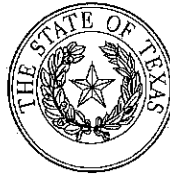


Bryan W. Shaw, Ph.D., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Executive Director*



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 Permittee / 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,

A handwritten signature in cursive script that reads "Sandra Young".

Sandra Young
Air Permits Initial Review Team (MC-161)
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)

10/18/2013 -----NSR IMS - PROJECT RECORD -----**PROJECT#:** 200288**STATUS:** PENDING**DISP CODE:** _____**RECEIVED:** 10/03/2013**PROJTYPE:**
OWNCHANGE**ISSUED DT:** _____**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:****REGULATED ENTITY LOCATION:** INTXN HWY 72 & FM 673 IN PAWNEE GO APPROX 2.4 MI S ON FM 673 THEN
TURN E ON LEASE RD & GO APPROX 0.5 MI TO PLANT ON S SIDE OF LEASE RD**REGION 14 -** CORPUS CHRISTI**NEAR CITY:** PAWNEE**COUNTY:** BEE

CONTACT/PERMIT INFORMATION**CONTACT NAME:** MR STEPHEN ONEIL MCNAIR**CONTACT ROLE:** RESPONSIBLE OFFICIAL**JOB TITLE:** MIDSTREAM MANAGER**ORGANIZATION:** EFS MIDSTREAM LLC**MAILING ADDRESS:** 5205 N O CONNOR BLVD, STE 200, IRVING, TX, 75039-3712**PHONE:** (972) 969-4001 Ext: 0**FAX:** (972) 969-3588 Ext: 0**EMAIL:** STEPHEN.MCNAIR@PXD.COM

PERMIT#: 5144A**AUTHTYPE:** CONSTRUCT**RENEWAL:** 04/05/2014**PERMIT NAME:** PAWNEE TREATING PLANT**PERMIT#:** 53475**AUTHTYPE:** PBR**RENEWAL:****PERMIT NAME:** PAWNEE TREATING PLANT

PROJECT NOTES:

10/18/2013 CHANGE OF OWNERSHIP EFFECTIVE 10/03/2013

TRACKING ELEMENTS:**TE Name****Start Date****Complete Date**

APIRT RECEIVED PROJECT (DATE)

10/03/2013

CENTRAL REGISTRY UPDATED

10/18/2013

10/18/2013

APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)



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	Change of Operator Notification
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Change of Operator Notification		
3. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (if issued)
CN 603713231		RN 100226505

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		10/3/2013	
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only <u>one</u> of the following:			
<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator	<input 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 checked="" type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input type="checkbox"/> Change in Regulated Entity Ownership	
		<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)		If new Customer, enter previous Customer below	
EFS Midstream LLC		End Date: _____	
10. Mailing Address:			
5205 North O'Connor Blvd., Suite 200			
City	Irving	State	TX
ZIP	75039	ZIP + 4	3746
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		Bonnie.Black@pxd.com	
13. Telephone Number		14. Extension or Code	
(972) 969-5922			
15. Fax Number (if applicable)			
(972) 969-3588			
16. Federal Tax ID (9 digits)	17. TX State Franchise Tax ID (11 digits)	18. DUNS Number (if applicable)	19. TX SOS Filing Number (if applicable)
272221718	32041922397		0801273183
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 type="checkbox"/> Yes <input checked="" 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)	
Pawnee Treating Plant	

200288

24. Street Address of the Regulated Entity: (No P.O. Boxes)							
	City		State		ZIP		ZIP + 4
25. Mailing Address:	2336 US Highway 183 North						
	City	Cuero	State	TX	ZIP	77954	ZIP + 4
26. E-Mail Address:	Aaron.Alvarez@pxd.com						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(361) 580-4744			(361) 580-4803				
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)			
1311		211111					
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Natural Gas Treating and Production							

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

35. Description to Physical Location:	From the INTX of HWY 72 & FM 673 in the town of Pawnee: Travel approximately 2.4 miles south on FM 673 and then 0.5 mile east on FM 136 to where the plant is off the south side of the road.						
36. Nearest City	County		State		Nearest ZIP Code		
Pawnee	Bee		TX		78145		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:						
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
28	37	20	97	59	34		

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
Per 5144A, PBR 53475				
<input type="checkbox"/> Stormwater	<input checked="" type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
	SOP O-03136			
<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:	David Crowther		41. Title:	Consultant	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(512) 288-4567		() -	Crowther@austin.rr.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:	EFS Midstream LLC	Job Title:	Operations Supervisor	
Name (In Print):	Kyle Seele	Phone:	(972) 969-4468	
Signature:	<i>Kyle Seele</i>	Date:	10/01/13	



