

EVERYTHING  
BELOW THIS  
DOCUMENT WAS  
SUBMITTED BY  
THE PROGRAM  
AREA AND SHOULD  
REMAIN AS IS  
WITHIN THE FILE

Bryan W. Shaw, Ph.D., P.E., *Chairman*  
Toby Baker, *Commissioner*  
Zak Covar, *Commissioner*  
Richard A. Hyde, P.E., *Executive Director*



APR/RN 105713119  
Acct# n/a PA 87934  
Ownership Date: 6/10/14

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
*Protecting Texas by Reducing and Preventing Pollution*

June 10, 2014

MR BRAD WALL  
VICE PRESIDENT - HSE REGULATORY  
ENERVEST OPERATING LLC  
1001 FANNIN ST STE 800  
HOUSTON TX 77002-6707

RECEIVED

AUG 13 2014

NEW  
CENTRAL FILE ROOM

Re: Change in Ownership  
Customer Number: CN601217599

Dear Mr. Wall:

Thank you for your request received on June 5, 2014, notifying us of the change in ownership. Your letter states that Enervest Operating, L.L.C. is now the Owner and Operator of the facility or facilities listed in the enclosed document. Our records have been updated to reflect this change.

We understand that there will be no change in the type of pollutants emitted and no increase in the quantity of emissions. As the new permittee/registrant, you have committed to maintain compliance with all air quality regulations and applicable rule requirements of the Texas Commission on Environmental Quality.

Thank you for informing us of this change in ownership. If you have any questions regarding this letter, please feel free to contact Ms. Sandra Young at (512) 239-1326.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnny D. Bowers".

Johnny D. Bowers, Team Leader  
Air Permits Initial Review Team  
Air Permits Division  
Texas Commission on Environmental Quality

JDB/sy

cc: Air Section Manager, Region 4 - Fort Worth  
Mr. Mark Chambers, Emissions Assessment Section (MC-164), Austin  
Mr. Adam Bullock, Emissions Assessment Section (MC-164), Austin  
Ms. Jeanette Emanuel, Emissions Assessment Section (MC-164), Austin  
TCEQ Central Records (MC-198)

Enclosure

Change in Ownership Table

<b>Regulated Entity Number</b>	<b>Account Number</b>	<b>Permit / Registration Number</b>	<b>Permit / Registration Expiration Date</b>	<b>Previous Permittee / Registrant</b>	<b>TCEQ Region</b>	<b>County</b>
RN105713119	NA	87934	NA	Pioneer Natural Resources USA Inc.	4 - Fort Worth	Parker
RN105713184	NA	87940	NA	Pioneer Natural Resources USA Inc.	4 - Fort Worth	Parker
RN105464382	PC-A019-S	84198	NA	Pioneer Natural Resources USA Inc.	4 - Fort Worth	Parker
RN105713176	NA	87938	NA	Pioneer Natural Resources USA Inc.	4 - Fort Worth	Parker
RN105713127	NA	87935	NA	Pioneer Natural Resources USA Inc.	4 - Fort Worth	Parker

**Sandra Young**

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**From:** Sandra Young  
**Sent:** Tuesday, June 10, 2014 2:24 PM  
**To:** BWALL@ENERVEST.NET  
**Cc:** RFCAIR4; Mark Chambers; Adam Bullock; Jeanette Emanuel  
**Subject:** Change in Ownership for Enervest Operating, L.L.C.  
**Attachments:** 212150.Docx

Brad Wall,

This is confirmation that your request for change in ownership received on June 5, 2014 has been completed. Please refer to the attached letter for more details.

Thank you,

Sandra Young Lawless  
The Texas Commission on Environmental Quality  
12100 Park 35 Circle Bldg C, Mail Code 161  
Austin, TX 78753  
Phone: 512-239-1326  
Fax: 512-239-1300 or  
512-239-1400

**06/10/2014 -----NSR IMS - PROJECT RECORD -----**

PROJECT#: 212154

STATUS: PENDING

DISP CODE: \_\_\_\_\_

RECEIVED: 06/05/2014

PROJTYPE:  
OWNCHANGE

ISSUED DT: \_\_\_\_\_

PROJECT ADMIN NAME: CHANGE OF OWNERSHIP

PROJECT TECH NAME: MUIR RANCH COMPRESSOR STATION

STAFF ASSIGNED TO PROJECT:

YOUNG, SANDRA

- REVIEWR1\_2 -

AP INITIAL REVIEW

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**CUSTOMER INFORMATION (OWNER/OPERATOR DATA)**

ISSUED TO: ENERVEST OPERATING, L.L.C.

