



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

Section 1. Preliminary Screening

- New Permit or Registration Application
 New Activity - modification, registration, amendment, facility, etc. (see instructions)

If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.

Section 2. Secondary Screening

- Requires public notice,
 Considered to have significant public interest, **and**
 Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.
Stop after Section 2 and submit the form.**

- Public Involvement Plan not applicable to this application. Provide **brief** explanation.

Due to location of the site, there has been no significant public interest in prior permit actions.

Section 3. Application Information

Type of Application (check all that apply):

Air Initial Federal Amendment Standard Permit Title V

Waste Municipal Solid Waste Industrial and Hazardous Waste Scrap Tire
 Radioactive Material Licensing Underground Injection Control

Water Quality

- Texas Pollutant Discharge Elimination System (TPDES)
 - Texas Land Application Permit (TLAP)
 - State Only Concentrated Animal Feeding Operation (CAFO)
 - Water Treatment Plant Residuals Disposal Permit
- Class B Biosolids Land Application Permit
- Domestic Septage Land Application Registration

Water Rights New Permit

- New Appropriation of Water
- New or existing reservoir

Amendment to an Existing Water Right

- Add a New Appropriation of Water
- Add a New or Existing Reservoir
- Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.

(City)

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

City

County

Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

(b) Per capita income for population near the specified location

(c) Percent of minority population and percent of population by race within the specified location

(d) Percent of Linguistically Isolated Households by language within the specified location

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

Yes No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

Yes No

If Yes, please describe.

If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.

(c) Will you provide notice of this application in alternative languages?

Yes No

Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.

If yes, how will you provide notice in alternative languages?

- Publish in alternative language newspaper
- Posted on Commissioner's Integrated Database Website
- Mailed by TCEQ's Office of the Chief Clerk
- Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

Yes No

(e) If a public meeting is held, will a translator be provided if requested?

Yes No

(f) Hard copies of the application will be available at the following (check all that apply):

- TCEQ Regional Office TCEQ Central Office
- Public Place (specify)

Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

Yes No

What types of notice will be provided?

- Publish in alternative language newspaper
- Posted on Commissioner's Integrated Database Website
- Mailed by TCEQ's Office of the Chief Clerk
- Other (specify)

**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.

I. Company Identifying Information
A. Company Name: Red Bluff Express Pipeline, LLC
B. Customer Reference Number (CN): CN605439447
C. Submittal Date (mm/dd/yyyy): 05/07/2026
II. Site Information
A. Site Name: Red Bluff Express Compressor Station
B. Regulated Entity Reference Number (RN): RN110037793
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 checked="" type="checkbox"/> VOC <input checked="" type="checkbox"/> NO _x <input type="checkbox"/> SO ₂ <input type="checkbox"/> PM ₁₀ <input checked="" type="checkbox"/> CO <input type="checkbox"/> Pb <input checked="" type="checkbox"/> HAPS
Other:
E. Is the site a non-major source subject to the Federal Operating Permit Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F. Is the site within a local program area jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H. Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:
III. Permit Type
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
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Texas Commission on Environmental Quality**

IV. Initial Application Information <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
V. Confidential Information	
A. Is confidential information submitted in conjunction with this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VI. Responsible Official (RO) Identifying Information	
RO Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)	
RO Full Name: Chad Ingalls	
RO Title: SVP – Operations	
Employer Name: Energy Transfer Partners, LLC	
Mailing Address: 8111 Westchester Dr	
City: Dallas	
State: Texas	
ZIP Code: 75225	
Territory:	
Country: USA	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: 210-403-6707	
Fax No.:	
Email: chad.ingalls@energytransfer.com	

**Federal Operating Permit Program
Site Information Summary
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VII. Technical Contact Identifying Information <i>(Complete if different from RO.)</i>
Technical Contact Name Prefix: <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Technical Contact Full Name: Micheal K. Harris, P.E.
Technical Contact Title: Senior Air Project Manager
Employer Name: EnTech Consulting Corporation
Mailing Address: 21 Waterway Avenue, Suite 300
City: The Woodlands
State: Texas
ZIP Code: 77380
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 936-443-5332
Fax No.:
Email: mike.harris@entechservice.com
VIII. Reference Only Requirements <i>(For reference only.)</i>
A. State Senator: César Blanco
B. State Representative: Eddie Morales
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E. Indicate the alternate language(s) in which public notice is required:

**Federal Operating Permit Program
Site Information Summary
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Texas Commission on Environmental Quality**

IX. Off-Site Permit Request <i>(Optional for applicants requesting to hold the FOP and records at an off-site location.)</i>
A. Office/Facility Name:
B. Physical Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
C. Physical Location:
D. Contact Name Prefix: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Contact Full Name:
E. Telephone No.:
X. Application Area Information
A. Area Name: Red Bluff Express Compressor Station
B. Physical Address: NA; see driving directions
City:
State:
ZIP Code:
C. Physical Location: From intersection of US Hwy 285 and TX 652 go W on TX 652 for 0.4 mi to gravel rd on L then go W on gravel rd for 1.25 mi to plant access rd on L then go 1.62 mi on plant access rd to Station.
D. Nearest City: Orla
E. State: Texas
F. ZIP Code: 79770

