CEQ Core Data For

If you have questions on how to fill out this form or about our Central Registry, please contact us at 512-239-5175.

Individuals are entitled to request and review their personal information that the agency gathers on its forms

		They ma	y also ha	ave any e	rrors	in their i	nformati	on correcte	d. To re	eview s	uch in	formatio	n, cont	act us	at 512-	239-32	82.
SECT	ΓΙΟΝ	l: Ger	neral	Inforn	nat	ion											
1. Rea	son f	or Subi	nissio	n Exa	mpl	e: new	waste	water pei	mit; IF	IW reg	gistra	ation; c	hange	e in c	ustom	er inf	ormation; etc.
Add n	ew er	ngines												, <u>, ,, ,, ,, ,, , , , , , , , , , , , ,</u>			
2. Atta	chme	ents	Des	scribe	Any	Attach	ment	S: (ex: Titl	e V App	lication	ı, Was	ste Tran	sporte	r App	lication	ı, etc.)	
YE	ES 🔯	X NO															
3. Cus	tome	r Refer	ence N	lumbe	r- <i>if i</i>				4. Re	gulate	ed Er	ntity R	efere	nce	Numb	er- <i>if</i>	issued
CN		6039447	29			(9 d	igits)	1	F	RN							(9 digits)
SECT	ΓΙΟΝ	II: Cu	stom	er Info	orm	nation	1										
5. Cus	tome	r Role	Propo	sed or	Act	tual)	As It F	Relates t	o the l	Reaul	ated	Entity	/ Liste	ed or	n This	Forn	<u></u>
Please	e che	ck <u>one</u>	of the	followi	ina:			Owner		Op	erato	or		Х	Owne	er and	l Operator
		upationa						Volunte	er Clea	anup /	nup Applicant			Other			•
TCEQ	Use	Only						Superfu	und	T	PS	T			Resp	onde	ent
		Custom	er Info	rmatic	n			 									
	New	Custon	ner							Ch	ange	to Cu	stome	er Inf	ormat	ion	
	Cha	nge in R	egulate	ed Enti	ty O	wnersh	ip			No	Cha	nge *					
*if aNo					<u> </u>			to Sect	ion III	- Rea	ulate	ed Enti	itv Inf	orma	ation.		
*If ANo Change@ and Section I is complete, skip to Section III - Regulated Entity Information. 7. Type of Customer: Individual Sole Proprietorship - D.B.A.																	
X		nership				Corpo	oration				Fe	deral (Gover	nmer	nt _f		CEIVE
	State	Gover	nment			Coun	ty Gov	ernment		1	Cit	y Gove	ernme	ent		7-6	UEIVEI
	Othe	r Gover	nment						(Other:	<u> </u>	•					UL 1 0 2013
8. Cus	tome	r Name	(If an	individu	ıal, ı	olease	print la	st name	first)	If r	iew r	name, (enter	previ	ous n		
		ural Re	•													CEN	TCEO ITRAL FILE ROOM
9. Mai	ling A	Address	: [5727 S	outh	Lewis	Avenu	ie, Suite	200								
			- (City							State			ZIP		ZIP +	- 4
			-	Tulsa						OK	(7410	5		
10. Co	untry	Mailin	g Infor	matior	ı <i>if</i> c	outside	USA		11. E	E-Mail	Add	lress <i>i</i>	f app	licab	le		
12. Te	lepho	ne Nur	nber				13. E	Extensio	n or C	ode		14. 1	Fax N	umb	er <i>if a</i>	pplic	able
(918)	392-3	232	_									(918	392	-2862	2		
15. Fe	derai	Tax ID	(9 digits)		16.	. State	Franc	hise Tax	ID Ni	ımber	if app	plicable	•	17. D	UNS		Oer if applicable (9 digits)
35-239	9-161	0															
18. Nu	ımbeı	r of Em	oloyee	s							-		19. lr		ender nd Op		wned d?
0-2			1-100		01-2	50	25	1-500	4	501 an	d hig	her	x '	Yes	j		No
SECT	ΓΙΟΝ	III: Re	egulat	ted E	ntity	y Info	rmati	ion	-								
20. Ge	neral	Regula	ated E	ntity In	forn	nation											
N	lew R	egulate	d Entity			Х	Cha	ange to F	Regula	ted En	tity I	nforma	ation			No C	hange*
		*1	f "No C	hange'	" and	d Section	on I is	complete	. skip	to Sec	tion	IV - Pr	epare	r Info	ormati	on.	

