on 7/31/15.

**Form OP-CRO2**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**

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.*

<b>I. Identifying Information</b>		
Account No.: HQA002B	RN: 104658273	CN: 601229917
Permit No.: 3418	Area Name: Tolar Gas Plant	
Company Name: DCP Midstream, LP		
<b>II. Change Type</b>		
A. Action Type: New Appointment: <input checked="" type="checkbox"/> Administrative Information Change: <input type="checkbox"/>		
B. Contact Type ( <i>only one response can be accepted per form</i> )		
Responsible Official: <input checked="" type="checkbox"/> Designated Representative <input type="checkbox"/> Alternate Designated Representative <input type="checkbox"/>		
<b>III. Responsible Official/Designated Representative/Alternate Designated Representative Information</b>		
A. Name: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) C Dan Tarpley		
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, LP		
C. Mailing Address: 5718 Westheimer Road Suite 1900		
City: Houston	State: Texas	ZIP Code: 77057
D. Delivery Address: 5718 Westheimer Road Suite 1900		
City: Houston	State: Texas	ZIP Code: 77057
<b>IV. Certification of Truth, Accuracy, and Completeness</b>		
<b>This certification does not extend to information, which is designated by the TCEQ as information for reference only.</b>		
I, <u>C Dan Tarpley</u> , certify that, based on information		
(Name printed or typed)		
and belief formed after Reasonable inquiry, the statements and information stated above are true, accurate, and complete.		
Signature: 		
Signature Date: <u>8-19-15</u> Title: VP South BU		

22,296

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

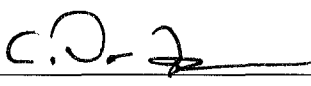
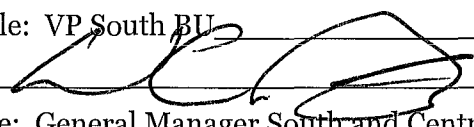
V. Additional Identifying Information		
Account No.: PB0002N	RN: 102805272	CN: 601229917
Permit No.: 0955	Area Name: East Texas Gas Plant	
Account No.: HHA005E	RN: 105295505	CN: 601229917
Permit No.: 3569	Area Name: Crossroads Gas Plant	
Account No.: PB0067I	RN: 102421484	CN: 601229917
Permit No.: 2548	Area Name: George Gray Gas Plant	
Account No.: JE0203B	RN: 101062032	CN: 601229917
Permit No.: 2506	Area Name: Port Arthur 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 Station	
Account No.: LHA012L	RN: 104800818	CN: 601229917
Permit No.: 81851	Area Name: Raywood Gas Plant	
Account No.: PB0095D	RN: 102417680	CN: 601229917
Permit No.: 82936	Area Name: Mitchell Compressor Station	
Account No.: JE0200H	RN: 101462562	CN: 601229917
Permit No.: 15929	Area Name: Winnie 1 Compressor Station	
Account No.: LF0044V	RN: 102417466	CN: 601229917
Permit No.: 25156	Area Name: Giddings Booster	
Account No.: GFA006F	RN: 106141773	CN: 601229917
Permit No.: 3676	Area Name: Goliad Gas Plant	
Account No.: JG0017B	RN: 100210822	CN: 601229917
Permit No.: 2556	Area Name: La Gloria Gas Plant	
Account No.: LE0012W	RN: 100213487	CN: 601229917
Permit No.: 2576	Area Name: Wilcox Gas Plant	
Account No.: FC0033K	RN: 100213776	CN: 601229917
Permit No.: 802	Area Name: Giddings Gas Plant	
Account No.: LK0027R	RN: 100542794	CN: 601229917
Permit No.: 2803	Area Name: Three Rivers Gas Plant	

