Facility Name: Jewell Gas Plant EPA Facility Identifier: 1000 0024 1026 Plan Sequence Number: 1000107508

Section 1. Registration Information

Source Identification

Facility Name: Jewell Gas Plant Parent Company #1 Name: EOG Resources, Inc. Submission Type: Resubmission

Receipt Date: October 2023

Facility Identification

Facility ID: 1000 0024 1026

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

Facility Location Address

Street 1: 5565 State Highway 59

Street 2: N/A City: Douglas WY State: ZIP: 82633 ZIP4: N/A County: Converse

Facility Latitude and Longitude

Latitude (decimal): 43.484284 Longitude (decimal): -105.47903

Local Emergency Planning Committee and Regulations

LEPC: Converse County LEPC

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

Facility Name: Jewell Gas Plant

EPA Facility Identifier: 1000 0024 1026 Plan Sequence Number: 1000107508

Process Chemicals

Program Level: Program Level 1 process

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

Process NAICS

NAICS Code: 21113

NAICS Description: Natural Gas Extraction

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident: May 2024
Time Accident Began (HH:MM): 00:05
NAICS Code of Process Involved: 21113

NAICS Description:

Release Duration:

Natural Gas Extraction

003 Hours 00 Minutes

Release Event

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

Release Source

 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: Compressor

EPA Facility Identifier: 1000 0024 1026 Plan Sequence Number: 1000107508

Weather Conditions at the Time of Event

Wind Speed: 5.0
Units: Miles/h
Direction: S
Temperature: 41
Atmospheric Stability Class: D
Precipitation Present: N/A
Unknown Weather Conditions: N/A

On-Site Impacts

Employee or Contractor Deaths:

Public Responder Deaths:

O
Public Deaths:

Employee or Contractor Injuries:

O
Public Responder Injuries:

O
Public Injuries:

O
On-Site Property Damage (\$):

Known Off-Site Impacts

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

Environmental Damage

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

Water Contamination:

N/A

Soil Contamination:

Other Environmental Damage:

N/A

Initiating Event

Initiating Event: Equipment Failure

EPA Facility Identifier: 1000 0024 1026 Plan Sequence Number: 1000107508

Contributing Factors

Equipment Failure: Yes N/A Human Error: Improper Procedures: N/A N/A Overpressurization: **Upset Condition:** N/A By-Pass Condition: N/A Maintenance Activity/Inactivity: N/A Process Design Failure: N/A Unsuitable Equipment: N/A **Unusual Weather Condition:** N/A Management Error: N/A

Other Contributing Factor: third party maintenance error

Off-Site Responders Notified

Off-Site Responders Notified: Notified and Responded

Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes N/A Revised Maintenance: Revised Training: N/A Revised Operating Procedures: N/A New Process Controls: Yes New Mitigation Systems: N/A Revised Emergency Response Plan: N/A **Changed Process:** N/A Reduced Inventory: N/A N/A None: Other Changes Introduced: N/A

Chemicals in Accident History

Quantity Released (lbs):1929Percent Weight:N/AChemical Name:MethaneCAS Number:74-82-8Flammable/Toxic:Flammable

Facility Name: Jewell Gas Plant

EPA Facility Identifier: 1000 0024 1026 Plan Sequence Number: 1000107508

Section 9. Emergency Response

Written Emergency Response (ER) Plan

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

Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):

Converse County Emergency Managemen

Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):

(307) 358-6880