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

I. Application Type			
<input checked="" type="checkbox"/> Change in Ownership (<i>actually just a change in Operator</i>) <input type="checkbox"/> Change in Company Name			
II. Name of the New Owner or Operator of the Facilities or Equipment (<i>Legal Entity Name of the new permittee</i>)			
A. Customer Name: EFS Midstream LLC			
B. Customer Reference Number (CN) (<i>if issued</i>): CN603713231			
C. Submittal Date: 10/03/2013			
D. Effective Date of Change: 10/01/2013			
E. Is the new owner an affiliate of the previous owner?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
III. Responsible Official (RO) Contact Information			
Name (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Stephen O'Neil McNair			
Title: Vice President, Midstream & Midcontinent 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) 969-3588	
E-mail Address: <u>Stephen.McNair@pxd.com</u>			
IV. Technical Contact Information			
Name (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Aaron Alvarez			
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:	
Telephone No.: (361) 580-4744		Fax No.: (361) 580-4803	
E-mail Address: <u>Aaron.Alvarez@pxd.com</u>			
V. Site Information			
A. Site Name: NE Word Amine Plant			
B. Regulated Entity Number (RN) (<i>if issued</i>): RN105175467			
C. Account Number (<i>if issued</i>): LEA002B			



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

V. Site Information (continued)								
D. If action is transfer of ownership (<i>change of operator</i>), is the change for the entire site?								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
E. 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 type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
F. Indicate all pollutants for which the site is a major source based on the site's potential to emit.								
Pollutant:	VOC	NO _x	SO ₂	PM ₁₀	CO	PB	HAPs	Other
Major at the Site (YES/NO):	NO	NO	YES	NO	NO	NO	NO	NO
VI. Air Authorizations That Are Affected By This Action								
A. List all NSR authorizations (including PBR, SE, and standard permit registrations, and NSR permits), as applicable: Standard Permit Registration 81264, PBR 30 TAC §106.263								
B. List all FOPs (including SOPs and ATOs under GOPs), as applicable: GOP O-02939								
VII. NSR Conditions for Change of Ownership under 30 TAC § 116.110(e)								
<ul style="list-style-type: none"> The new owner agrees to be bound by all the permit conditions and all representations made in the permit and any amendments and alterations. The new owner asserts there will be no change in the type of pollutants emitted. The new owner asserts there will be no increase in the quantity emitted. 								
VIII. FOP Conditions for Change of Ownership								
<ul style="list-style-type: none"> 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. 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. 								
A. Are any other changes needed for the FOP? <i>(If YES, submit the information as explained in the instructions.)</i>								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is there an Acid Rain permit or Clean Air Interstate Rule (CAIR) permit included in the SOP? <i>(If YES, submit the information as explained in the instructions.)</i>								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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.								
Signature: <u>Steph O'Neil McNair</u>					Signature Date: <u>10-1-2013</u>			
Title: Vice President, Midstream & Midcontinent Operations								



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	Change of Operator Notification
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Change of Operator Notification		
3. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (if issued)
CN 603713231		RN 105175467

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		10/1/2013	
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 checked="" type="checkbox"/> Operator	<input 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 checked="" type="checkbox"/> Update to Customer Information	<input 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"/> City Government		<input type="checkbox"/> County Government	<input type="checkbox"/> Federal Government
<input type="checkbox"/> Other Government		<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Sole Proprietorship- D.B.A		<input type="checkbox"/> State Government	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
EFS Midstream LLC		End Date: _____	
10. Mailing Address:			
5205 North O'Connor Blvd., Suite 200			
City	Irving	State	TX
ZIP	75039	ZIP + 4	3746
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		Bonnie.Black@pxd.com	
13. Telephone Number		14. Extension or Code	
(972) 969-5922			
15. Fax Number (if applicable)			
(972) 969-3588			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
272221718		32041922397	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
		0801273183	
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 type="checkbox"/> Yes <input checked="" 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)			
NE Word Amine Plant			

24. Street Address of the Regulated Entity: (No P.O. Boxes)							
	City		State		ZIP		ZIP + 4
25. Mailing Address:	2336 US Highway 183 North						
	City	Cuero	State	TX	ZIP	77954	ZIP + 4
26. E-Mail Address:	Aaron.Alvarez@pxd.com						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(361) 580-4744			(361) 580-4803				
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)			
1311		211111					
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Natural Gas Treating and Production							

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

35. Description to Physical Location:	From the INTX of HWY 90 & FM 2314 east of Hallettsville: Travel approximately 3.6 miles northeast on FM 2314 and then 0.3 mile north on a lease road to the site.						
36. Nearest City	County		State		Nearest ZIP Code		
Hallettsville	Lavaca		TX		77964		
37. Latitude (N) In Decimal:			38. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	29	07	96	52	39		

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
SP 81264				
<input type="checkbox"/> Stormwater	<input checked="" type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
	GOP O-02939			
<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:	David Crowther	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 288-4567		() -	Crowther@austin.rr.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:	EFS Midstream LLC	Job Title:	Operations Supervisor
Name (In Print):	Kyle Seele	Phone:	(972) 969-4468
Signature:	<i>Kyle Seele</i>	Date:	10/01/13

RECEIVED

OCT 03 2013

PERMITS DIVISION



CROWTHER & Associates, Inc.

P.O. Box 92675

Austin, Texas 78709-2675

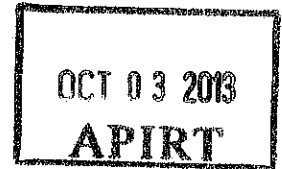
David Crowther, P.E.