COMPANY NAME: Enervest Operating, L.L.C.

CUSTOMER REFERENCE NUMBER: CN601217599

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**REGULATED ENTITY/SITE INFORMATION**

REGULATED ENTITY NUMBER: RN105464382

ACCOUNT: PCA019S

REGULATED ENTITY LOCATION: FROM INTERSECTION OF I 20 AND HWY 171 S OF WEATHERFORD GO 3 MI SE  
ON HWY 171 TURN E ON MUIR RD AND GO 4.5 MI TO SITE ON N SIDE OF MUIR RD

REGION 04 - DFW METROPLEX

NEAR CITY: WEATHERFORD

COUNTY: PARKER

---

**CONTACT/PERMIT INFORMATION**

CONTACT NAME: MR BRAD WALL

CONTACT ROLE: RESPONSIBLE OFFICIAL

JOB TITLE: VICE PRESIDENT - HSE REGULATORY

ORGANIZATION: ENERVEST OPERATING LLC

MAILING ADDRESS: 1001 FANNIN ST STE 800, HOUSTON, TX, 77002-6707

PHONE: (713) 659-3500 Ext: 0

EMAIL: BWALL@ENERVEST.NET

PERMIT#: 84198

AUTHTYPE: PBR

RENEWAL:

PERMIT NAME: MUIR RANCH COMPRESSOR STATION

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**PROJECT NOTES:**

06/10/2014 CHANGE OF OWNERSHIP EFFECTIVE 03/28/2013

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**TRACKING ELEMENTS:**

TE Name

Start Date

Complete Date

APIRT RECEIVED PROJECT (DATE)

06/05/2014

CENTRAL REGISTRY UPDATED

06/10/2014

06/10/2014

APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)

ENHANCED ADMINISTRATIVE OR APPLICATIONS REVIEW (EAR)

**06/10/2014 -----NSR IMS - PROJECT RECORD -----**

PROJECT#: 212150

STATUS: PENDING

DISP CODE: \_\_\_\_\_

RECEIVED: 06/05/2014

PROJTYPE:  
OWNCHANGE

ISSUED DT: \_\_\_\_\_

PROJECT ADMIN NAME: CHANGE OF OWNERSHIP

PROJECT TECH NAME: MUIR M 3 4 5 PAD COMPRESSOR STATION

STAFF ASSIGNED TO PROJECT:

YOUNG, SANDRA

- REVIEWR1\_2 -

AP INITIAL REVIEW

**CUSTOMER INFORMATION (OWNER/OPERATOR DATA)**

ISSUED TO: ENERVEST OPERATING, L.L.C.

COMPANY NAME: Enervest Operating, L.L.C.

CUSTOMER REFERENCE NUMBER: CN601217599

**REGULATED ENTITY/SITE INFORMATION**

REGULATED ENTITY NUMBER: RN105713119

ACCOUNT:

REGULATED ENTITY LOCATION: FROM INTX FM RD 5 & I 20 IN WEATHERFORD GO ~4.3 MI S ON FM RD 5 PAST  
TOWN OF ANNETTA TO MUIR RANCH RD GO 1.8 MI W THEN S THEN W THEN N ON MUIR RANCH RD TO SITE  
REGION 04 - DFW METROPLEX      NEAR CITY: WEATHERFORD      COUNTY: PARKER

**CONTACT/PERMIT INFORMATION**

CONTACT NAME: MR BRAD WALL

CONTACT ROLE: RESPONSIBLE OFFICIAL

JOB TITLE: VICE PRESIDENT - HSE REGULATORY

ORGANIZATION: ENERVEST OPERATING LLC

MAILING ADDRESS: 1001 FANNIN ST STE 800, HOUSTON, TX, 77002-6707

PHONE: (713) 659-3500 Ext: 0

EMAIL: BWALL@ENERVEST.NET

PERMIT#: 87934

AUTHTYPE: PBR

RENEWAL:

PERMIT NAME: MUIR M 3 4 5 PAD COMPRESSOR STATION

**PROJECT NOTES:**

06/10/2014      CHANGE OF OWNERSHIP EFFECTIVE 12/19/2013

**TRACKING ELEMENTS:**

TE Name

Start Date

Complete Date

APIRT RECEIVED PROJECT (DATE)