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

V. Additional Identifying Information		
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	

**Form OP-DEL**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**

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

<b>I. Identifying Information</b>		
Account No.: HQA002B	RN: 104658273	CN: 601229917
Permit No.: 3418	Area Name: Tolar Gas Plant	
Company Name: DCP Midstream LP		
<b>II. Duly Authorized Representative Information</b>		
Action Type:	<input checked="" type="checkbox"/> New DAR Identification	<input type="checkbox"/> Administrative Information Change
Name: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) William Bradbury		
Title: General Manager South and Central Texas Ops	Delegation Effective Date: 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 Suite 1900		
City: Houston	State: TX	ZIP: 77057
<b>III. Certification of Truth, Accuracy, and Completeness</b>		
I, <u>C Dan Tarpley</u> , certify that, based on <div style="text-align: center;"><i>(RO or DAR name printed or typed)</i></div> information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete.		
Responsible Official Signature: <u></u>		
Date: <u>8-19-15</u>	Title: VP South BU	
Duly Authorized Representative Signature: <u></u>		
Date: <u>8-19-15</u>	Title: General Manager South and Central Texas Ops	
<b>IV. Removal of Duly Authorized Representative(s)</b>		
The following should be removed as Duly Authorized Representative(s): <div style="text-align: center;"><i>(RO or DAR name Printed or typed)</i></div> Effective Date: _____		
Responsible Official Signature: _____		
Date: _____	Title: _____	

**Form OP-DEL**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**  
**(Extension)**

V. Additional Identifying Information			
Account No.: PB0002N	RN: 102805272	CN: 601229917	
Permit No.: 0955	Area Name: East Texas Gas Plant		
Account No.: HHA005E	RN: 105295505	CN: 601229917	
Permit No.: 3569	Area Name: Crossroads Gas Plant		
Account No.: PB0067I	RN: 102421484	CN: 601229917	
Permit No.: 2548	Area Name: George Gray Gas Plant		
Account No.: JE0203B	RN: 101062032	CN: 601229917	
Permit No.: 2506	Area Name: Port Arthur Gas Plant		
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Permit No.: 2802	Area Name: West Beaumont Gas Plant		
Account No.: JE0342J	RN: 100211424	CN: 601229917	
Permit No.: 2507	Area Name: Spindletop Compressor Station		
Account No.: LHA012L	RN: 104800818	CN: 601229917	
Permit No.: 81851	Area Name: Raywood Gas Plant		
Account No.: PB0095D	RN: 102417680	CN: 601229917	
Permit No.: 82936	Area Name: Mitchell Compressor Station		
Account No.: JE0200H	RN: 101462562	CN: 601229917	
Permit No.: 15929	Area Name: Winnie 1 Compressor Station		
Account No.: LFO044V	RN: 102417466	CN: 601229917	
Permit No.: 25156	Area Name: Giddings Booster		
Account No.: GFA006F	RN: 106141773	CN: 601229917	
Permit No.: 3676	Area Name: Goliad Gas Plant		
Account No.: JG0017B	RN: 100210822	CN: 601229917	
Permit No.: 2556	Area Name: La Gloria Gas Plant		
Account No.: LE0012W	RN: 100213487	CN: 601229917	
Permit No.: 2576	Area Name: Wilcox Gas Plant		
Account No.: FCO033K	RN: 100213776	CN: 601229917	
Permit No.: 802	Area Name: Giddings Gas Plant		

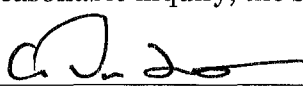

**Form OP-DEL**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**  
**(Extension)**

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	
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	



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**Change of Responsible Official Information**  
**Federal Operating Permit Program**

