# **Section 1. Registration Information**

### Source Identification

Facility Name: Natural Buttes Station

Parent Company #1 Name:

Submission Type:

Receipt Date:

Status:

Deregistration Effective Date:

Anadarko

Resubmission

August 2016

Deregistered

February 2019

**Facility Identification** 

Facility ID: 1000 0006 0337

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

**Facility Location Address** 

Street 1: Section 23 9S 21E Street 2: 220 Fidlar Road

 City:
 Vernal

 State:
 UT

 ZIP:
 84708

 ZIP4:
 N/A

 County:
 Uintah

Facility Latitude and Longitude

Latitude (decimal): 40.017222 Longitude (decimal): -109.508056

Local Emergency Planning Committee and Regulations

LEPC: Uintah County LEPC

OSHA PSM: N/A
EPCRA 302: Yes
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: 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

### **Process NAICS**

NAICS Code: 211112

NAICS Description: Natural Gas Liquid Extraction

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:

Cottober 2014

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

211112

NAICS Description:

Release Duration:

Natural Gas Liquid Extraction

002 Hours 00 Minutes

#### Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

### Release Source

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

### Weather Conditions at the Time of Event

Wind Speed: 5.0
Units: Miles/h
Direction: N/A
Temperature: 59
Atmospheric Stability Class: N/A
Precipitation Present: N/A
Unknown Weather Conditions: N/A

### **On-Site Impacts**

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

### **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:

N/A

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event:

**Equipment Failure** 

### **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: N/A

### Off-Site Responders Notified

Off-Site Responders Notified: No, not notified

### 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: N/A 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):1Percent Weight:N/AChemical Name:MethaneCAS Number:74-82-8Flammable/Toxic:Flammable

## **Section 9. Emergency Response**

### Written Emergency Response (ER) Plan

Community Plan (Is facility included in written community emergency response plan?):

Yes

Facility Plan (Does facility have its own written emergency response plan?):

N/A

Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):

N/A

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

N/A

Healthcare (Does facility's ER plan include information on emergency health care?):

N/A

### **Local Agency**

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

Naples Fire Department

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

(435) 781-6756