

Section 1. Registration Information

Source Identification

Facility Name:	Rawhide Gas Plant
Parent Company #1 Name:	DCP Midstream, LP
Submission Type:	Resubmission
Receipt Date:	July 2023

Facility Identification

Facility ID:	1000 0021 9578
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Dun and Bradstreet Numbers (DUNS)

Facility DUNS:	N/A
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Facility Location Address

Street 1:	527 McDonald Road North
Street 2:	N/A
City:	Big Spring
State:	TX
ZIP:	79720
ZIP4:	N/A
County:	Glasscock

Facility Latitude and Longitude

Latitude (decimal):	32.01308
Longitude (decimal):	-101.27979

Local Emergency Planning Committee and Regulations

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

Process Chemicals

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

Flammable Mixture Chemical Components

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

Process NAICS

NAICS Code:	21113
NAICS Description:	Natural Gas Extraction

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident:	April 2023
Time Accident Began (HH:MM):	20:00
NAICS Code of Process Involved:	21113
NAICS Description:	Natural Gas Extraction
Release Duration:	000 Hours 01 Minutes

Release Event

Gas Release:	Yes
Liquid Spill/Evaporation:	N/A
Fire:	N/A
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:	Yes
Pump:	N/A
Joint:	N/A
Other Release Source:	N/A

Weather Conditions at the Time of Event

Wind Speed:	N/A
Units:	N/A
Direction:	N/A
Temperature:	N/A
Atmospheric Stability Class:	N/A
Precipitation Present:	N/A
Unknown Weather Conditions:	Yes

On-Site Impacts

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 (\$):	500

Known Off-Site Impacts

Deaths:	0
Hospitalizations:	0
Public Deaths:	0
Other Medical Treatments:	1
Evacuated:	0
Sheltered-in-Place:	0
Off-Site Property Damage (\$):	0

Environmental Damage

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:	

Initiating Event

Initiating Event:	Equipment Failure
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Contributing Factors

Equipment Failure:	Yes
Human Error:	N/A
Improper Procedures:	N/A
Overpressurization:	Yes
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:	N/A

Off-Site Responders Notified

Off-Site Responders Notified:	No, not notified
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Changes Introduced as a Result of the Accident

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

Chemicals in Accident History

Quantity Released (lbs):	1
Percent Weight:	N/A
Chemical Name:	Methane
CAS Number:	74-82-8
Flammable/Toxic:	Flammable

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):	GC/Garden City Volunteer Fire Dept.
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(432) 354-2556