Bryan W. Shaw, Ph.D., Chairman Toby Baker, Commissioner Zak Covar, Executive Director



#### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

October 18, 2013

MR STEPHEN ONEIL MCNAIR MIDSTREAM MANAGER EFS MIDSTREAM LLC 5205 N O CONNOR BLVD STE 200 IRVING TX 75039-3712

Re: Transfer of Ownership

Customer Number: CN603713231

Regulated Entity Number: RN100226505

County: Bee

Dear Mr. McNair:

Thank you for the letter dated October 3, 2013, notifying us of the ownership change. Your letter states that EFS Midstream LLC is now the Operator of the facility listed above. The following air authorizations have been updated to reflect the transfers.

Permit / Reg. Number	Permit / Reg. Expiration Date	Previous Permitee / Registrant
5144A	April 5, 2014	Pioneer Natural Resources USA, Inc.
53475	NA	Pioneer Natural Resources USA Inc.

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 of the facility, you have committed to maintain compliance with all air quality regulations of the Texas Commission on Environmental Quality and the requirements of this permit at all times.

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

Sincerely,

Sandra Young

Air Permits Initial Review Team (MC-161)

Dandra Gerny

Air Permits Division

cc: Air Section Manager, Region 14 - Corpus Christi

Mr. Mark Chambers, Emissions Assessment Section (MC-164), Austin Mr. Adam Bullock, Emissions Assessment Section (MC-164), Austin Mr. Jeanette Emanuel, Emissions Assessment Section (MC-164), Austin

TCEQ Central Records (MC-198)

10/18/2013NSR IMS - PROJECT RECORD		. W W W W W W W W
PROJECT#: 200288 STATUS: PENDI	NG DISP CODE:	
RECEIVED: 10/03/2013 PROJTYPE: OWNCHANGE	ISSUED DT:	<del></del>
PROJECT ADMIN NAME: CHANGE OF OWNERSHIP PROJECT TECH NAME: PAWNEE TREATING PLANT STAFF ASSIGNED TO PROJECT: YOUNG , SANDRA - REVIEWR1_2 - AP	INITIAL REVIEW	
CUSTOMER INFORMATION (OWNER/OPERATOR DATA) ISSUED TO: EFS MIDSTREAM LLC COMPANY NAME: EFS Midstream LLC CUSTOMER REFERENCE NUMBER: CN603713231		
REGULATED ENTITY/SITE INFORMATION REGULATED ENTITY NUMBER: RN100226505 ACCOUNT	NT:	
REGULATED ENTITY LOCATION: INTXN HWY 72 & FM 673 IN PAW TURN E ON LEASE RD & GO APPROX 0.5 MI TO PLANT ON S SIDE REGION 14 - CORPUS CHRISTI NEAR CITY: PAWNEE		3 THEN
CONTACT/PERMIT INFORMATION  CONTACT NAME: MR STEPHEN ONEIL MCNAIR CONTACT RO  JOB TITLE: MIDSTREAM MANAGER ORGANIZATION  MAILING ADDRESS: 5205 N O CONNOR BLVD, STE 200, IRVING,  PHONE: (972) 969-4001 Ext: 0  FAX: (972) 969-3588 Ext: 0  EMAIL:STEPHEN.MCNAIR@PXD.COM	ON: EFS MIDSTREAM LLC	
PERMIT NAME: PAWNEE TREATING PLANT	:NEWAL: 04/05/2014 :NEWAL:	
PROJECT NOTES: 10/18/2013 CHANGE OF OWNERSHIP EFFECTIVE 10/03/2013	en e	
TRACKING ELEMENTS:  TE Name  APIRT RECEIVED PROJECT (DATE)  CENTRAL REGISTRY UPDATED  APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)	Start Date Complete Date 10/03/2013 10/18/2013	- Carl Land Mark Life Hall States over