06/05/2014

CENTRAL REGISTRY UPDATED

06/10/2014

06/10/2014

APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)

ENHANCED ADMINISTRATIVE OR APPLICATIONS REVIEW (EAR)

**06/10/2014 -----NSR IMS - PROJECT RECORD -----**

PROJECT#: 212152

STATUS: PENDING

DISP CODE: \_\_\_\_\_

RECEIVED: 06/05/2014

PROJTYPE:  
OWNCHANGE

ISSUED DT: \_\_\_\_\_

PROJECT ADMIN NAME: CHANGE OF OWNERSHIP

PROJECT TECH NAME: RIVER BLUFF RANCH C PAD COMPRESSOR STATION

STAFF ASSIGNED TO PROJECT:

YOUNG , SANDRA

- REVIEWR1\_2 -

AP INITIAL REVIEW

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**CUSTOMER INFORMATION (OWNER/OPERATOR DATA)**

ISSUED TO: ENERVEST OPERATING, L.L.C.

COMPANY NAME: Enervest Operating, L.L.C.

CUSTOMER REFERENCE NUMBER: CN601217599

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**REGULATED ENTITY/SITE INFORMATION**

REGULATED ENTITY NUMBER: RN105713184

ACCOUNT:

REGULATED ENTITY LOCATION: FROM THE INTERSECTION OF BETHEL AND SOUTH MAIN STREETS IN WEATHERFORD GO APPROX 3.4 MI SW ON BETHEL ST, 1.6 MI W ON LUTION DR, 2.9 MI SW ON OLD DENNIS RD AND 0.9 MI S ON A LEASE RD TO NEAR THE SITE

REGION 04 - DFW METROPLEX

NEAR CITY: WEATHERFORD

COUNTY: PARKER

---

**CONTACT/PERMIT INFORMATION**

CONTACT NAME: MR BRAD WALL

CONTACT ROLE: RESPONSIBLE OFFICIAL

JOB TITLE: VICE PRESIDENT - HSE REGULATORY

ORGANIZATION: ENERVEST OPERATING LLC

MAILING ADDRESS: 1001 FANNIN ST STE 800, HOUSTON, TX, 77002-6707

PHONE: (713) 659-3500 Ext: 0

EMAIL: BWALL@ENERVEST.NET

PERMIT#: 87940

AUTHTYPE: PBR

RENEWAL:

PERMIT NAME: RIVER BLUFF RANCH C PAD COMPRESSOR STATION

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**PROJECT NOTES:**

06/10/2014 CHANGE OF OWNERSHIP EFFECTIVE 03/28/2013

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**TRACKING ELEMENTS:**

TE Name

Start Date

Complete Date

APIRT RECEIVED PROJECT (DATE)

06/05/2014

CENTRAL REGISTRY UPDATED

06/10/2014

06/10/2014

APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)

ENHANCED ADMINISTRATIVE OR APPLICATIONS REVIEW (EAR)

**06/10/2014 -----NSR IMS - PROJECT RECORD -----**

PROJECT#: 212156

STATUS: PENDING

DISP CODE: \_\_\_\_\_

RECEIVED: 06/05/2014

PROJTYPE:  
OWNCHANGE

ISSUED DT: \_\_\_\_\_

PROJECT ADMIN NAME: CHANGE OF OWNERSHIP

PROJECT TECH NAME: RIVER BLUFF RANCH DEFI COMPRESSOR STATION

STAFF ASSIGNED TO PROJECT:

YOUNG , SANDRA

- REVIEWR1\_2 -

AP INITIAL REVIEW

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**CUSTOMER INFORMATION (OWNER/OPERATOR DATA)**

ISSUED TO: ENERVEST OPERATING, L.L.C.

COMPANY NAME: Enervest Operating, L.L.C.

