

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 1)  
Texas Commission on Environmental Quality**

Please print or type all information. Direct any questions regarding this application form to the Air Permits Division at (512) 239-1250 or to the Texas Commission on Environmental Quality, Office of Air, Air-Permits Division (MC 163), P.O. Box 13087, Austin, Texas 78711-3087.

<b>I. Company Identifying Information</b>
A. Company Name: ET Genco LLC
B. Customer Reference Number (CN): CN606278216
C. Submittal Date (mm/dd/yyyy): 04/13/2026
<b>II. Site Information</b>
A. Site Name: <b>Mustang Power Generation</b>
B. Regulated Entity Reference Number (RN): RN112258421
C. Indicate affected state(s) required to review permit application: <i>(Check the appropriate box[es].)</i>
<input type="checkbox"/> AR <input type="checkbox"/> CO <input type="checkbox"/> KS <input type="checkbox"/> LA <input type="checkbox"/> NM <input type="checkbox"/> OK <input checked="" type="checkbox"/> N/A
D. Indicate all pollutants for which the site is a major source based on the site's potential to emit: <i>(Check the appropriate box[es].)</i>
<input type="checkbox"/> VOC <input checked="" type="checkbox"/> NO <sub>x</sub> <input type="checkbox"/> SO <sub>2</sub> <input type="checkbox"/> PM <sub>10</sub> <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> HAPS
Other:
E. Is the site a non-major source subject to the Federal Operating Permit Program? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
F. Is the site within a local program area jurisdiction? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
G. Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
H. Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:
<b>III. Permit Type</b>
A. Type of Permit Requested: <i>(Select only one response)</i>
<input checked="" type="checkbox"/> Site Operating Permit (SOP) <input type="checkbox"/> Temporary Operating Permit (TOP) <input type="checkbox"/> General Operating Permit (GOP)

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 2)  
Texas Commission on Environmental Quality**

<b>IV. Initial Application Information</b> <i>(Complete for Initial Issuance Applications Only.)</i>	
A. Is this submittal an abbreviated or a full application?	<input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Full
B. If this is a full application, is the submittal a follow-up to an abbreviated application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E. Has the required Public Involvement Plan been included with this application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>V. Confidential Information</b>	
A. Is confidential information submitted in conjunction with this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>VI. Responsible Official (RO) Identifying Information</b>	
RO Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)	
RO Full Name: <b>Nicholas J. Schultz</b>	
RO Title: <b>VP Power Optimization &amp; DDT</b>	
Employer Name: <b>ET Genco LLC</b>	
Mailing Address: <b>1300 Main St</b>	
City: <b>Houston</b>	
State: <b>TX</b>	
ZIP Code: <b>77002</b>	
Territory:	
Country:	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: <b>713-989-2856</b>	
Fax No.:	
Email: <a href="mailto:nick.schultz@energytransfer.com">nick.schultz@energytransfer.com</a>	

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 3)  
Texas Commission on Environmental Quality**

<b>VII. Technical Contact Identifying Information</b> <i>(Complete if different from RO.)</i>
Technical Contact Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Technical Contact Full Name: <b>Jing Li</b>
Technical Contact Title: <b>Staff Environmental Engineer</b>
Employer Name: <b>ET Genco LLC</b>
Mailing Address: <b>1300 Main St</b>
City: <b>Houston</b>
State: <b>TX</b>
ZIP Code: <b>77002</b>
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.: <b>713-989-5214</b>
Fax No.:
Email: <a href="mailto:jing.li@energytransfer.com">jing.li@energytransfer.com</a>
<b>VIII. Reference Only Requirements</b> <i>(For reference only.)</i>
<b>A.</b> State Senator: <b>Senator Kevin Sparks, District 31</b>
<b>B.</b> State Representative: <b>Rep. Tom Craddick, District 82</b>
<b>C.</b> Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</span>
<b>D.</b> Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
<b>E.</b> Indicate the alternate language(s) in which public notice is required: None

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 4)  
Texas Commission on Environmental Quality**

<b>IX. Off-Site Permit Request</b> <i>(Optional for applicants requesting to hold the FOP and records at an off-site location.)</i>
<b>A.</b> Office/Facility Name:
<b>B.</b> Physical Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
<b>C.</b> Physical Location:
<b>D.</b> Contact Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Contact Full Name:
<b>E.</b> Telephone No.:
<b>X. Application Area Information</b>
<b>A.</b> Area Name: <b>Mustang Power Generation</b>
<b>B.</b> Physical Address:
City:
State:
ZIP Code:
<b>C.</b> Physical Location:
<b>From Stanton, take TX-137 N and drive 1.1 mi then turn left onto FM3113, drive 4 mi and turn right onto FM829 drive 2 mi then turn left onto FM1212 N, drive 2.8 mi and turn right, drive 0.5 mi to the site.</b>
<b>D.</b> Nearest City: <b>Stanton</b>
<b>E.</b> State: <b>TX</b>
<b>F.</b> ZIP Code: <b>79782</b>