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** 

SECTIOI.	I: Gen	erai information							
1		on (If other is checked please d			,				
☐ New Per	mit, Registr	ation or Authorization (Core Data	Form sho	ould be su	ıbmitted w	th the p	rogram applicati	on)	
		a Form should be submitted with						Operator	Notification
2. Attachmei	r	Describe Any Attachments: (ex		plication,	Waste Tran	sporter A	pplication, etc.)		
⊠Yes	;	Change of Operator Notif						····	
3. Customer	Reference		Follow this or CN or R		rch 4.17	Regulate	ed Entity Refere	ence Numbe	r (if issued)
CN 6037	13231			Registry**	R	N 100	226505		
<b>SECTION</b>	II: Cu	stomer Information							
5. Effective [	Date for Cus	stomer Information Updates (m	m/dd/yyy	y) 10	/3/2013				
6. Customer	Role (Propo	sed or Actual) – as it relates to the $\underline{R}$	egulated E	n <u>tity</u> listed	on this forn	ı. Please	check only <u>one</u> o	f the following:	
Owner		Operator		wner & Op					
Occupatio	nal License	e Responsible Party	□ Vo	oluntary C	leanup Ap	plicant	☐Other:		
7. General C	ustomer Inf	formation							
New Cust		<del></del>	ate to Cus		ormation			•	Entity Ownership
_	_	e (Verifiable with the Texas Secre	-	•			No Chang	<u>je**</u>	
**If "No Cha	nge" and S	ection I is complete, skip to Sec	ction III –	Regulate	a Entity I	ntormat	ion.		
8. Type of C	ustomer:	☐ Corporation	☐ Ir	dividual			Sole Proprietors	hip- D.B.A	
☐ City Gove	ernment	County Government	F	ederal Go	vernment		State Governme	ent	
Other Go	vernment	General Partnership		mited Pa	rtnership		Other:		
9. Customer	Legal Nam	e. (If an individual, print last name firs	t: ex: Doe,	John)	<u>if new C</u> <u>below</u>	ustomer,	enter previous C	<u>Customer</u>	End Date:
EFS Mids	tream LI	LC .							
	5205 N	orth O'Connor Blvd., Sui	te 200	•					
10. Mailing									
Address:	City	Irving	State	TX	ZIP	7503	9	ZIP+4	3746
11. Country	· · · · · · · · · · · · · · · · · · ·	ormation (If outside USA)			<b>i</b>		(if applicable)	.1	
11, Ocultury	maning in	Timation (il daiside dony	3 !				pxd.com		
13. Telephoi	ne Number	14	. Extension				15. Fax Numb	er (if applica	ble)
( 972 ) 96	59-5922						(972)969	9-3588	
16. Federal	Γax ID (9 digit	· 1	ID (11 digi	(s) 18	. DUNS N	ımber#			g Number (if applicable)
27222171	8	32041922397					080	1273183	
20. Number	of Employe	es					21. Indepen	idently Own	ed and Operated?
<u> </u>	21-100	☐ 101-250 ☐ 251-500	⊠ 501 aı	nd higher				Yes	⊠ No
SECTION	N III: R	egulated Entity Inform	nation						
22. General	Regulated I	Entity Information (If 'New Regu	lated Enti	ty" is sele	cted below	this for	m should be acc	companied by	/ a permit application)
☐ New Reg	ulated Entity	Update to Regulated Ent	ity Name	⊠ Up	date to Re	gulated	Entity Information	on 🔲 N	o Change** (See below)
		**If "NO CHANGE" is checked a	and Section	l is comple	ete, skip to S	ection IV	, Preparer Informat	ion.	
23. Regulate	ed Entity Na	i <b>me</b> (name of the site where the regu	llated actio	n is taking	place)				
Pawnee T	reating P	lant						つ./	20288