CUSTOMER REFERENCE NUMBER: CN601217599

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**REGULATED ENTITY/SITE INFORMATION**

REGULATED ENTITY NUMBER: RN105713176

ACCOUNT:

REGULATED ENTITY LOCATION: FROM THE INTX OF BETHEL AND SOUTH MAIN ST IN WEATHERFORD GO APPROX 3.4 MI SW ON BETHEL ST 1.6 MI W ON LUTION DR 2.9 MI SW ON OLD DENNIS RD AND 1.3 MI S ON A LEASE RD TO NEAR THE SITE

REGION 04 - DFW METROPLEX

NEAR CITY: WEATHERFORD

COUNTY: PARKER

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**CONTACT/PERMIT INFORMATION**

CONTACT NAME: MR BRAD WALL

CONTACT ROLE: RESPONSIBLE OFFICIAL

JOB TITLE: VICE PRESIDENT - HSE REGULATORY

ORGANIZATION: ENERVEST OPERATING LLC

MAILING ADDRESS: 1001 FANNIN ST STE 800, HOUSTON, TX, 77002-6707

PHONE: (713) 659-3500 Ext: 0

EMAIL: BWALL@ENERVEST.NET

PERMIT#: 87938

AUTHTYPE: PBR

RENEWAL:

PERMIT NAME: RIVER BLUFF RANCH DEFI COMPRESSOR STATION

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**PROJECT NOTES:**

06/10/2014 CHANGE OF OWNRESHIP EFFECTIVE 12/19/2013

---

**TRACKING ELEMENTS:**

TE Name

Start Date

Complete Date

APIRT RECEIVED PROJECT (DATE)

06/05/2014

CENTRAL REGISTRY UPDATED

06/10/2014

06/10/2014

APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)

ENHANCED ADMINISTRATIVE OR APPLICATIONS REVIEW (EAR)



**06/10/2014 -----NSR IMS - PROJECT RECORD -----**

PROJECT#: 212160

STATUS: PENDING

DISP CODE: \_\_\_\_\_

RECEIVED: 06/05/2014

PROJTYPE:  
OWNCHANGE

ISSUED DT: \_\_\_\_\_

PROJECT ADMIN NAME: CHANGE OF OWNERSHIP

PROJECT TECH NAME: RIVER BLUFF A B SALES COMPRESSOR STATION

STAFF ASSIGNED TO PROJECT:

YOUNG , SANDRA

- REVIEWR1\_2 -

AP INITIAL REVIEW

**CUSTOMER INFORMATION (OWNER/OPERATOR DATA)**

ISSUED TO: ENERVEST OPERATING, L.L.C.

COMPANY NAME: Enervest Operating, L.L.C.

CUSTOMER REFERENCE NUMBER: CN601217599

**REGULATED ENTITY/SITE INFORMATION**

REGULATED ENTITY NUMBER: RN105713127

ACCOUNT:

REGULATED ENTITY LOCATION: FROM THE INTX OF BETHEL &amp; S MAIN STREETS IN WEATHERFORD GO ~3.4 MI SW ON BETHEL ST 1.6 MI W ON LUTION DR 2.9 MI SW ON OLD DENNIS RD GO 0.6 MI ESE ON A LEASE RD TO SITE

REGION 04 - DFW METROPLEX

NEAR CITY: WEATHERFORD

COUNTY: PARKER

**CONTACT/PERMIT INFORMATION**

CONTACT NAME: MR BRAD WALL

CONTACT ROLE: RESPONSIBLE OFFICIAL

JOB TITLE: VICE PRESIDENT - HSE REGULATORY

ORGANIZATION: ENERVEST OPERATING LLC

MAILING ADDRESS: 1001 FANNIN ST STE 800, HOUSTON, TX, 77002-6707

PHONE: (713) 659-3500 Ext: 0

EMAIL: BWALL@ENERVEST.NET

PERMIT#: 87935

AUTHTYPE: PBR

RENEWAL:

PERMIT NAME: RIVER BLUFF A B SALES COMPRESSOR STATION

**PROJECT NOTES:**

06/10/2014 CHANGE OF OWNERSHIP EFFECTIVE 12/19/2013

**TRACKING ELEMENTS:**

TE Name

Start Date

Complete Date

APIRT RECEIVED PROJECT (DATE)

06/05/2014

CENTRAL REGISTRY UPDATED

06/10/2014

06/10/2014

APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)

ENHANCED ADMINISTRATIVE OR APPLICATIONS REVIEW (EAR)

Rec 6/5

12/19/13

0/0

Facilities Transferred from Pioneer Natural Resources USA, Inc. (CN600130447) to EnerVest Operating, LLC (CN601217599)