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 5)  
Texas Commission on Environmental Quality**

<b>X. Application Area Information (continued)</b>	
<b>G.</b> Latitude (nearest second):	<b>32.151228°</b>
<b>H.</b> Longitude (nearest second):	<b>-101.933636°</b>
<b>I.</b> Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J.</b> Indicate the estimated number of emission units in the application area:	<b>16</b>
<b>K.</b> Are there any emission units in the application area subject to the Acid Rain Program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>L.</b> Affected Source Plant Code (or ORIS/Facility Code):	
<b>XI. Public Notice</b> <i>(Complete this section for SOP Applications and Acid Rain Permit Applications only.)</i>	
<b>A.</b> Name of a public place to view application and draft permit:	Reeves Public Library
<b>B.</b> Physical Address:	315 S Oak St
City:	Pecos
ZIP Code:	79772
<b>C.</b> Contact Person (Someone who will answer questions from the public during the public notice period):	
Contact Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr.):	
Contact Person Full Name:	Miranda Milwee
Contact Mailing Address:	2564 Pecos Hwy
City:	Carlsbad
State:	NM
ZIP Code:	88220
Territory:	
Country:	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.:	575-307-4347

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 6)  
Texas Commission on Environmental Quality**

<b>XII. Delinquent Fees and Penalties</b>
<b>Notice:</b> This form will not be processed until all delinquent fees and/or penalties owed to TCEQ or the Office of Attorney General on behalf of TCEQ are paid in accordance with the "Delinquent Fee and Penalty Protocol."
<b>Complete Sections XIII and XIV for Acid Rain Permit and CSAPR applications only. Please include a copy of the Certificate of Representation submitted to EPA.</b>
<b>XIII. Designated Representative (DR) Identifying Information</b>
DR Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
DR Full Name:
DR Title:
Employer Name:
Mailing Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.:
Fax No.:
Email:

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 7)  
Texas Commission on Environmental Quality**

**Complete Sections XIII and XIV for Acid Rain Permit and CSAPR applications only. Please include a copy of the Certificate of Representation submitted to EPA.**

**XIV. Alternate Designated Representative (ADR) Identifying Information**

ADR Name Prefix: ( Mr.  Mrs.  Ms.  Dr.)

ADR Full Name:

ADR Title:

Employer Name:

Mailing Address:

City:

State:

ZIP Code:

Territory:

Country:

Foreign Postal Code:

Internal Mail Code:

Telephone No.:

Fax No.:

Email:

## Texas Commission on Environmental Quality

### Title V New

#### Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	MUSTANG POWER GENERATION
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	ONTO FM3113, DRIVE 4 MI AND TURN RIGHT ONTO FM829, DRIVE 2 MI THEN TURN LEFT ONTO FM1212 N, DRIVE 2.8 MI AND TURN RIGHT, DRIVE 0.5 MI TO THE SITE.
City	STANTON
State	TX
ZIP	79782
County	MARTIN
Latitude (N) (##.#####)	32.151228
Longitude (W) (-###.#####)	-101.933636
Primary SIC Code	4911
Secondary SIC Code	
Primary NAICS Code	221112
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN112258421
What is the name of the Regulated Entity (RE)?	MUSTANG POWER GENERATION
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	ONTO FM3113, DRIVE 4 MI AND TURN RIGHT ONTO FM829, DRIVE 2 MI THEN TURN LEFT ONTO FM1212 N, DRIVE 2.8 MI AND TURN RIGHT, DRIVE 0.5 MI TO THE SITE.
City	STANTON
State	TX
ZIP	79782
County	MARTIN
Latitude (N) (##.#####)	32.151228
Longitude (W) (-###.#####)	-101.933636
Facility NAICS Code	221112
What is the primary business of this entity?	POWER GENERATION

#### Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN606278216
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Et Genco LLC
Texas SOS Filing Number	805341228
Federal Tax ID	934963137

State Franchise Tax ID	32092879983
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	501+
Independently Owned and Operated?	Yes

## Responsible Official Contact

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Person TCEQ should contact for questions about this application:

Organization Name	ET GENCO LLC
Prefix	MR
First	Nicholas
Middle	J
Last	Schultz
Suffix	
Credentials	
Title	VP Power Optimization & DDT
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1300 MAIN ST
Routing (such as Mail Code, Dept., or Attn:)	
City	HOUSTON
State	TX
ZIP	77002
Phone (###-###-####)	7139892856
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	nick.schultz@energytransfer.com

## Duly Authorized Representative Contact

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Person TCEQ should contact for questions about this application

Same as another contact?