21. Regulated En	tity Name	(If al.	livid	lual, please pr	int last na	ıme fir:	st)					
Willingham Fami	ily Partnersh	ip #1I	-I							-		
22. Street Address												
(No PO Boxes) TX 3	TX 337 (4.4 miles). Turn left and stay left at the "Y". Follow lease road to location										
	City						State	ZIP		ZIP + 4		
23. Mailing Addr	23. Mailing Address Premier Natural Resources II, LLC											
	5727 South Lewis Avenue, Suite 200											
	City						State	ZIP		ZIP + 4		
	Tulsa	l					OK	741	.05			
24. E-Mail Addre	ss:									_		
25. Telephone Nu				f applicable								
(918) 392-3232							(918) 392					
28. Primary SIC	Code	29. Se		ary SIC Code	: 30. Pri			ode	31. S	Secondary NAICS		
(4 digits)		<u> </u>	(4 dig	its)		(5 or 6	digits)		ļ	Code (5 or 6 digits)		
32. What is the Pr				entity? (Plea	se do not	repea	t the SIC	or N	IAIC	S description)		
Compressor Station						_						
	- 37 addre	ss geo	graph	ic location. P	'lease ref	er to tl	ne instruc	tion	s for	applicability.		
33. County			,									
34. Description of	Physical L	<u>ocatio</u>	n	<u>.</u>								
					,							
35. Nearest City					State		Nearest 2	Zip				
Mineral Wells												
36. Latitude (N)					37. Long							
Degrees	Minut	es		Seconds	Degr		Minute	es		Seconds		
32	51		<u> </u>	0213	-98		10			4242		
38. TCEQ Progra			_	-	_							
add to this list as i					_	e mark	"Unknow	'n".	If you	u know a permit of		
registration # for th						Т	here a mar	٠,				
Animal Feedi	ing Operation	<u>n</u>	<u> </u>	Petroleum Stor	rage Tank	<u> </u>	Water Ri	ghts				
	···		 		•.		1					
Title V - Air				Wastewater Pe	<u>rmit</u>	-						
	. 1 7		 	TT (TO) ()		+						
Industrial & I	Hazardous v	<u>Vaste</u>	 	Water Districts	<u>s</u>	-						
<u> </u>			 	vv.*1*,*		1 77	1					
Municipal So	lid Waste		 	Water Utilities	<u> </u>	X	Unknown	1				
<u> </u>			 		/							
New Source	Review - A1	<u>r</u>	┷	Licensing - TY	'PE(s)	<u> </u>						
Section IV: Prepa	rer Inform	ation										
39. Name). Title						
Megan T. Wondaa	.1				Se	enior R	egulatory					
41. Telephone Nu	mber			42. Extensio	n or Cod	e	1		_	f applicable		
(918) 392-3242							(918) 392	2-286	52			
44 F-mail Addres	e mwond	aal@n	remier	naturalresour	es com							

TCEQ-10400 (09/02) Page 2 of 2

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AIRPA/PAØØØØ/ CEQ Core Data Ford