TCEQ-10400 (09/07) Page 1 of 2

24. Street Addrest of the Regulated	s						
Entity: <u>(No <i>P.O. Box</i>es)</u>	City	,	State		ZIP		ZIP + 4
		36 US Highway	183 North	1			
25. Mailing	-	20 00 111911107	700 7101411				<del></del>
Address:	011			TITES Y	7.5	77054	
	City	·	State	TX	ZIP	77954	ZIP + 4
26. E-Mail Addres		\aron.Alvarez@	pxd.com  28. Extension	n au Cada	20. 5	Torre Marine In our ere	- Lf. L
27. Telephone Nu			28. Extension	n or Code	T	ax Number (if application 1. V 500 4002	able)
(361) 580-47				32. Primary N		51 ) 580-4803	condary NAICS Code
30. Primary SIC C	ode (4 digit	is) 31. Secondary	y SIC Code (4 digits)	(5 or 6 digits)		(5 or 6 di	
1311				211111	100 /		
······································		siness of this entity	• • • • • • • • • • • • • • • • • • • •	eat the SIC or NA	ICS desc	pription.)	
Natural Gas 1	-	and Production					
			geographic locatio				plicability. vel approximately 2.4
35. Description to	mil						the plant is off the south
Physical Location	1: 1	e of the road.	o, b alla dioli o.	.b imit dust	011 1 11.	13000 ((100	are plant is off the south
36. Nearest City			County		S	tate	Nearest ZIP Code
Pawnee			Bee		Т	X	78145
37. Latitude (N)	In Decima	al:		38. Longitu	ıde (W)	In Decimal:	
Degrees	Minute	38	Seconds	Degrees		Minutes	Seconds
28	37		20	97	ı	59	34
							dates submitted on this form or the
Dam Safety	e. If your Pro	ogram is not listed, check	other and write it in. See t			is for additional guicance dustrial Hazardous Wa	<del></del>
built builty		ELI DIOTIOTO	Lichardo	7 (quilo)		addition indead and a second	Numeripal Colla Vicate
New Source Rev     New	riew – Air	OSSF	☐ Petroleur	n Storage Tank	PV	VS	Sludge
Per 5144A, PBR	53475						
Stormwater	33175	☑ Title V – Air	☐ Tires		U	sed Oil	☐ Utilities
		SOP O-03136					
☐ Voluntary Clea	inup	☐ Waste Water	☐ Wastev	vater Agriculture	□ W	later Rights	Other:
			ļ.				l e
				· · · · · · · · · · · · · · · · · · ·	1		
ECTION IV	/: Prep	arer Informa	tion				
		parer Informa	tion	41	Title	Consultant	
10. Name: Da	vid Cro	wther			Title:	Consultant	
10. Name: Da 12. Telephone Nu	wid Cro mber		44. Fax Number	er 4	5. E-Mai	l Address	
10. Name: Da 12. Telephone Nu 512 ) 288-456	wid Cro mber 57	43. Ext./Code	44. Fax Numbe	er 4	5. E-Mai		om
40. Name: Da 42. Telephone Num (512) 288-456 ECTION V 6. By my signation that I have signed that I have sign	wid Cro mber  67  : Auth ure below mature au mumbers	43. Ext./Code  43. Ext./Code  corized Signat  v, I certify, to the beathority to submit the desired sidentified in field 3	44. Fax Number ( ) - ure est of my knowledge his form on behalf of the second control of	ge, that the info	5. E-Mai Crowth Drmation	ner@austin.rr.co	form is true and complete,
40. Name: Da 42. Telephone Num (512) 288-456 SECTION V 6. By my signate and that I have sign pdates to the ID of See the Core Date	wid Cro mber  77  : Auth ure below mature au numbers ta Form i	43. Ext./Code  43. Ext./Code  corized Signat  v, I certify, to the beathority to submit the submit of the submit o	44. Fax Number ( ) - ure est of my knowledghis form on behalf of	ge, that the info	5. E-Mai Crowth ormatio pecified ign this	I Address  ner@austin.rr.co  n provided in this in Section II, Field  form.)	form is true and complete, d 9 and/or as required for the
40. Name: Da 42. Telephone Num (512) 288-456 SECTION V 6. By my signate 1 have signed that I have signed that I have signed the to the ID of the I	wid Cro mber  67  : Auth ure below mature au numbers ta Form i  EFS M	43. Ext./Code  43. Ext./Code  norized Signat  y, I certify, to the beathority to submit the didentified in field 3 instructions for modifications and LLC	44. Fax Number ( ) - ure est of my knowledge his form on behalf of the second control of	ge, that the info	5. E-Mai Crowth ormatio pecified ign this	n provided in this in Section II, Field form.)	form is true and complete, d 9 and/or as required for the
40. Name: Da 42. Telephone Num ( 512 ) 288-456 SECTION V 6. By my signate that I have sign phates to the ID in the sign phates the sign phates to the ID in the sign phates t	wid Cro mber  67  : Auth ure below mature au numbers ta Form i  EFS M	43. Ext./Code  43. Ext./Code  corized Signat  v, I certify, to the beathority to submit the submit of the submit o	44. Fax Number ( ) - ure est of my knowledge his form on behalf of the second control of	ge, that the info	5. E-Mai Crowth ormatio pecified ign this	I Address  ner@austin.rr.co  n provided in this in Section II, Field  form.)	form is true and complete, d 9 and/or as required for the