(512) 288-4567 (Tel)

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



*Copied
Toni
10/11*



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.

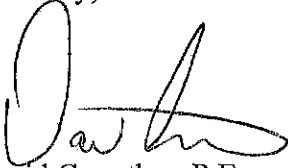
New Source Review Air Permits
Compliance/Litigation Support

1

Federal Title V Permits
Emission Inventories and Audits

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,

A handwritten signature in black ink, appearing to read 'David Crowther', with a stylized flourish at the end.

David Crowther, P.E.

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

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.: O-02939
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:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	



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: 603713231
Permit No.: O-03136	Area Name: Pawnee Treating Plant	
Company Name: EFS Midstream LLC		
II. Duly Authorized Representative Information		
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.) Kyle Seele		
Title: Operations Supervisor	Delegation Effective Date: 10/01/2013	
Telephone No.: (972) 969-4468	Fax No.: (972) 969-3588	
Mailing Address: 5205 North O'Connor Blvd., Suite 200		
City: Irving	State: Texas	ZIP: 75039
Delivery Address: 5205 North O'Connor Blvd., Suite 200		
City: Irving	State: Texas	ZIP: 75039
III. Certification of Truth, Accuracy, and Completeness		
I, <u>Stephen O'Neil McNair</u> , certify that, based on information and belief (RO or DAR name printed or typed)		
formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete.		
Responsible Official Signature: <u><i>Stephen O'Neil McNair</i></u>		<u>10-1-2013</u> (Signature Date)
Title: <u>Vice President, Midstream & Midcontinent Operations</u>		
Duly Authorized Representative Signature: <u><i>Kyle Seele</i></u>		<u>10/01/13</u> (Signature Date)
Title: <u>Operations Supervisor</u>		
IV. Removal of Duly Authorized Representative(s)		
The following should be removed as Duly Authorized Representative(s):		
<u>Joseph L. Gray</u> (DAR name(s) printed or typed)		Effective Date: <u>09/30/2013</u>
Responsible Official Signature: <u><i>Stephen O'Neil McNair</i></u>		Signature Date: <u>10-1-2013</u>
Title: <u>Vice President, Midstream & Midcontinent Operations</u>		



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

V. Additional Identifying Information		
Account No.: LEA002B	RN: 105175467	CN: 603713231
Permit No.: O-02939	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:	
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Account No.:	RN:	CN:
Permit No.:	Area Name:	
Account No.:	RN:	CN:
Permit No.:	Area Name:	



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

I. Application Type		
X Change in Ownership (<i>actually just a change in Operator</i>) <input type="checkbox"/> Change in Company Name		
II. Name of the New Owner or Operator of the Facilities or Equipment (<i>Legal Entity Name of the new permittee</i>)		
A. Customer Name: EFS Midstream LLC		
B. Customer Reference Number (CN) (<i>if issued</i>): CN603713231		
C. Submittal Date: 10/03/2013		
D. Effective Date of Change: 10/01/2013		
E. Is the new owner an affiliate of the previous owner?		X YES <input type="checkbox"/> NO
III. Responsible Official (RO) Contact Information		
Name (X Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Stephen O'Neil McNair		
Title: Vice President, Midstream & Midcontinent 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) 969-3588
E-mail Address: <u>Stephen.McNair@pxd.com</u>		
IV. Technical Contact Information		
Name (X Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Aaron Alvarez		
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:
Telephone No.: (361) 580-4744		Fax No.: (361) 580-4803
E-mail Address: <u>Aaron.Alvarez@pxd.com</u>		
V. Site Information		
A. Site Name: Pawnee Treating Plant		
B. Regulated Entity Number (RN) (<i>if issued</i>): RN100226505		
C. Account Number (<i>if issued</i>): BE-0013-Q		



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

V. Site Information (continued)								
D. If action is transfer of ownership (<i>change of operator</i>), is the change for the entire site?							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
E. 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 type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
F. Indicate all pollutants for which the site is a major source based on the site's potential to emit.								
Pollutant:	VOC	NO _x	SO ₂	PM ₁₀	CO	PB	HAPs	Other
Major at the Site (YES/NO):	NO	YES	YES	NO	YES	NO	NO	NO
VI. Air Authorizations That Are Affected By This Action								
A. List all NSR authorizations (including PBR, SE, and standard permit registrations, and NSR permits), as applicable: Permit 5144A, PBR Registration No. 53475								
B. 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 style="list-style-type: none">• The new owner agrees to be bound by all the permit conditions and all representations made in the permit and any amendments and alterations.• The new owner asserts there will be no change in the type of pollutants emitted.• The new owner asserts there will be no increase in the quantity emitted.								
VIII. FOP Conditions for Change of Ownership								
<ul style="list-style-type: none">• 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.• 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.								
A. Are any other changes needed for the FOP? (If YES, submit the information as explained in the instructions.)							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 checked="" type="checkbox"/> NO	
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.								
Signature: <u>Stephen O'Neil McNair</u>					Signature Date: <u>10-1-2013</u>			
Title: Vice President, Midstream & Midcontinent Operations								