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They may a	so have any	errors in the	ir informa	tion correcte	ed. 10 rev	iew such int	ormation, co	ntact u	s at 512-	239-3282	•
SECTION I: Gene	ral Infor	mation									
1. Reason for Submis	ssion Exa	ample: ne	w waste	ewater pe	rmit; IHV	V registra	tion; chan	ge in	custom	er infor	mation; etc.
Add new engines											
2. Attachments	Describe	Any Atta	chmen	ts: (ex: Titl	le V Appli	cation, Was	te Transpo	rter Ap	plication	1, etc.)	
YES X NO								-			
3. Customer Referen							tity Refe	rence	Numb	er- <i>if is</i> s	
CN 603944729		(9	digits)	<u> </u>	RI	<u> </u>					(9 digits)
SECTION II: Cust	omer Inf	ormatic	n								
5. Customer Role (Pr	oposed o	r Actual)	As It	Relates t	o the R	egulated	Entity Lis	sted c	on This	Form	
Please check one of	the follow	ina:		Owner	T	Operato	or	х	Owne	er and C	perator
Occupational L		mg.		+	er Clear	nup Applic		<u> </u>	Other		porator
TCEQ Use Only				Superfi		PS			1	ondent	
6. General Customer	Information	on						<u> </u>			
New Customer											
Change in Reg	ulated Ent	ity Owner	ship			No Cha	nge *				
*If aNo Change@ and	Section I	is compl	ete, ski	p to Sect	ion III -	Regulate	d Entity I	nforn	nation.	RE	CEIVE
7. Type of Customer: Individual Sole Proprietorship - D.B.A.									II 1 0 2019		
X Partnership		Corporation Federal Government						L I U ZUIS			
State Government County Government City Government CENTRAL FILE I							TRAL FILE ROOM				
Other Governm	ent				0	ther:					
8. Customer Name (/i			e print l	ast name	first)	If new n	ame, ente	er pre	vious n	ame:	
Premier Natural Resou											·
9. Mailing Address:	5727 S	South Lew	is Aven	ue, Suite	200						
								T 3.5	ſ	715 . 4	
	City				State OK			ZIP		ZIP + 4	
40. Oceania Mailina I	Tuisa		UC #		44 5		if	741			
10. Country Mailing I	ntormatio	n if Outsi	ae USA	<u> </u>	11. E-	Wall Add	ress <i>if ap</i>	риса	<i>DIE</i>		
12. Telephone Numb	er		13.	Extensio	n or Co	de	14. Fax	Num	ber <i>if a</i>	pplicat	le
(918) 392-3232							(918) 39	2-286	62		
15. Federal Tax ID (9 d	ligits)	16. Stat	te Franc	chise Tax	ID Nun	nber If app	licable	17.	DUNS		T if applicable ligits)
35-239-1610											
18. Number of Emplo	yees						19.			ntly Ow erated1	
0-20 X 21-1	00 1	01-250	2	51-500	50	1 and hig	her X	Yes	ĺ	N	0
SECTION III: Reg	ulated E	ntity Inf	ormat	tion	<u> </u>					1	
20. General Regulate	d Entity In	ıformatio	n								
New Regulated E	ntity		X Ch	nange to F	Regulate	d Entity Ir	nformation			No Cha	ange*

21. Regulated Ent						ame fir	st) \	·				
Buchanan "B" Un		ual pac	d with	Buchanan A	Unit 1H							
22. Street Address	South	ı on U	S 281f	rom Mineral	Wells for	r 14 m	iles to I-2	20 inte	rsect	ion, go to Stephen		
(No PO Boxes)	Ville	for 12	2.4 mile	es to recessed	l entrance	on rigl	nt, go lef	t for 4	50' to	o location. B unit		
	Is far	thest f	rom en	trance.			State	ZIF	•	ZIP + 4		
23. Mailing Addre	ss Premi	Premier Natural Resources II, LLC										
	5727	South	Lewis	Avenue, Sui	te 200							
	City						State	ZIF) 	ZIP + 4		
	Tulsa						OK	741	105			
24. E-Mail Addres	s:						.,					
25. Telephone Nun	nber		26. Ex	tension or C	ode					f applicable		
(918) 392-3232							(918) 39	92-286	52			
28. Primary SIC C	ode	29. Se		ry SIC Code	30. Pr	•		Code	31. \$	Secondary NAICS		
(4 digits)			(4 digi			(5 or 6	digits)		1	Code (5 or 6 digits)		
22 1177			0.41.1	414 O (D)		4		~	IATO	20.1		
32. What is the Pri				entity? (Plea	ase do no	t repea	it the SI	C or N	AIC	S description)		
Compressor Station				<u> </u>								
	- 37 addres	ss geo	graphi	c location. I	Please ref	er to t	he instru	ection	s for	applicability.		
33. County												
34. Description of	Physical L	ocatio	n									
25 N. 4 C'4					[Q4 . 4 .		ha Y					
35. Nearest City					State		Nearest	t Zip				
Mineral Wells					25. 7	•, 1	<u> </u>					
36. Latitude (N)	14'. 4			7	37. Long		3.61	4		G 1		
Degrees	Minute	?S	2	Seconds	Degr		Mint		Seconds 2707			
32	26	1 001 :	<u> </u>	0170	-98	 	08		1			
38. TCEQ Program												
add to this list as ne					-	e mark	Unkno	wn.	пус	ou know a permit o		
registration # for thi Animal Feedir						-	Water I	Piahta				
Allillai recuii	ig Operatio	11	F	enoieum sio	rage rank	+	Water Rights					
Title V - Air			77	Vastewater Po		<u> </u>						
Title V - All			 '	asiewater 1	511111t				<u>.</u>			
Industrial & H	azardone V	Jacta	V	Vater District								
musina & n	azaiuous v	asic	l V	valei District	3							
Municipal Sol	id Waste			Vater Utilitie:		$\frac{1}{x}$	Unknov	3773				
Iviumerpar Son	iu wasie		<u> v</u>	valer Othities	<u> </u>	<u>^</u>	Ulkilov	V 11				
New Source R	eview Air	<u>,</u>	 	icensing - T	/DE(s)							
New Source K	cvicw - All	<u> </u>	-	icensing - 1	ITE(S)							
Section IV: Prepar	or Inform	atio=										
	er intorm	ation				0 TP:41.						
39. Name					I I	0. Title		, C	nialia	+		
Megan T. Wondaal	u h o u			42 E-4			Regulator					
41. Telephone Nun (918) 392-3242	uder			42. Extension	M OL COO	ie.	(918) 39		_	f applicable		
(918) 392-3242 44. E-mail Address		10-	ramia	noture lessone	000.00		(210) 3	12-200	14			
44. L-muu Auuress	. mwonda	iai@pl	cimen	iatui ail CSOUL	CCS.COIII							