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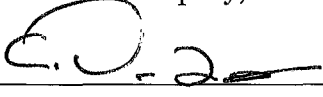
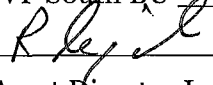
<b>I. Identifying Information</b>		
Account No.: PBO002N	RN: 102805272	CN: 601229917
Permit No.: 0955	Area Name: East Texas Gas Plant	
Company Name: DCP Midstream LP		
<b>II. Duly Authorized Representative Information</b>		
Action Type:	<input checked="" type="checkbox"/> New DAR Identification	<input type="checkbox"/> Administrative Information Change
Name: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) Lester Caldwell		
Title: Asset Director II	Delegation Effective Date: 7/27/2015	
Telephone No.: 903-694-4119	Fax No.: 903-693-4162	
Mailing Address: 662 South Shelby		
City: Carthage	State: TX	ZIP: 75633
Delivery Address: 662 South Shelby		
City: Carthage	State: TX	ZIP: 75633
<b>III. Certification of Truth, Accuracy, and Completeness</b>		
I, <u>C Dan Tarpley</u> , certify that, based on (RO or DAR name printed or typed) information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete.		
Responsible Official Signature: <u></u>		
Date: <u>8-19-15</u>	Title: VP South BU	
Duly Authorized Representative Signature: <u></u>		
Date: <u>Aug 3, 2015</u>	Title: Asset Director II	
<b>IV. Removal of Duly Authorized Representative(s)</b>		
The following should be removed as Duly Authorized Representative(s):  (RO or DAR name Printed or typed) Effective Date: _____		
Responsible Official Signature: _____		
Date: _____	Title: _____	

**Form OP-DEL**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**  
**(Extension)**

<b>V. Additional Identifying Information</b>		
Account No.: HHA005E	RN: 105295505	CN: 601229917 ✓
Permit No.: 3569	Area Name: Crossroads Gas Plant ✓	
Account No.: PB0067I	RN: 102421484	CN: 601229917
Permit No.: 2548	Area Name: George Gray Gas Plant NSR ✓	
Account No.: PB0095D	RN: 102417680	CN: 601229917 ✓
Permit No.: 82936	Area Name: Mitchell Compressor Station ✓	

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<b>I. Identifying Information</b>		
Account No.: JG0017B	RN: 100210822	CN: 601229917
Permit No.: 2556	Area Name: La Gloria Gas Plant	
Company Name: DCP Midstream LP		
<b>II. Duly Authorized Representative Information</b>		
Action Type:	<input checked="" type="checkbox"/> New DAR Identification	<input type="checkbox"/> Administrative Information Change
Name: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) Reymundo Guajardo		
Title: Asset Director I	Delegation Effective Date: 7/27/2015	
Telephone No.: 361-584-8522	Fax No.: N/A	
Mailing Address: 7226 County Rd 16		
City: Bishop	State: TX	ZIP: 78343
Delivery Address: 7225 County Rd 16		
City: Bishop	State: TX	ZIP: 78343
<b>III. Certification of Truth, Accuracy, and Completeness</b>		
I, <u>C Dan Tarpley</u> , certify that, based on <div style="text-align: center;"><i>(RO or DAR name printed or typed)</i></div> information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete.		
Responsible Official Signature: 		
Date: <u>8-19-15</u>	Title: VP South BU	
Duly Authorized Representative Signature: 		
Date: <u>8/03/2015</u>	Title: Asset Director I	
<b>IV. Removal of Duly Authorized Representative(s)</b>		
The following should be removed as Duly Authorized Representative(s): <div style="text-align: center;"><i>(RO or DAR name Printed or typed)</i></div> Effective Date: _____		
Responsible Official Signature: _____		
Date: _____	Title: _____	

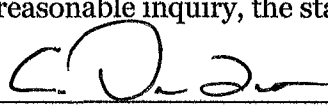
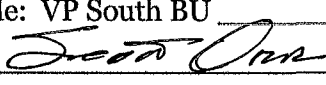
**Form OP-DEL**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**  
**(Extension)**

**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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**Federal Operating Permit Program**

