

**Texas Commission on Environmental Quality**  
OGS New Project Notification for New Registration

**Site Information (Regulated Entity)**

What is the name of the site to be authorized?	AVALON CENTRAL GATHERING FACILITY 3
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	TAKE US 285 N FOR 39 MI TURN R ONTO FM 652 FOR 12 MI TURN R ONTO UNKNOWN RD FOR 4.5 MI
City	PECOS
State	TX
ZIP	79772
County	LOVING
Latitude (N) (##.#####)	31.9177
Longitude (W) (-###.#####)	-103.7105
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	211111
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN106513831
What is the name of the Regulated Entity (RE)?	AVALON CENTRAL GATHERING FACILITY 3
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	TAKE US 285 N FOR 39 MI TURN R ONTO FM 652 FOR 12 MI TURN R ONTO UNKNOWN RD FOR 4.5 MI
City	PECOS
State	TX
ZIP	79772
County	LOVING
Latitude (N) (##.#####)	31.9177
Longitude (W) (-###.#####)	-103.7105
Facility NAICS Code	211111
What is the primary business of this entity?	OIL AND GAS PRODUCTION FACILITY

**Customer (Applicant) Information**

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN604322891
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Delaware Basin Midstream LLC
Texas SOS Filing Number	801406599
Federal Tax ID	
State Franchise Tax ID	32043958548
State Sales Tax ID	
Local Tax ID	
DUNS Number	968088067
Number of Employees	21-100
Independently Owned and Operated?	Yes
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	Delaware Basin Midstream LLC

Prefix	MR
First	Danny
Middle	
Last	Holderman
Suffix	
Credentials	
Title	SVP and Chief Operating Officer
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	9950 WOODLOCH FOREST DR
Routing (such as Mail Code, Dept., or Attn:)	
City	THE WOODLANDS
State	TX
ZIP	77380
Phone (###-###-####)	3467865244
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	DANNY.HOLDERMAN@WESTERNMIDSTREAM.COM

## Responsible Official Contact

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Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name	Delaware Basin Midstream LLC
Prefix	MS
First	Lacy
Middle	
Last	Sirois
Suffix	
Credentials	
Title	SR AIR QUALITY REPRESENTATIVE
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	9950 WOODLOCH FOREST DR
Routing (such as Mail Code, Dept., or Attn:)	
City	THE WOODLANDS
State	TX
ZIP	77380
Phone (###-###-####)	3467865479
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	lacy.sirois@westernmidstream.com

## Technical Contact

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Person TCEQ should contact for questions about this application:

Same as another contact?	Responsible Official Contact
Organization Name	Delaware Basin Midstream LLC

Prefix	MS
First	Lacy
Middle	
Last	Sirois
Suffix	
Credentials	
Title	SR AIR QUALITY REPRESENTATIVE
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	9950 WOODLOCH FOREST DR
Routing (such as Mail Code, Dept., or Attn:)	
City	THE WOODLANDS
State	TX
ZIP	77380
Phone (###-###-####)	3467865479
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	lacy.sirois@westernmidstream.com

## OGS New Project Notification

1) Select the authorization this site or changes to this site will most likely be authorized under based on expected worst-case operations (including planned MSS activities if MSS emissions are being registered with this project).	6002 - NON RULE 2012-NOV-08
2) What is the lease name submitted to the Railroad Commission (RRC)? If there are well(s) co-located with the site, include the well number(s) assigned by the RRC.	Avalon
3) Provide a brief process description for this site or description of changes to this site.	Remove glycol dehydration at the site, update fuel gas analysis, add 20 percent to the fuel gas heating value and VOC composition by weight, adjust engine emissions factors for operational flexibility, update fugitive reduction efficiencies, update MSS.
4) What is the site's latitude? (North)	31.917421
5) What is the site's longitude? (West)	-103.711842
6) What method was used to determine the site's latitude and longitude?	Map
7) Does this business qualify as a small business, non-profit organization, or small government entity?	No

## Certification

The signature below indicates to the best of my knowledge that the information submitted is true and complete, and that I have signature authority to submit this application on behalf of the regulated entity.

1. I am Mary-Kate Bailey, the owner of the STEERS account ER034438.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.

5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing OGS New Project Notification for New Registration.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER OPERATOR Signature: Mary-Kate Bailey OWNER OPERATOR

Customer Number:	CN604322891
Legal Name:	Delaware Basin Midstream LLC
Account Number:	ER034438
Signature IP Address:	208.127.107.153
Signature Date:	2024-09-05
Signature Hash:	F3841C747F42A05FA70F9769A7386F12A30055CC 5286FB554DB756C7C64B39FE
Form Hash Code at time of Signature:	14F3586580D84EC1EB271C942DB1342806306A13 464EBE9BFE094750D3EF00CC

## Fee Payment

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Transaction by:	The application fee payment transaction was made by ER034438/Mary-Kate Bailey
Paid by:	The application fee was paid by MARY-KATE BAILEY
Fee Amount:	\$50.00
Paid Date:	The application fee was paid on 2024-09-05
Transaction/Voucher number:	The transaction number is 582EA000624323 and the voucher number is 720150

## Submission

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Reference Number:	The application reference number is 680440
Submitted by:	The application was submitted by ER034438/Mary-Kate Bailey
Submitted Timestamp:	The application was submitted on 2024-09-05 at 13:59:20 CDT
Submitted From:	The application was submitted from IP address 208.127.107.153
Confirmation Number:	The confirmation number is 561602
Steers Version:	The STEERS version is 6.82

## Additional Information

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Application Creator: This account was created by Thomas Haney