I. Application Type			· · · · · · · · · · · · · · · · · · ·					
X Change in Ownership (actually jus	t a change in Operato	r) 🗌 Change in Comp	pany Name					
II. Name of the New Owner or Opera	Name of the New Owner or Operator of the Facilities or Equipment (Legal Entity Name of the new permittee)							
A. Customer Name: EFS Midstream L	LC							
B. Customer Reference Number (CN) (if	issued): CN6037132	31						
C. Submittal Date: 10/03/2013			- A Section 1					
Effective Date of Change: 10/01/2013								
E. Is the new owner an affiliate of the pr	Is the new owner an affiliate of the previous owner? X YES \( \subseteq NO							
III. Responsible Official (RO) Contac	t Information	,	The state of the s					
Name (X Mr. Mrs. Ms. Dr.): Stepl	hen O'Neil McNair							
Title: Vice President, Midstream & Midc	continent Operations							
Company Name: EFS Midstream LLC								
Mailing Address: 5205 North O'Connor I	Blvd., Suite 200							
City: Irving	State: Texas	Z	ip Code: 75039					
Territory:		Country:						
Foreign Postal Code:		Internal Mail Code:						
Telephone No.: (972) 969-4001		Fax No.: (972) 969-35	88					
E-mail Address: <u>Stephen.McNair@pxd.co</u>	<u>om</u>							
IV. Technical Contact Information								
Name (X Mr. 🗌 Mrs. 🗍 Ms. 🔲 Dr.): 🛮 🗛	ron Alvarez	11000	t-van-					
Title: Environmental Specialist II								
Company Name: EFS Midstream LLC								
Mailing Address: 2336 US Highway 183	North	·	****					
City: Cuero	State: Texas		Lip Code: 77954					
Territory:	· · · · · · · · · · · · · · · · · · ·	Country:						
Foreign Postal Code:		Internal Mail Code:						
Telephone No.: (361) 580-4744		Fax No.: (361) 580-48	803					
E-mail Address: Aaron.Alvarez@pxd.com	m	p, Asteriyere	No. of the last of					
V. Site Information		, and the say, , ,	The state of the s					
A. Site Name: NE Word Amine Plant	t	15 24 24.0						
B. Regulated Entity Number (RN) (if isa	sued): RN105175467							
C. Account Number (if issued): LEA0	02B	- Caracter - Wilder						



	·									
v.	Site Information (c	ontinued	)							
D.	If action is transfer of ownership (change of operator), is the change for the entire site?  X YES  NO  N/A									
E.	If action is transfer of major source?	ownershi	o for a po	rtion of t	he existin	g site, w	ill the ne	w site be a	ı [	YES NO X N/A
F.	Indicate all pollutants	for which	the site i	s a major	source b	ased on t	he site's	potential t	to emit.	
Pollu	ant:	VOC	NO <sub>X</sub>	$SO_2$	PM <sub>to</sub>	CO	PB	HAPs		Other
Majo	at the Site (YES/NO):	NO	NO	YES	NO	NO	NO	NO		NO
VI.	Air Authorizations	That Ar	e Affecte	d By Th	is Action					
A.	List all NSR authoriza Standard Permit Reg						t registra	tions, and	NSR per	mits), as applicable:
В.	List all FOPs (includin GOP O-02939	g SOPs a	nd ATOs	under G	OPs), as a	applicabl	e:			
VII.	NSR Conditions for	r Change	of Own	ership u	nder 30 T	'AC § 11	6.110(e)	•		
**************************************	amendments and alternative The new owner asset The new owner asset	erations. erts there erts there	will be no	change increase	in the typ	e of pollı	ıtants em		ns made	in the permit and any
VIII.	FOP Conditions for	r Change	of Own	ership						
	<ul> <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>									
A.	Are any other changes (If YES, submit the infe				e instruct	ions.)				YES X NO
В.	Is there an Acid Rain parties (If YES, submit the infe				•		rmit incl	uded in th	e SOP?	YES X NO
IX.	Authorization									***************************************
	ephen O'Neil McNair, d after reasonable inqui									ed on information and belief mplete.
Signa	ture: Stepl C	no no	iM	27 Jai	i	Si	gnature I	Date:	10-1	-2013
Title:	Vice President, M	lidstrean	& Mide	ontinent	Operati	ons			**************************************	