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

X. Application Area Information (continued)
G. Latitude (nearest second): 31° 47' 32"
H. Longitude (nearest second): -103° 55' 36"
I. 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
J. Indicate the estimated number of emission units in the application area: 11
K. Are there any emission units in the application area subject to the Acid Rain Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L. Affected Source Plant Code (or ORIS/Facility Code): N/A
XI. Public Notice <i>(Complete this section for SOP Applications and Acid Rain Permit Applications only.)</i>
A. Name of a public place to view application and draft permit: Reeves County Library
B. Physical Address: 315 S Oak St
City: Pecos, Texas
ZIP Code: 79772
C. Contact Person (Someone who will answer questions from the public during the public notice period):
Contact Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.):
Contact Person Full Name: Kyle David
Contact Mailing Address: 1706 South Midkiff Rd
City: Midland
State: Texas
ZIP Code: 79701
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 432-522-8936

**Federal Operating Permit Program
Site Information Summary
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XII. Delinquent Fees and Penalties
Notice: 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."
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.
XIII. Designated Representative (DR) Identifying Information
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
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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:



May 7, 2026

Texas Commission on Environmental Quality
Air Permits Initial Review Team (APIRT), MC 161
12100 Park 35 Circle, Building C, Third Floor
Austin, Texas 78753

Subject: Title V Site Operating Permit (SOP) Abbreviated Application
Red Bluff Express Pipeline, LLC (CN605439447)
Red Bluff Express Compressor Station (RN110037793)
Orla, Reeves County, Texas

To Whom It May Concern,

Red Bluff Express Pipeline, LLC (RBEP) owns and operates Red Bluff Express Compressor Station in Orla, Reeves County, Texas. Red Bluff Express Compressor Station is registered under TCEQ Regulated Entity Reference Number (RN) 110037793.

RBEP is proposing run-time increase for the engines at Red Bluff Express Compressor Station, which will result in an increase of CO, NO_x, HAPs, and VOC emissions above Title V major source thresholds but below PSD major source thresholds. Therefore, RBEP is submitting an abbreviated SOP application to incorporate this change at Red Bluff Express Compressor Station.

For administrative questions, please contact Kyle David at (432) 522-8936 or kyle.david@energytransfer.com.

For technical questions, please contact Micheal K. Harris, P.E., at (936) 443-5332 or mike.harris@entechservice.com.

Sincerely,

Chad Ingalls
SVP – Operations
Energy Transfer Partners, LLC
8111 Westchester Dr
Dallas, Texas 75225
(210) 403-6707
chad.ingalls@energytransfer.com

Cc:

Alena Miro
Sr. Manager - Environmental
Energy Transfer Partners, LLC
2564 Pecos Hwy
Carlsbad, NM 88220
(575) 810-8674
alena.miro@energytransfer.com

Kyle David
Associate Specialist – Environmental
Energy Transfer Partners, LLC
1706 South Midkiff Rd
Midland, Texas 79701
(432) 522-8936
kyle.david@energytransfer.com

Texas Commission on Environmental Quality

Title V New

Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	RED BLUFF EXPRESS COMPRESSOR STATION
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	FROM INTERSECTION OF US HWY 285 AND TX 652 GO W ON TX 652 FOR 0.4 MI TO GRAVE RD ON L THEN GO W ON GRAVEL RD FOR 1.25 MI TO PLANT ACCESS RD ON L THEN GO 1.62 MI ON PLANT ACCESS RD TO STATION
City	ORLA
State	TX
ZIP	79770
County	REEVES
Latitude (N) (##.#####)	31.792355
Longitude (W) (-###.#####)	-103.926761
Primary SIC Code	4922
Secondary SIC Code	
Primary NAICS Code	486210
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN110037793
What is the name of the Regulated Entity (RE)?	RED BLUFF EXPRESS COMPRESSOR STATION
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	FROM INTERSECTION OF US HWY 285 AND TX 652 GO W ON TX 652 FOR 0.4 MI TO GRAVE RD ON L THEN GO W ON GRAVEL RD FOR 1.25 MI TO PLANT ACCESS RD ON L THEN GO 1.62 MI ON PLANT ACCESS RD TO STATION
City	ORLA
State	TX
ZIP	79770
County	REEVES
Latitude (N) (##.#####)	31.792355
Longitude (W) (-###.#####)	-103.926761
Facility NAICS Code	486210
What is the primary business of this entity?	NATURAL GAS COMPRESSION AND TRANSMISSION

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN605439447
Type of Customer	Partnership
Full legal name of the applicant:	

Legal Name	Red Bluff Express Pipeline, LLC
Texas SOS Filing Number	802717633
Federal Tax ID	731493906
State Franchise Tax ID	32063696986
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	501+
Independently Owned and Operated?	No