TCEQ-10400 (09/02) Page 2 of 2

CEQ Core Data For ALL PA/PA 0000/PA

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SEC	TION I:	Gene	eral Info	rmaf	tion												
1. Rea	ason for	Subm	ission <i>E</i>	катр	le: new	waste	ewater pe	rmit; IH	N reg	jistratio	ion; c	chan	ge in (custor	ner in	nformation; etc.	
Add r	new engi	ines															
2. Att	achmen	ts	Describe	∌ Any	/ Attach	nmen	ts: (ex: Tit	le V Appl	cation	, Waste	e Trai	nspoi	ter Ap	plicatio	n, etc.	.)	
Y	ES X	NO															
3. Cu	stomer F	Referer	ice Numb	er- <i>if</i>	issued			4. Reg	ulate	d Ent	ity R	Refe	rence	Numl	oer- <i>i1</i>	issued	
CN	603	394472	9		(9 d	ligits)		R	N							(9 digits)	
SEC	TION II	: Cus	tomer In	forn	nation	1											
5. Cu	stomer I	Role <i>(P</i>	roposed (or Ac	tual)	As It	Relates t	to the R	egula	ated E	Entity	y Lis	ted o	n Thi	s For	m	
Pleas	e check	one of	the follow	ving:	,		Owner		Ор	erator	,		Х	Own	er an	and Operator	
	T		Licensee				Volunte	er Clea	nup Applicant					Other		<u> </u>	
TCEG	Use Or					†	Superf		Τ	PST			Respond		ond	ent	
			r Informat	ion			, p							- 355			
New Customer Change to Customer Information																	
	Change	e in Re	gulated En	tity C	wnersh	nip			No Change *								
*If aNo Change@ and Section I is complete, skip to Section III - Regulated Entity Information.																	
7. Type of Customer: Individ										Sole	Pro	priet	orship	- D.B	.A	FOEIVE	
Х	X Partnership Corpo						า			Fede	eral (Gove	ernme	nt	R	ECEIVE	
	State G	Sovernn	nent		Coun	ty Go	vernment			City	Gov	ernn	nent			1111 1 0 2013	
Other Government Other: TCFO 8. Customer Name (If an individual, please print last name first) If new name, enter previous name: CENTRAL FILE ROOM																	
			lf an indivi		please	print l	ast name	first)	If n	ew na	те,	ente	r prev	vious n	ame:	CENTRAL FILE ROOM	
Premi	er Natur	al Reso	urces II, L	LC													
9. Ma	iling Add	dress:	5727	South	1 Lewis	Aven	ue, Suite	200									
			City						Sta			ZIP			ZIP	+ 4	
			Tulsa					,	OK 74105								
10. C	ountry N	lailing	Information	<u>n if </u>	outside	USA		11. E	Mail	Addre	ess <i>i</i>	if ap	plical	ble			
12 Te	elephone	Numb				12	Extensio	n or Co	de		14	Fav	Numi	per if a	nnli	cable	
	392-323		/C1			10.	LXtell910	11 01 00	uc				2-286		ιρριι	cable	
<u> </u>	ederal Ta		digits)	16	. State	Franc	chise Tax	c ID Nur	nber	if appli	•	-			Num	ber if applicable (9 digits)	
35-23	9-1610			<u> </u>													
18. Ni	umber o	f Empl	oyees									19.	•	ende	-	Owned ed?	
	20 X			101-2	50	2	51-500	50)1 and	d highe	er	x	Yes	į		No	
SEC	TION II	l: Reg	ulated E	 Entit	y Info	rmat	ion									·	
<u> 20.</u> G	eneral R	egulate	ed Entity I	nfor	nation												
	lew Reg	ulated (Entity		Х	Ch	ange to F	Regulate	d En	tity Info	orma	ation			No (Change*	
•		*If "	No Chang	e" an	d Section	on I is	complete	e. skip to	Sec	tion IV	/ - Pr	epai	rer Inf	ormati	on.		