TCEQ Use Only



NE Word Amine Plant

#### 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) New Permit, Registration or Authorization (Core Data Form should be submitted with the program application) ○ Other **Change of Operator Notification** Renewal (Core Data Form should be submitted with the renewal form) Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.) 2. Attachments Change of Operator Notification ⊠Yes □No 3. Customer Reference Number (if issued) 4. Regulated Entity Reference Number (if issued) Follow this link to search for CN or RN numbers in RN 105175467 CN 603713231 Central Registry\*\* SECTION II: Customer Information 10/1/2013 5. Effective Date for Customer Information Updates (mm/dd/yyyy) 6. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check only one of the following: Owner & Operator ☐ Owner □ Operator ☐ Voluntary Cleanup Applicant Other: Occupational Licensee Responsible Party 7. General Customer Information Change in Regulated Entity Ownership ☐ New Customer ☑ Update to Customer Information No Change\*\* Change in Legal Name (Verifiable with the Texas Secretary of State) \*\*If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information. Sole Proprietorship- D.B.A. Individual 8, Type of Customer: Corporation Federal Government State Government City Government County Government ☐ Other: Other Government General Partnership ☐ Limited Partnership If new Customer, enter previous Customer 9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) End Date: below EFS Midstream LLC 5205 North O'Connor Blvd., Suite 200 10. Mailing Address: 3746 TXZIP 75039 **ZIP + 4** City Irving State 11. Gountry Mailing Information (If outside USA) 12. E-Mail Address (if applicable) Bonnie.Black@pxd.com 13. Telephone Number 14. Extension or Code 15. Fax Number (if applicable) 972 ) 969-3588 (972)969-5922 18. DUNS Number(if applicable) 17. TX State Franchise Tax ID (11 digits) 19. TX SOS Filing Number (if applicable) 16. Federal Tax ID (9 digits) 32041922397 0801273183 272221718 21. Independently Owned and Operated? 20. Number of Employees □ 0-20 □ 21-100 ☐ Yes ⊠ No 101-250 251-500 **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) No Change\*\* (See below) New Regulated Entity Update to Regulated Entity Name Update to Regulated Entity Information \*\*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)

