LT Environmental, Inc.
4600 West 60th Avenue
Arvada, Colorado 80003
303 473 9700

August 29, 2019

United States Environmental Protection Agency Region 8
Director, Air and Toxics Technical Enforcement Program
Office of Enforcement, Compliance, and Environmental Justice
Mail Code 8ENF-AT
1595 Wynkoop Street
Denver, Colorado 80202-1129

RE: NSPS Subpart OOOOa Annual Report
Mary's Draw Compressor Station
Thunder Creek Gas Services, LLC

To Whom It May Concern:

On behalf of Thunder Creek Gas Services, LLC, LT Environmental, Inc. (LTE) is submitting the attached annual report in accordance with 40 Code of Federal Regulations (CFR) New Source Performance Standard (NSPS) Subpart OOOOa. This report covers the July 23, 2018, through July 22, 2019, reporting period for the Mary's Draw Compressor Station. Attachment 1 includes the appropriate portions of the EPA provided reporting template, and the signed certification of completeness by a responsible official is in Attachment 2.

Please do not hesitate to contact me at (303) 962-5537 or gfast@ltenv.com if you have any questions or require additional information.

Sincerely,

LT ENVIRONMENTAL, INC.
(b) (6) [redacted]
Ginger Fast
Project Air Quality Scientist

cc: Mr. Brian Peters — TCGS Denver (electronic file)
Mr. Hayden Truscott — TCGS Denver (electronic file)
Ms. Ashley Campsie — Evergreen Environmental Engineering (electronic file)

Attachments:
Attachment 1 NSPS OOOOa Annual Report
Attachment 2 Certification by Responsible Official

ATTACHMENT 1: NSPS OOOOa ANNUAL REPORT

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report

For each affected facility, an owner or operator must include the information specified in paragraphs (b)(1)(i) through (iv) of this section in all annual reports.

The asterisk (*) next to each field indicates that the corresponding field is required.

	SITE INFORMATION										ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification	ADDITIONAL INFORMATION	
Facility Record No. * (Field value will automatically generate if a value is not entered.)	Company Name * (§60.5420a(b)(1)(i))	Facility Site Name * (§60.5420a(b)(1)(i))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (§60.5420a(b)(1)(i))	Address of Affected Facility * (§60.5420a(b)(1)(ii))	Address 2	City *	County *	State Abbreviation *	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)	Description of Site Location (§60.5420a(b)(1)(ii))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Beginning Date of Reporting Period * (§60.5420a(b)(1)(iii))	Ending Date of Reporting Period * (§60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (§60.5420a(b)(1)(i)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
	e.g.: ABC Company	e.g.: HY Compressor Station	e.g.: 12-045-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221		e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or HYCompressorStation.pdf		e.g.: additional.zip or HYCompressorStation.pdf
	1 Thunder Creek Gas Gen Mary's Draw Compres	N/A		N/A	N/A	N/A	Campbell	WY	N/A	F027768	14 miles SE of Pine Tree Junction			7/23/2018	7/23/2019	N/A	Cover Letter	Cover Letter.pdf

(b) (9)

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report
For each reciprocating compressor affected facility, an owner or operator must include the information specified in paragraphs (b)(4)(i) and (ii) of this section in all annual reports:

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - *may need to scroll up*)	Compressor ID * (§60.5420a(b)(1)(ii))	Are emissions from the rod packing unit being routed to a process through a closed vent system under negative pressure? * (§60.5420a(b)(4)(i))	If emissions are not routed to a process through a closed vent system under negative pressure, what are the cumulative number of hours or months of operation since initial startup or the previous rod packing replacement (whichever is later)? * (§60.5420a(b)(4)(i))	Units of Time Measurement * (§60.5420a(b)(4)(i))	Deviations where the reciprocating compressor was not operated in compliance with requirements* (§60.5420(b)(4)(ii) and §60.5420a(c)(3)(iii))
	e.g.: Comp-12b	e.g.: no	e.g.: 2	e.g.: months	e.g.: Rod packing replacement exceeded 36 months. Replacement occurred after 37 months.
	1 FB-B (ENG007)	No		12 months	None
	1 FB-C (ENG008)	No		7 months	None

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report

For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (xi) of this section in all annual reports:

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from drop-down list - Drop down is not allowed)	Identification of Each Affected Facility * (§60.5420a(b)(1))	Date of Survey * (§60.5420a(b)(7)(i))	Survey Begin Time * (§60.5420a(b)(7)(ii))	Survey End Time * (§60.5420a(b)(7)(iii))	Name of Surveyor * (§60.5420a(b)(7)(iv))	Ambient Temperature During Survey * (§60.5420a(b)(7)(v))	Sky Conditions During Survey * (§60.5420a(b)(7)(vi))	Maximum Wind Speed During Survey * (§60.5420a(b)(7)(vii))	Monitoring Instrument Used * (§60.5420a(b)(7)(viii))	Deviations From Monitoring Plan (If none, state none.) * (§60.5420a(b)(7)(ix))	Type of Component for which Fugitive Emissions Detected * (§60.5420a(b)(7)(x))	Number of Each Component Type for which Fugitive Emissions Detected * (§60.5420a(b)(7)(x))	Type of Component Not Repaired as Required in §60.5397a(h) * (§60.5420a(b)(7)(xi))	Number of Each Component Type Not Repaired as Required in § 60.5397a(h) * (§60.5420a(b)(7)(xi))
	e.g. Well Site ABC	e.g. 9/10/17	e.g. 10:00 am	e.g. 2:00 pm	e.g. John Smith	e.g. 80°F	e.g. Sunny, no clouds	e.g. 5 mph	e.g. Company ABC optical gas imaging camera	e.g. None	e.g. Valve	e.g. 3	e.g. Valve	e.g. 1
	1. Marc's Draw Compre	8/28/2018	1:10 PM	1:20 PM	(b)(6)	59 F	Cloudy	8 mph	FLIR GF320 OGI Camera	None	Open-ended line		1. N/A	0
	1. Marc's Draw Compre	8/28/2018	1:10 PM	1:20 PM		59 F	Cloudy	8 mph	FLIR GF320 OGI Camera	None	Instrument		1. N/A	0
	1. Marc's Draw Compre	10/28/2018	1:20 PM	1:40 PM		59 F	Cloudy	13 mph	FLIR GF320 OGI Camera	None	Instrument		2. N/A	0
	1. Marc's Draw Compre	1/6/2019	4:10 PM	5:50 PM		31 F	Cloudy	15 mph	FLIR GF320 OGI Camera	None	Compressor		1. N/A	0
	1. Marc's Draw Compre	1/6/2019	4:10 PM	5:50 PM		31 F	Cloudy	15 mph	FLIR GF320 OGI Camera	None	Pressure relief device		1. N/A	0
	1. Marc's Draw Compre	1/6/2019	4:10 PM	5:50 PM		31 F	Cloudy	15 mph	FLIR GF320 OGI Camera	None	Connector		1. N/A	0
	1. Marc's Draw Compre	1/22/2019	2:00 PM	4:00 PM		33 F	Cloudy	18 mph	FLIR GF320 OGI Camera	None	Connector		1. N/A	0
	1. Marc's Draw Compre	1/22/2019	2:00 PM	4:00 PM		33 F	Cloudy	18 mph	FLIR GF320 OGI Camera	None	Connector		1. N/A	0

									OGI	Compressor Station Affected Facility Only	
Type of Difficult-to-Monitor Components Monitored * (§60.5420a(b)(7)(v))	Number of Each Difficult-to-Monitor Component Type Monitored * (§60.5420a(b)(7)(v))	Type of Unsafe-to-Monitor Component Monitored * (§60.5420a(b)(7)(vi))	Number of Each Unsafe-to-Monitor Component Type Monitored * (§60.5420a(b)(7)(vi))	Date of Successful Repair of Fugitive Emissions Component * (§60.5420a(b)(7)(vi))	Type of Component Placed on Delay of Repair * (§60.5420a(b)(7)(vii))	Number of Each Component Type Placed on Delay of Repair * (§60.5420a(b)(7)(vii))	Explanation for Delay of Repair * (§60.5420a(b)(7)(vii))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (§60.5420a(b)(7)(viii))	Training and Experience of Surveyor * (§60.5420a(b)(7)(viii))	Was a monitoring survey waived under § 60.5397a(g)(1)? * (§60.5420a(b)(7))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived. * (§60.5420a(b)(7))
e.g.: Valve	e.g.: 1	e.g.: Valve	e.g.: 1	e.g.: 11/19/19	e.g.: Valve	e.g.: 1	e.g.: Unsafe to repair until next shutdown	e.g.: Consumer-ABC optical gas imaging camera	e.g.: Trained thermographer, completed 40-hour course at XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January, February, and March
N/A	0	N/A	0	8/28/2018	N/A	0	N/A	N/A	3 years of experience conducting OGI surveys	No	N/A
N/A	0	N/A	0	8/28/2018	N/A	0	N/A	N/A	3 years of experience conducting OGI surveys	No	N/A
N/A	0	N/A	0	10/26/2018	N/A	0	N/A	N/A	3 years of experience conducting OGI surveys	No	N/A
N/A	0	N/A	0	3/11/2019	N/A	0	N/A	Method 21 Section 8.3.1 Scree	3 years of experience conducting OGI surveys	No	N/A
N/A	0	N/A	0	3/8/2019	N/A	0	N/A	N/A	3 years of experience conducting OGI surveys	No	N/A
N/A	0	N/A	0	3/8/2019	N/A	0	N/A	N/A	3 years of experience conducting OGI surveys	No	N/A
N/A	0	N/A	0	5/28/2019	N/A	0	N/A	Method 21 Section 8.3.1 Scree	3 years of experience conducting OGI surveys	No	N/A
N/A	0	N/A	0	5/22/2019	N/A	0	N/A	N/A	3 years of experience conducting OGI surveys	No	N/A

ATTACHMENT 2: CERTIFICATION BY RESPONSIBLE OFFICIAL

Responsible Official

Name: (Last) Peters (First) Brian (MI) ____

Title: Vice President - Engineering and Construction

Street or P.O. Box: 1331 Seventeenth Street, Suite 1100

City Denver State CO ZIP 80202

Telephone (720) 330 - 8269 Ext. _____ Facsimile (____) ____ - _____

Certification of Truth, Accuracy and Completeness
(to be signed by the responsible official)

I certify under penalty of law, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.

(b) (6) [redacted]

Name (signed) _____

Name (typed) Brian Peters Date: 9 / 9 / 2019