21. Regulated Entity	Name (If an	adivid	lual, please pr	int last na	me fir:	st)			
Comanche Peak 7H								_		
22. Street Address										n FM 2.7 miles to
(No PO Boxes)	Peak 1	Road,	left or	nto Peach Roa	d, 2.9 mil	es to l	east entra	ance o	n lef	<u>t</u>
	City					State	ZIP		ZIP + 4	
							<u> </u>			
23. Mailing Address Premier Natural Resources II, LLC										
	5727	South	Lewis	Avenue, Suit				···		
	City						State	ZIF	•	ZIP + 4
	Tulsa						OK	741	.05	
24. E-Mail Address:							_			
25. Telephone Numbe	r		26. E	xtension or C	ode		27. Fax	Num	ber į	if applicable
(918) 392-3232							(918) 39	92-286	52	
28. Primary SIC Code (4 digits)		29. Se	econd (4 di	ary SIC Code	30. Pri	imary (5 or 6		Code	31.	Secondary NAICS Code (5 or 6 digits)
							· · · · · · · · ·		<u> </u>	70 1 1 1 1
32. What is the Prima				entity? (Plea	ase do not	repea	t the SI	C or I	AIC	S description)
Compressor Station for				• 1 4• T	<u> </u>	4 41		4	C	
Questions 33 - 37	addre	ss geo	graph	ic location. I	rlease rete	er to the	ne instru	ction	s tor	applicability.
33. County										
34. Description of Phy	sical L	ocatio	n							
	<u>-</u> -				la		D 7			· · · · · · · · · · · · · · · · · · ·
35. Nearest City					State		Nearest	Zıp		
26 7 11 1 07	-				27 7	•4. 1.	<u> </u>			
36. Latitude (N)	7.5		1	G 1	37. Long		1/2	-4		C
<u>Degrees</u>	Minute	<u> </u>		Seconds	Degra		Minu		 	Seconds 499
32	37	1 (17)		174	-97		80		1	
38. TCEQ Programs I add to this list as need registration # for this en	ed. If y	ou doi	n't kno	ow or are unsi	ure, please					
Animal Feeding C	peratio	n		Petroleum Sto		Water F	Cights			
Title V - Air				Wastewater Po	ermit	<u> </u>		·		
						ļ		_		··-
Industrial & Haza	rdous V	Vaste		Water District	S	<u> </u>				· · · · · · · · · · · · · · · · · · ·
										*-
Municipal Solid V	Vaste			Water Utilities	<u> </u>	X	Unknov	vn		
New Source Revi	ew - Ai	r		Licensing - T	YPE(s)					
Section IV: Preparer	Inform	ation								
39. Name					4(). Title	•			
Megan T. Wondaal					Se	enior F	Regulator	y Spe	cialis	st
41. Telephone Numbe	r			42. Extension	on or Cod	e				if applicable
(918) 392-3242				<u> </u>			(918) 39	92-286	52	
44. E-mail Address: 1	mwonda	aal@p	remie	rnaturalresour	ces.com					

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