24. Street Address of the Regulated	•									
Entity: (No P.O. Boxes)	City			State		ZIP		,	ZIP + 4	
		36 US Highwa	 v 183 No	orth						
25. Mailing			-J 105 11.							
Address:				04-4-	TV	710	77054		710 . 4	
00 7 11 11 4 1 1	City		O 1	State	TX	ZIP	77954		ZIP + 4	
26. E-Mail Address 27. Telephone Nui		aron.Alvarez		m 3. Extensio	on or Codo	20	Eav Mum	ber (if applica	-b(a)	
(361) 580-47				. Extensio	ni or code		361 ) 58		noie)	
30. Primary SIC Co		s) 31. Seconda	nr. SIC Cod	la (4 dialia)	32. Primary				ondary NAICS	Code
1311	oue (4 algii	s) 31. Second	ary Sic Coo	ie (4 algns)	(5 or 6 digits) 211111	<del></del>		(5 or 6 dig		
34. What is the Pri	imary Ru	siness of this ent	ity? (Pleas	se do not rer	∠11111 peat the SIC or N	JAICS de	ecrintian )			
Natural Gas Ti				30 40 7101 700	7001 IN 010 01 1	171700 00	oonphon,			
1100000 000 11		ons 34 – 37 addre		hic locatio	n Plases raf	arta tha	a instructi	one for an	dicability	
25 Deserted to 1										ntaly, 2 6
35. Description to Physical Location	ŀ	om the INTX of les northeast o								atery 3.6
36. Nearest City	1111			ounty			State			ZIP Code
Hallettsville				avaca			TX	···.	77964	LII OOGE
	n Decima	al.			38. Long			cimalı	17701	
Degrees	Minute		Seconds		Degrees	ituae (VI		nutes	Seco	onds
29	29		07		96		52	2	39	
39. TCEQ Programs	and ID N	<b>lumbers</b> Check all F	roorams and w	rite in the per	mits/realstration n	umbers tha				this form or the
updates may not be made	. If your Pro	ogram is not listed, che	ck other and w	rite it in. See t	the Core Data For	m instruction	ons for additi	ional guidance.		· · · · · · · · · · · · · · · · · · ·
☐ Dam Safety		Districts		■ Edwards	Aquifer	<u> </u>	ndustrial Ha	azardous Wa	ste     Munic	ipal Solid Waste
New Source Revi	ew – Air	OSSF		Petroleur	m Storage Tank	□F	PWS		Sludg	e
SP 81264										-
Stormwater		☑ Title V – Air		Tires			Used Oil		☐ Utilit	ies
		GOP O-02939								
☐ Voluntary Clea	nup	☐ Waste Water		☐ Waster	water Agriculture	•	Water Righ	ts	☐ Other	:
<b>SECTION IV</b>	: Prep	arer Inform	ation							
40, Name: Dav	vid Cro	wther			4	1. Title:	Cor	sultant	•••	
42. Telephone Nur	nber	43. Ext./Code	44. 1	Fax Numbe	er	45. E-Ma	ail Addres	SS		
(512)288-456	7		(	) -		Crowt	ther@au	ıstin.rr.co	m	
SECTION V:	Auth	orized Signa	ıture							
<b>46.</b> By my signaturand that I have signatural updates to the ID n	re below nature au umbers i	y, I certify, to the thority to submit identified in field	best of my this form	on behalf	of the entity s	specifie	d in Secti			
(See the Core Date			<del></del>	nutton on						
Company:		lidstream LLC			Job Ti	tle:   (		ons Super		
Name(in Print):	Kyle S	eele		<del></del>		<b></b>		Phone:	(972)969	9-4468
Signature:		eele Ye Seele						Date:	10/01/1	3

OCT 03 2013

OCT 0 3 2013



CROWTHER & Associates, Inc.

P.O. Box 92675

Austin, Texas 78709-2675

David Crowther, P.E. (512) 288-4567 (Tel)

Crowther@austin.rr.com (e-mail)

October 3, 2013

Mr. Johnny D. Bowers, Team Leader Texas Commission on Environmental Quality (TCEQ) Office of Air, Air Permits Division Air Permits Initial Review Team P.O. Box 13087 Austin, Texas 78711-3087

Re:

EFS Midstream LLC

- CN603713231

Pawnee Treating Plant, Bee County

- RN100226505

NE Word Amine Plant, Lavaca County - RN105175467

Change of Responsible Official and Duly Authorized Representative

Change of Operator Notification

Dear Mr. Bowers:

EFS Midstream LLC (EFSMS) has authorized me to submit this combined change of Responsible Official (RO), change of Duly Authorized Representative (DAR), and change of operator notification associated with the Pawnee Treating Plant (PTP) and NE Word Amine Plant (NEWAP).

Please Note that Pioneer Natural Resources USA, Inc. (CN600130447) is still the owner of the PTP and NEWAP, and is the majority partner in EFSMS.

#### Attached are the:

- 1. Form OP-CRO2;
- 2. Form OP-DEL;
- 3. Change of Name/Ownership Form for the PTP;
- 4. Core Data Form for the PTP;
- 5. Change of Name/Ownership Form for the NEWAP; and
- 6. Core Data Form for the NEWAP.

CROWTHER & Associates, Inc.

Please call Aaron Alvarez of EFSMS at (361) 580-4744, or me at (512) 288-4567, if you have any questions or need additional information.