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<b>I. Identifying Information</b>		
Account No.: GFA006F	RN: 106141773	CN: 601229917
Permit No.: 3676	Area Name: Goliad Gas Plant	
Company Name: DCP Midstream LP		
<b>II. Duly Authorized Representative Information</b>		
Action Type:	<input checked="" type="checkbox"/> New DAR Identification	<input type="checkbox"/> Administrative Information Change
Name: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) Scott Orr		
Title: Asset Director II	Delegation Effective Date: 7/27/2015	
Telephone No.: 979-242-6901	Fax No.: N/A	
Mailing Address: 5910 S Hwy 77 S of Warda		
City: Warda	State: TX	ZIP: 78960
Delivery Address: 5910 S Hwy 77 S of Warda		
City: Warda	State: TX	ZIP: 78960
<b>III. Certification of Truth, Accuracy, and Completeness</b>		
I, <u>C Dan Tarpley</u> , certify that, based on (RO or DAR name printed or typed) information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete.		
Responsible Official Signature: <u></u>		
Date: <u>8-19-15</u>	Title: VP South BU	
Duly Authorized Representative Signature: <u></u>		
Date: <u>8-7-2015</u>	Title: Asset Director II	
<b>IV. Removal of Duly Authorized Representative(s)</b>		
The following should be removed as Duly Authorized Representative(s): _____ (RO or DAR name Printed or typed) Effective Date: _____		
Responsible Official Signature: _____		
Date: _____	Title: _____	

**Form OP-DEL**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**  
**(Extension)**

<b>V. Additional Identifying Information</b>		
Account No.: LE0012W	RN: 100213487	CN: 601229917
Permit No.: 2576	Area Name: Wilcox Gas Plant ✓	
Account No.: FC0033K	RN: 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: Giddings Booster DSR	
Account No.: JBA007G	RN: 106037690	CN: 601229917
Permit No.: 3595	Area Name: Eagle 1 Gas Plant ✓	

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**I. Identifying Information**

Account No.: JE0203B	RN: 101062032	CN: 601229917
Permit No.: 2506	Area Name: Port Arthur Gas Plant	
Company Name: DCP Midstream LP		

**II. Duly Authorized Representative Information**

Action Type: ☒ New DAR Identification ☐ Administrative Information Change

Name: ( ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.) Josh Crawford

Title: Manager, Area Operations Delegation 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, Accuracy, and Completeness**

I, C Dan Tarpley, certify that, based on  
(RO or DAR name printed or typed)

information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete.

Responsible Official Signature: C. D. Tarpley

Date: 8-21-15 Title: VP South BU

Duly Authorized Representative Signature: Josh W Crawford

Date: 8/18/2015 Title: Manager, Area Operations

**IV. Removal of Duly Authorized Representative(s)**

The following should be removed as Duly Authorized Representative(s):

\_\_\_\_\_  
(RO or DAR name Printed or typed) Effective Date: \_\_\_\_\_

Responsible Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

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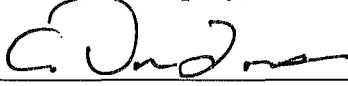
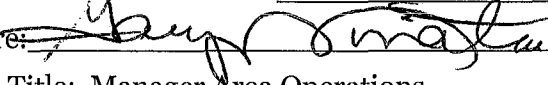
**Form OP-DEL**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**  
**(Extension)**

<b>V. Additional Identifying Information</b>		
Account No.: LHA012L	RN: 104800818	CN: 601229917
Permit No.: 81851	Area Name: Raywood Gas Plant	
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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	



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Permit No.: 3418	Area Name: Tolar Gas Plant	
Company Name: DCP Midstream LP		
<b>II. Duly Authorized Representative Information</b>		
Action Type:	<input checked="" type="checkbox"/> New DAR Identification	<input type="checkbox"/> Administrative Information Change
Name: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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 Hwy		
City: Tolar	State: TX	ZIP: 76476
Delivery Address: 4205 Hill City Hwy		
City: Tolar	State: TX	ZIP: 76476
<b>III. Certification of Truth, Accuracy, and Completeness</b>		
I, <u>C Dan Tarpley</u> , certify that, based on <i>(RO or DAR name printed or typed)</i> information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete.		
Responsible Official Signature: <u></u>		
Date: <u>8-19-15</u>	Title: VP South BU	
Duly Authorized Representative Signature: <u></u>		
Date: <u>8/3/2015</u>	Title: Manager Area Operations	
<b>IV. Removal of Duly Authorized Representative(s)</b>		
The following should be removed as Duly Authorized Representative(s): _____ <i>(RO or DAR name Printed or typed)</i> Effective Date: _____		
Responsible Official Signature: _____		
Date: _____	Title: _____	

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