RN	Permit Number	Permit Type	Notes	Site Name
105713119	CR 87934	212150 PBR	106.352, 106.512	Muir M 3 4 5 Pad Compressor Station
105713184	CR 87938	212152 PBR	106.352, 106.512	River Bluff Ranch C Pad Compressor Station
105464382	CR 84198	212154 PBR	106.352, 106.512	Muir Ranch Compressor Station
105713176	CR 87938	212156 PBR	106.352, 106.512	River Bluff Ranch DEFI Compressor Station
105713127	87935	212160 PBR	106.352, 106.512	River Bluff A B Sales Compressor Station



TCEQ Use Only

# TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)	
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)	
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other Transfer of ownership
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Air Permits Change of Name/Ownership Form and Facility List
3. Customer Reference Number (if issued)	4. Regulated Entity Reference Number (if issued)
CN 601217599	RN See attached list

## SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)	12/19/2013
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following	
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other: _____	
7. General Customer Information	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input checked="" type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State) <input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.	
8. Type of Customer:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship- D.B.A
<input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government	
<input type="checkbox"/> Other Government <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other: _____	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) <i>If new Customer, enter previous Customer below</i> <i>End Date:</i>	
EnerVest Operating, LLC	Pioneer Natural Resources USA Inc 12/19/2013
10. Mailing Address:	
1001 Fannin St, Ste 800	
City	Houston
State	TX
ZIP	77002
ZIP + 4	
11. Country Mailing Information (if outside USA)	12. E-Mail Address (if applicable)
	bwall@EnerVest.net
13. Telephone Number	14. Extension or Code
( 713 ) 659-3500	
15. Fax Number (if applicable)	
16. Federal Tax ID (9 digits)	17. TX State Franchise Tax ID (11 digits)
760460809	17604608095
18. DUNS Number (if applicable)	19. TX SOS Filing Number (if applicable)
	701614023
20. Number of Employees	21. Independently Owned and Operated?
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below)	
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.	
23. Regulated Entity Name (name of the site where the regulated action is taking place)	
See attached list for entities being transferred	

24. Street Address of the Regulated Entity: (No P.O. Boxes)						
	City		State		ZIP	ZIP + 4
25. Mailing Address:						
	City		State		ZIP	ZIP + 4
26. E-Mail Address:						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)			
( ) -			( ) -			
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)	33. Secondary NAICS Code (5 or 6 digits)			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)						

Questions 34 - 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:					
36. Nearest City	County	State	Nearest ZIP Code		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input checked="" type="checkbox"/> New Source Review - Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
106,352,106,512				
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V - Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

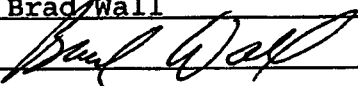
#### SECTION IV: Preparer Information

40. Name:	Chris Breitling	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(817) 447 0098		( ) -	chris@breitlingconsulting.com

#### SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form Instructions for more information on who should sign this form.)

Company:	EnerVest Operating, LLC	Job Title:	Vice President - HSE / Regulatory
Name (In Print):	Brad Wall	Phone:	(713) 659-3500
Signature:		Date:	5/30/14

**BREITLING**  
**CONSULTING, LLC**  
Environmental Management & Compliance

Office: 240 E. Renfro St., Suite 101 | Burleson, Texas 76028

Mail: P.O. Box 969 | Burleson, Texas 76097

o: 817-447-0098 | f: 817-447-0099

breitlingconsulting.com

June 2, 2014

Air Permits Initial Review Team (APIRT)  
Texas Commission on Environmental Quality  
MC 161  
P.O. Box 13087  
Austin, Texas 78711-3087

RE: Change of Ownership  
Oil & Gas Facilities (See Attached List)

AIR PERMITS DIVISION  
JUN 05 2014  
RECEIVED

JUN 05 2014  
APIRT

Dear Madam or Sir:

On behalf of EnerVest Operating, LLC, Breitling Consulting, LLC respectfully submits the following attached Change of Ownership Form and Core Data Form for the facilities identified on the attached list. Ownership of the facilities was transferred to EnerVest Operating, LLC on December 19, 2013.

If you have any questions regarding this submittal, please contact Mr. Chris Breitling with Breitling Consulting, LLC at 817-447-0098 or [chris@breitlingconsulting.com](mailto:chris@breitlingconsulting.com) or Mr. Chuck Johnston with EnerVest Operating, LLC at 817-441-5844 or [cjohnston@EnerVest.net](mailto:cjohnston@EnerVest.net).