Sincerely,

David Crowther, P.E.

cc: Mr. Aaron Alvarez - EFS Midstream LLC TCEQ Region 14 - Corpus Christi



#### 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 an administrative information change for the DAR, include a revised Form OP-DEL (Delegation of Responsible Official) with the next submittal to the TCEQ.

I. IDEN	TIFYING INFORMAT	ION						
A. Acco	ount No.: BE-0013-Q	B. RN: 100226505 C. CN: 603713231						
D. Perm	Permit No.: O-03136 E. Area Name: Pawnee Treating Plant							
F. Com	pany Name: EFS Midst	ream LLC						
и. сна	NGE TYPES							
A. Acti	. Action Type: New Appointment: X Administrative Information Change:							
B. Cont	act Type (only <u>one</u> respo	nse can be accepted per form)						
Resp	oonsible Official: X	Designated Representativ	e: Alte	ernate Designated Representative:				
the second of the second of	SPONSIBLE OFFICIAL PRESENTATIVE INFO	/DESIGNATED REPRESEN ORMATION	TATIVE/ALĪ	FERNATE DESIGNATED				
A. Nam	e: (X MrMrs	MsDr.) Stephen O'Neil I	McNair					
B. Title	: Vice President, Midst	ream & Midcontinent Operat	ions C. Ap	ppointment Effective Date: 10/01/2013				
D. Tele	phone: (972) 969-4001		E. Fa	nx: (972) 969-3588				
F. Com	pany Name: EFS Midst	ream LLC						
G. Mail	ing Address: 5205 Nort	h O'Connor Blvd., Suite 200						
City	Irving		State: Texas	Zip Code: 75039				
H. Deli	very Address: 5205 Nor	th O'Connor Blvd., Suite 200						
City	Trving		State: Texas	Zip Code: 75039				
IV, CEF	CTIFICATION OF TRU	ITH, ACCURACY, AND CON	aplētenes	S				
This cert	Stephen O'Neil I	McNair certify that, ba	•	TCEQ as information for reference only.  ation and belief formed after reasonable inquiry, the				
statemen Signature	A AM	above are true, accurate, and con	mplete.	Signature Date:				
Title:	Vice President, I	Midstream & Midcontinent Or	oerations	<del></del>				

### Form OP-CRO2 Change of Responsible Official Information (Extension) Federal Operating Permit Program

V. ADDITIONAL IDENTIFYING INFORMATION	
A. Account No.: LEA002B	B. RN: 105175467
C. CN: 603713231	D. Permit No.: <b>O-02939</b>
E. Area Name: NE Word Amine Plant	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	

TCEQ - 10010 (Revised 10/04) OP-CRO2 Instructions These forms for use by facilities subject to air quality permit requirements and may be revised periodically [APDG 5152-v22]



#### 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

I. Identifying Information				
Account No.: BE-0013-Q	RN: 100226505		CN: 603	713231
Permit No.: O-03136		Area Name: Pawnee	Treating	Plant
Company Name: EFS Midstream LLC				
II. Duly Authorized Representative I	nformation .			
Action Type: X No	w DAR Identification	Admin Admin	istrative In	formation Change
Name: (X Mr.  Mrs.  Ms. Dr.) K	yle Seele			
Title: Operations Supervisor		Delegation Effective	Date: 10/0	1/2013
Telephone No.: (972) 969-4468		Fax No.: (972) 969-3	3588	
Mailing Address: 5205 North O'Connor	Blvd., Suite 200			
City: Irving		State: Texas		ZIP: 75039
Delivery Address: 5205 North O'Conno	r Blvd., Suite 200			
City: Irving		State: Texas		ZIP: 75039
III. Certification of Truth, Accuracy,	and Completeness			
I, Stephen O'Neil I (RO or DAR name pri	· _ · · · · · · · · · · · · · · · · · ·	certify that, based on inf	ormation a	nd belief
formed after reasonable inquiry, the statem	ents, and information	stated above are true, acc	urate, and	complete.
Responsible Official Signature:	o'mil mer	A		0-1-2013 (Signature Date)
Title: Vice President, J	Midetroom & Midoon	tinent Operations		(Signature Date)
Duly Authorized Representative Signature		_		10/01/13
Title: Operations Supe	ø		<u>.</u>	(Signature Date)
IV. Removal of Duly Authorized Repu	esentative(s)	***	***************************************	
The following should be removed as Duly	Authorized Representa	ntive(s):		A
Joseph L. Gray	···	]	Effective D	ate: 09/30/2013
(DAR name(s) printed of Responsible Official Signature:	or poped)	OF/1		Date: 10-1-2013
Title: Vice President,	Aidstream & Midcon	tinent Operations .		



