

## Source Identification

Facility Name:	Well Draw Gas Plant
Parent Company #1 Name:	Interline Resources Corp.
Submission Type:	First Time
Receipt Date:	October 1999
Status:	Deregistered
Deregistration Effective Date:	May 2004

## Facility ID: 1000 0016 4966

## Facility DUNS: N/A

Street 1:	20 miles N of Douglas on Hwy 59
Street 2:	N/A
City:	Douglas
State:	WY
ZIP:	82633
ZIP4:	N/A
County:	Converse

Latitude (decimal): 43.019722  
Longitude (decimal): -105.261056

LEPC:	N/A
OSHA PSM:	Yes
EPCRA 302:	N/A
CAA Title V:	Yes

Program Level:	Program Level 1 process
Chemical Name:	Flammable Mixture
CAS Number:	00-11-11
Flammable/Toxic:	Flammable

Chemical Name:	Isopentane [Butane, 2-methyl-]
CAS Number:	78-78-4
Flammable/Toxic:	Flammable

Chemical Name:	Methane
CAS Number:	74-82-8
Flammable/Toxic:	Flammable

Chemical Name:	Ethane
CAS Number:	74-84-0
Flammable/Toxic:	Flammable

Chemical Name:	Propane
CAS Number:	74-98-6
Flammable/Toxic:	Flammable

Chemical Name:	Isobutane [Propane, 2-methyl]
CAS Number:	75-28-5
Flammable/Toxic:	Flammable

Chemical Name:	Butane
CAS Number:	106-97-8
Flammable/Toxic:	Flammable

Chemical Name:	Pentane
CAS Number:	109-66-0
Flammable/Toxic:	Flammable

NAICS Code:	211112
NAICS Description:	Natural Gas Liquid Extraction

## Section 6. Accident History

### Accident History ID: Accident 1

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Date of Accident:	July 1997
Time Accident Began (HH:MM):	15:00
NAICS Code of Process Involved:	211112
NAICS Description:	Natural Gas Liquid Extraction
Release Duration:	000 Hours 02 Minutes

### Release Event

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Gas Release:	Yes
Liquid Spill/Evaporation:	N/A
Fire:	Yes
Explosion:	N/A
Uncontrolled/Runaway Reaction:	N/A

### Release Source

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Storage Vessel:	N/A
Piping:	N/A
Process Vessel:	N/A
Transfer Hose:	N/A
Valve:	N/A
Pump:	N/A
Joint:	N/A
Other Release Source:	Sample Hydrometer

### Weather Conditions at the Time of Event

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Wind Speed:	2.0
Units:	Meters/second
Direction:	NW
Temperature:	100
Atmospheric Stability Class:	F
Precipitation Present:	N/A
Unknown Weather Conditions:	N/A

## On-Site Impacts

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Employee or Contractor Deaths:	0
Public Responder Deaths:	0
Public Deaths:	0
Employee or Contractor Injuries:	1
Public Responder Injuries:	0
Public Injuries:	0
On-Site Property Damage (\$):	0

## Known Off-Site Impacts

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Deaths:	0
Hospitalizations:	0
Public Deaths:	0
Other Medical Treatments:	0
Evacuated:	0
Sheltered-in-Place:	0
Off-Site Property Damage (\$):	0

## Environmental Damage

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Fish or Animal Kills:	N/A
Tree, Lawn, Shrub, or Crop Damage:	N/A
Water Contamination:	N/A
Soil Contamination:	N/A
Other Environmental Damage:	N/A

## Initiating Event

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Initiating Event:	Equipment Failure
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## Section 9. Emergency Response

### Written Emergency Response (ER) Plan

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Community Plan (Is facility included in written community emergency response plan?):	N/A
Facility Plan (Does facility have its own written emergency response plan?):	Yes
Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):	Yes
Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):	Yes
Healthcare (Does facility's ER plan include information on emergency health care?):	Yes

### Local Agency

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Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):	Converse County Sheriff Dept.
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(307) 358-4700