Respectfully,



Chris Breitling

Enclosures

CC: TCEQ, Central Registry



Texas Commission on Environmental Quality  
Air Permits Division  
Change of Name/Ownership Form

JUN 05 2014  
APIRT

<b>I. Application Type</b>		
<input checked="" type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> Change in Company Name		
<b>II. Name of the New Owner or Operator of the Facilities or Equipment (Legal Entity Name of the new permittee)</b>		
A. Customer Name: EnerVest Operating, LLC		
B. Customer Reference Number (CN) (if issued): 601217599		
C. Submittal Date: 06/02/2014		
D. Effective Date of Change: 12/19/2013		
E. Is the new owner an affiliate of the previous owner?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>III. Responsible Official (RO) Contact Information</b>		
Name ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Brad Wall		
Title: Vice President - HSE / Regulatory		
Company Name: EnerVest Operating, LLC		
Mailing Address: 1001 Fannin Street, STE 800		
City: Houston	State: TX	Zip Code: 77002
Territory:		Country:
Foreign Postal Code:		Internal Mail Code:
Telephone No.: 713 - 659-3500		Fax No.:
E-mail Address: bwall@enervest.net		
<b>IV. Technical Contact Information</b>		
Name ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Chuck Johnston		
Title: Manage HSE/DOT		
Company Name: EnerVest Operating, LLC		
Mailing Address: 1439 Farmer Road		
City: Weatherford	State: TX	Zip Code: 76087
Territory:		Country:
Foreign Postal Code:		Internal Mail Code:
Telephone No.: (817) 441-5844		Fax No.: (817) 441-5843
E-mail Address: cjohnston@enervest.net		
<b>V. Site Information</b>		
A. Site Name: Please see attached spreadsheet.		
B. Regulated Entity Number (RN) (if issued): Please see attached spreadsheet.		
C. Account Number (if issued):		



Texas Commission on Environmental Quality  
Air Permits Division  
Change of Name/Ownership Form

JUN 05 2014  
APIRT

<b>V. Site Information (continued)</b>								
<b>D.</b> If action is transfer of ownership, is the change for the entire site?								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>E.</b> If action is transfer of ownership for a portion of the existing site, will the new site be a major source?								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<b>F.</b> Indicate all pollutants for which the site is a major source based on the site's potential to emit.								
Pollutant:	VOC	NO <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	CO	PB	HAPs	Other
Major at the Site (YES/NO):								
<b>VI. Air Authorizations That Are Affected By This Action</b>								
<b>A.</b> List all NSR authorizations (including PBR, SE, and standard permit registrations, and NSR permits), as applicable: PBR 106.352, 106.512								
<b>B.</b> List all FOPs (including SOPs and ATOs under GOPs), as applicable:								
<b>VII. NSR Conditions for Change of Ownership under 30 TAC § 116.110(e)</b>								
<ul style="list-style-type: none"><li>The new owner agrees to be bound by all the permit conditions and all representations made in the permit and any amendments and alterations.</li><li>The new owner asserts there will be no change in the type of pollutants emitted.</li><li>The new owner asserts there will be no increase in the quantity emitted.</li></ul>								
<b>VIII. FOP Conditions for Change of Ownership</b>								
<ul style="list-style-type: none"><li>For SOP holders: Pursuant to 30 TAC § 122.210 and § 122.211, the permit holder (new owner) is required to submit a permit revision application for a change to the permit identification of ownership or operational control of a site. The change must be facilitated by a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the old and new permit holder. This written agreement is maintained with the permit.</li><li>For GOP holders: Pursuant to 30 TAC § 122.503, the permit holder (new owner) is required to submit (before the change is operated) an application for a new authorization to operate for a change to the permit identification of ownership or operational control of a site. The change must be facilitated by a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the old and new permit holder. This written agreement is maintained with the permit.</li></ul>								
<b>A.</b> Are any other changes needed for the FOP? (If YES, submit the information as explained in the instructions.)								<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>B.</b> Is there an Acid Rain permit or Clean Air Interstate Rule (CAIR) permit included in the SOP? (If YES, submit the information as explained in the instructions.)								<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IX. Authorization</b>								
I, <u>Brad Wall</u> , certify that I am the responsible official for this application and that, based on information and belief formed after reasonable inquiry, the statements and information on this form are true, accurate, and complete.								
Signature: <u>[Signature]</u> Signature Date: <u>5/30/14</u>								
Title: <u>Vice President - HSE / Regulatory</u>								