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

V. Additional Identifying In	formation				
Account No.: LEA002B	RN: 105175467		CN: <b>603713231</b>		
Permit No.: <b>O-02939</b>		Area Name: N	Area Name: NE Word Amine Plant		
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
Account No.:	RN:		CN:		
Permit No.:		Area Name:			
	·				



I. Application Type				
X Change in Ownership (actually ju	ist a change in Operat	or) Change in Con	npany Name	
II. Name of the New Owner or Ope	rator of the Facilities	or Equipment (Legal	Entity Name of the new permittee)	
A. Customer Name: EFS Midstream	LLC			
B. Customer Reference Number (CN)	if issued): CN6037132	231		
C. Submittal Date: 10/03/2013				
D. Effective Date of Change: 10/01/20	013			
E. Is the new owner an affiliate of the p	previous owner?		X YES NO	
III. Responsible Official (RO) Conta	et Information			
Name (X Mr. Mrs. Ms. Dr.): Step	phen O'Neil McNair			
Title: Vice President, Midstream & Mid	continent Operations			
Company Name: EFS Midstream LLC				
Mailing Address: 5205 North O'Connor	Blvd., Suite 200			
City: Irving	State: Texas		Zip Code: 75039	
Territory:		Country:		
Foreign Postal Code:		Internal Mail Code:		
Telephone No.: (972) 969-4001		Fax No.: (972) 969-3	588	
E-mail Address: Stephen.McNair@pxd.	com			
IV. Technical Contact Information				
Name (X Mr. Mrs. Ms. Dr.): As	aron Alvarez	Dan		
Title: Environmental Specialist II				
Company Name: EFS Midstream LLC				
Mailing Address: 2336 US Highway 183	North			
City: Cuero	State: Texas		Zip Code: 77954	
Territory:		Country:		
Foreign Postal Code:		Internal Mail Code:	- Indiana and the state of the	
Telephone No.: (361) 580-4744		Fax No.: (361) 580-4	1803	
E-mail Address: Aaron.Alvarez@pxd.co	om	*****		
V. Site Information			· · · · · · · · · · · · · · · · · · ·	
A. Site Name: Pawnee Treating Plan	nt			
B. Regulated Entity Number (RN) (if i	ssued): RN10022650	5		
C. Account Number (if issued): BE-0	0013-Q			



V.	Site Information (c	ontinued	)			· · · · · · · · · · · · · · · · · · ·					
D.	D. If action is transfer of ownership (change of operator), is the change for the entire site?										
E.	If action is transfer of ownership for a portion of the existing site, will the new site be a major source?										
F.	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>	$SO_2$	PM <sub>10</sub>	CO	PB	HAPs		Other	
Major at the Site (YES/NO):		NO	YES	YES	NO	YES	NO	NO		NO	
VI.	Air Authorizations	That Ar	e Affecte	d By Th	is Action						
A.	List all NSR authorizations (including PBR, SE, and standard permit registrations, and NSR permits), as applicable: Permit 5144A, PBR Registration No. 53475										
В.	List all FOPs (including SOPs and ATOs under GOPs), as applicable: SOP O-03136										
VII. NSR Conditions for Change of Ownership under 30 TAC § 116.110(e)											
<ul> <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>											
VIII. FOP Conditions for Change of Ownership											
<ul> <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>											
A.	Are any other changes (If YES, submit the infe	needed formation	or the FO as explai	P? ned in the	e instruct	ions.)				YES X NO	
В.	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.)										
IX.	Authorization										
I, Stephen O'Neil McNair, 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.											
Signa	ture: Hell D.	ni 9	WIL	ا ا		Si	gnature I	Date:	10-1	-2013	
Title: Vice President, Midstream & Midcontinent Operations											