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Organization Name	Red Bluff Express Pipeline LLC
Prefix	MR
First	Chad
Middle	
Last	Ingalls
Suffix	
Credentials	
Title	SVP - Operations
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	8111 WESTCHESTER DR
Routing (such as Mail Code, Dept., or Attn:)	
City	DALLAS
State	TX
ZIP	75225
Phone (###-###-####)	2104036707
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	chad.ingalls@energytransfer.com

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	
Organization Name	EnTech Consulting Corporation
Prefix	MR
First	Micheal
Middle	K
Last	Harris
Suffix	
Credentials	PE
Title	Senior Air Project Manager
Enter new address or copy one from list:	

Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	21 WATERWAY AVE STE 300
Routing (such as Mail Code, Dept., or Attn:)	
City	THE WOODLANDS
State	TX
ZIP	77380
Phone (###-###-####)	9364435332
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	mike.harris@entechservice.com

Title V General Information - New

1) Permit Latitude Coordinate:	31 Deg 47 Min 32 Sec
2) Permit Longitude Coordinate:	103 Deg 55 Min 36 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) 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	OP_1_Red Bluff Express CS SOP OP-1.pdf
Hash	34A8E60A2F9B801F318AD403748C653F23C7F430171E21ED40BB0733957AC1E5
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.

[File Properties]

File Name		Red Bluff Express CS SOP Core Data Form.pdf
Hash	154927B47332736F2B7CF223B0CE5601D8423552F39FEA4FDDBBEE48386D6D6F	
MIME-Type		application/pdf

[File Properties]

File Name		Red Bluff Express CS SOP Public Involvement Plan.pdf
Hash	E1CED7D93F8DF2D0537C4BCCFC036570BD444587E1E3F71BD3909BE607DD348	
MIME-Type		application/pdf

[File Properties]

File Name		Red Bluff Express CS SOP abbreviated cover letter_5-7-2026.pdf
Hash	F5EFC64CD1022C78787D7C1B8F72D65BA4A25A82548AABEAFF12854DF16B2D98	
MIME-Type		application/pdf

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 Chad Ingalls, the owner of the STEERS account ER119285.
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: Chad Ingalls OWNER OPERATOR

Account Number:	ER119285
Signature IP Address:	155.190.8.6
Signature Date:	2026-05-08
Signature Hash:	34B8AABB9198B497BFCCF8EA8D16E61BEDA4233AACCC80962D5068E67E795D6F
Form Hash Code at time of Signature:	27620C9FF6D54BB4FF8A657DE2AD25F5B6F1BB712D9733BD22FE4D2A5DDDFCEF0

Submission

Reference Number:	The application reference number is 920332
Submitted by:	The application was submitted by ER119285/Chad Ingalls
Submitted Timestamp:	The application was submitted on 2026-05-08 at 10:14:53 CDT
Submitted From:	The application was submitted from IP address 155.190.8.6
Confirmation Number:	The confirmation number is 768047
Steers Version:	The STEERS version is 6.94

Additional Information

Application Creator: This account was created by Catherine Le



TCEQ Core Data Form

For detailed instructions on completing 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 checked="" 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 type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 605439447		RN 110037793

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		N/A	
<input type="checkbox"/> New Customer <input 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 or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Red Bluff Express Pipeline, LLC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID	10. DUNS Number (if applicable)
802717633		32063696986		(9 digits) 731493906	
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees				13. 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	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:	8111 Westchester Dr				
	City	Dallas	State	TX	ZIP
				75225	ZIP + 4
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				chad.ingalls@energytransfer.com	

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(210) 403-6707		() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)							
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)							
Red Bluff Express Compressor Station							
23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County	Reeves County						

If no Street Address is provided, fields 25-28 are required.

25. Description to Physical Location:	From intersection of US Hwy 285 and TX 652 go W on TX 652 for 0.4 mi to gravel rd on L then go W on gravel rd for 1.25 mi to plant access rd on L then go 1.62 mi on plant access rd to Station.						
26. Nearest City	State			Nearest ZIP Code			
Orla	TX			79770			
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
27. Latitude (N) In Decimal:	31.792355			28. Longitude (W) In Decimal:	-103.926761		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
31	47	32.478	-103	55	36.339		
29. Primary SIC Code	30. Secondary SIC Code		31. Primary NAICS Code		32. Secondary NAICS Code		
(4 digits)	(4 digits)		(5 or 6 digits)		(5 or 6 digits)		
4922			486210				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Natural gas compression and transmission							
34. Mailing Address:	8111 Westchester Dr						
	City	Dallas	State	TX	ZIP	75225	ZIP + 4
35. E-Mail Address:	chad.ingalls@energytransfer.com						
36. Telephone Number	37. Extension or Code			38. Fax Number (if applicable)			
(210) 403-6707				() -			

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. 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"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input checked="" type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
		TBD		

SECTION IV: Preparer Information

40. Name:	Alena Miro	41. Title:	Sr. Manager - Environmental
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(575) 810-8674		() -	alena.miro@energytransfer.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 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Energy Transfer Partners, LLC	Job Title:	SVP – Operations
Name (In Print):	Chad Ingalls	Phone:	(210) 403- 6707
Signature:		Date:	