Organization Name	ET Genco LLC
Prefix	MR
First	Brian
Middle	
Last	Olson
Suffix	
Credentials	
Title	Senior Manager - Operations
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic

Mailing Address (include Suite or Bldg. here, if applicable)	105 E BARNETT DR
Routing (such as Mail Code, Dept., or Attn:)	
City	CLEBURNE
State	TX
Zip	76033
Phone (###-###-####)	4696461902
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	Brian.Olson@energytransfer.com

## Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name	ET Genco LLC
Prefix	MS
First	Jing
Middle	
Last	Li
Suffix	
Credentials	
Title	STAFF ENGINEER

Enter new address or copy one from list:

Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1300 MAIN ST
Routing (such as Mail Code, Dept., or Attn:)	
City	HOUSTON
State	TX
ZIP	77002
Phone (###-###-####)	7139895214
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	jing.li@energytransfer.com

## Title V General Information - New

1) Permit Latitude Coordinate:	32 Deg 9 Min 4 Sec
2) Permit Longitude Coordinate:	101 Deg 56 Min 1 Sec
3) Is this submittal a new application or an update to an existing application?	New Application
3.1. What type of Federal Operating Permit are you applying for?	SOP
3.2. Is this submittal an abbreviated or a full application?	Abbreviated
3.3. Is this application for a portable facility?	No

3.4. Is the site a non-major source subject to the Federal Operating Permit Program?	No
3.5. Are there any permits that should be voided upon issuance of this permit application through permit conversion?	No
3.6. Are there any permits that should be voided upon issuance of this permit application through permit consolidation?	No
4) Who will electronically sign this Title V application?	Responsible Official
5) Does this application include Acid Rain Program or Cross-State Air Pollution Rule requirements?	No

## Title V Attachments New

Attach OP-1 (Site Information Summary)

[File Properties]

File Name	<a href=/ePermitsExternal/faces/file?fileId=326681>OP-1.pdf</a>
Hash	71F190DC2509F4D7C7916B24DB4CF4A7C13DC8CAC11450C466FE7ACBDAE69DFC
MIME-Type	application/pdf

Attach OP-ACPS (Application Compliance Plan and Schedule)

Attach OP-REQ1 (Application Area-Wide Applicability Determinations and General Information)

Attach OP-REQ2 (Negative Applicable Requirement Determinations)

Attach OP-REQ3 (Applicable Requirements Summary)

Attach OP-PBRSUP (Permits by Rule Supplemental Table)

Attach OP-SUM (Individual Unit Summary)

Attach OP-MON (Monitoring Requirements)

Attach OP-UA (Unit Attribute) Forms

Attach OP-CRO2 (Change of Responsible Official Information)

Attach OP-DEL (Delegation of Responsible Official)

Attach any other necessary information needed to complete the permit.

An additional space to attach any other necessary information needed to complete the permit.

## Expedite Title V

1) Per Texas Health and Safety Code, Section 382.05155, does the applicant want to expedite the processing of this application?	No
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## Certification

I 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.

1. I am Nicholas J Schultz, the owner of the STEERS account ER115565.
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 Title V New.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEC

OWNER OPERATOR Signature: Nicholas J Schultz OWNER OPERATOR

Account Number:	ER115565
Signature IP Address:	155.190.8.6
Signature Date:	2026-04-08
Signature Hash:	A69CCF8BE91D245FCC09783A3CD3491E1B1ECAFFA4365D409CBA5DE90B7D3E55
Form Hash Code at time of Signature:	CD0F2EEA453DF36A3DADAAC90DD70A8F94DFC8591CE8802003CFF4DCDA89F681

## Submission

Reference Number:	The application reference number is 900766
Submitted by:	The application was submitted by ER115565/Nicholas J Schultz
Submitted Timestamp:	The application was submitted on 2026-04-08 at 08:08:07 CDT
Submitted From:	The application was submitted from IP address 155.190.8.6
Confirmation Number:	The confirmation number is 760739
Steers Version:	The STEERS version is 6.94

## Additional Information

Application Creator: This account was created by Jing Li