Texas Commission on Environmental Quality

Annual Operational Status Report

Year: 2024

Site Information (Regulated Entity)

Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN106394299
What is the name of the Regulated Entity (RE)?	MOROCO MOLE CDP FACILITIES
Does the RE site have a physical address?	No
Physical Address	
Because there is no physical address, describe how to locate this site:	FROM THE INTX OF FM 455 AND FM 1655 S OF FORESTBURG TRAVEL APPROX 3.3 MI SW ON FM 1655 AND THEN 1 MI S/SE ON NEW HARP LOOP TO SITE OFF WEST SIDE OF RD
City	FORESTBURG
State	TX
ZIP	76239
County	MONTAGUE
Latitude (N) (##.######)	33.470833
Longitude (W) (-###.######)	-97.577777
Facility NAICS Code	211111
What is the primary business of this entity?	NATURAL GAS CONDENSATE AND PRODUCED WATER PROD

Section 1# Authorization Information

AUTH#: 1

Authorization Number, Site Name, Authorization Type	102368|PIONEER NATURAL RESOURCES USA|PBR

Customer Information

How is this applicant associated with this site?	Multiple
What is the applicant's Customer Number (CN)?	CN601301559
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Targa Midstream Services LLC
Texas SOS Filing Number	9136511
Federal Tax ID	760507891
State Franchise Tax ID	17605078918
State Sales Tax ID	
Local Tax ID	
DUNS Number	94074847
Number of Employees	21-100
Independently Owned and Operated?	Yes

Responsible Official Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	

Organization Name	Targa Midstream Services LLC
Prefix	MR
First	Dwayne
Middle	
Last	Burks
Suffix	
Credentials	
Title	VP Operations
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	383 COUNTY ROAD 1745
Routing (such as Mail Code, Dept., or Attn:)	
City	CHICO
State	TX
ZIP	76431
Phone (###-###-####)	9406443512
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	hburks@targaresources.com

Technical Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	
Organization Name	Targa Midstream Services LLC
Prefix	MRS
First	Shannon
Middle	
Last	Willingham
Suffix	
Credentials	
Title	Senior Environmental Specialist
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	383 COUNTY ROAD 1745
Routing (such as Mail Code, Dept., or Attn:)	
City	CHICO
State	TX
ZIP	76431
Phone (###-###-####)	9406443512
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	sfrench@targaresources.com

Section 1# Operational Status

Permit#: 1

1) Permit Number	102368
2) Is the permitted activity operational?	No

Certification

The electronic signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief.

1. I am Dwayne Burks, the owner of the STEERS account ER041988.
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 Annual Operational Status Report Year: 2024.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

MULTIPLE Signature: Dwayne Burks MULTIPLE

Customer Number:	CN601301559
Legal Name:	Targa Midstream Services LLC
Account Number:	ER041988
Signature IP Address:	216.16.130.60
Signature Date:	2024-12-11
Signature Hash:	F56A3A7A42ED0F6BC95E03F9B750BC2EF90736070EDF012FAD0FF37CB61323DF
Form Hash Code at time of Signature:	774205D4DE9831BCC712B90B01E065D89436D5CBAB28440312C8444182A63D4D

Submission

Reference Number:	The application reference number is 717351
Submitted by:	The application was submitted by ER059103/Shannon P Willingham
Submitted Timestamp:	The application was submitted on 2024-12-13 at 07:57:25 CST
Submitted From:	The application was submitted from IP address 148.51.129.132
Confirmation Number:	The confirmation number is 597480
Steers Version:	The STEERS version is 6.83

Additional Information

Application Creator: This account was created by Shannon P Willingham