



VERSION 07.21.08

EXCESS EMISSIONS REPORTING FORM

This form must be submitted before the end of the next regular business day after discovery and no later than 10 days after the conclusion of the event.

SECTION I - GENERAL INFORMATION: (Note 1)											
A. AI Number: 98556		B. Activity Number:			C. Company Name: Any Energy Company, LLC			D. Facility Name: NM Gas Processing Plant			
E. Stationary Source <input checked="" type="checkbox"/>		F. Portable Source <input type="checkbox"/>		G. If portable source, location (see instructions): UTM <input type="checkbox"/> OR Lat, Long <input type="checkbox"/>				H. TV Permit No.: P945-R1-M2		I. NSR Permit No.: 9867-M3-R1	
J. Initial Report: <input checked="" type="checkbox"/>		K. Update Report: <input type="checkbox"/>		L. Initial/Final Report: <input type="checkbox"/>		M. Final Report: <input type="checkbox"/>		N. Failure Pt. No.: EU-002		O. Failure Pt. Description: Inlet Turbine	
P. Release Pt. No.: FL-025		Q. Release Pt. Description: Inlet Flare			R. Disc. Date: 7/11/2008		S. Disc. Time: 07:23	T. Failure Date: 7/10/2008	U. Failure Time: 22:45	V. Corrected Date: 7/12/2008	W. Corrected Time: 06:34
X. 1 st Bus. Day After Disc: 7/12/2008		Y. Person Reporting: Joe Environ			Z. Office Phone No.: (575) 999-1213 ext. 2344		AA. Cell Phone No.: (575) 888-1222		BB. Email Address: joe.environ@anyenergy.com		
SECTION II - REPORTING REQUIREMENT (check all that apply): (Note 2)											
A. <input checked="" type="checkbox"/> 20.2.7 NMAC		B. <input checked="" type="checkbox"/> 20.2.70 NMAC (Title V)			C. <input type="checkbox"/> 40 CFR 60 (NSPS)			D. <input type="checkbox"/> 40 CFR 63 (MACT)			
SECTION III - EVENT TYPE (check all that apply): (Note 3)											
A. <input checked="" type="checkbox"/> Malfunction		B. <input type="checkbox"/> Startup		C. <input type="checkbox"/> Shutdown		D. <input type="checkbox"/> Emergency		E. <input checked="" type="checkbox"/> Title V Deviation		F. <input type="checkbox"/> Scheduled Maintenance	
G. SS or SM notification (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					Affirmative Defense Claim (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
H. If yes to G, indicate date, if no to G, explain:											
SECTION IV - CAUSE AND NATURE OF EVENT (Detailed Description): (Note 4)											
Inlet turbine EU-002 went down on high discharge pressure due to freezing in cryo unit. Freezing was due to molecular sieve saturation of bed number 1 prior to regeneration of bed number 2. Operator did not set bed number 2 regeneration to proper temperature, thus regeneration time was longer than normal. Operator could not locate molecular sieve operating manual and set temperature from memory.											
SECTION V - STEPS TAKEN TO LIMIT DURATION OF EXCESS EMISSION: (Note 5)											
Inlet flow rate was reduced by 40%. Reducing inlet flow by more than 40% would cause a low flow shutdown of the SRU. Mechanics worked overtime to eliminate plug in cryo unit.											
SECTION VI - CORRECTIVE MEASURES TAKEN (Detailed Description): (Note 6)											
Plug was eliminated through the use of methanol and adjusting operating parameters of cryo unit. Molecular sieve instrumentation will be upgraded to automate the entire regeneration cycle so that operator intervention will not routinely be required. Regeneration temperature set will be automated.											
SECTION VII - EMISSIONS ARE IN EXCESS OF THE FOLLOWING REQUIREMENT: (Note 7)											
A. Permit No.: P945-R1-M2		B. Condition: 3.3.2		OR		C. Regulatory Citation:		D. Section:			
E. Text: The emission units in the following table shown below are subject to the stated emission limits during normal operation.											
SECTION VIII - EXCESS EMISSION DETAILS: (Note 8)											
SECTION VIII.1 - DURATION OF EVENT, hh:mm:											
A. NOx: 31:49	B. SO2: 31:49	C. CO: 31:49	D. PM: 	E. VOC: 31:49	F. H2S: 	G. Opacity	H. Visible Emissions:	I. Other (specify)			
SECTION VIII.2 - EMISSION LIMITS OR STANDARDS (indicate units):											
A. NOx: 0.6 lb/hr	B. SO2: 0.4 lb/hr	C. CO: 0.2 lb/hr	D. PM: 	E. VOC: 0.2 lb/hr	F. H2S: 	G. Opacity, %	H. Visible Emissions:	I. Other (specify)			
SECTION VIII.3 - AVERAGING PERIOD (indicate units):											
A. NOx: 1 hr	B. SO2: 1 hr	C. CO: 1 hr	D. PM: 	E. VOC: 1 hr	F. H2S: 	G. Opacity	H. Visible Emissions:	I. Other (specify)			
SECTION VIII.4 - EXCESS EMISSIONS FOR EVENT, lbs (except for opacity and visible emissions):											
A. NOx: 534.2	B. SO2: 23,456.6	C. CO: 1232.3	D. PM: 	E. VOC: 1933.6	F. H2S: 	G. Opacity (%):	H. Visible Emissions: <input type="checkbox"/> Yes <input type="checkbox"/> No	I. Other (specify)			
SECTION VIII.5 - NUMBER OF EXCEEDENCES OF EMISSION LIMIT OR STANDARD:											
A. NOx: 32	B. SO2: 32	C. CO: 32	D. PM: 	E. VOC: 32	F. H2S: 	G. Opacity	H. Visible Emissions:	I. Other (specify)			
SECTION VIII.6 - AVERAGE EMISSION RATE FOR AVERAGING PERIOD (indicate units):											
A. NOx: 16.79 lb/hr	B. SO2: 737.24 lb/hr	C. CO: 38.73 lb/hr	D. PM: 	E. VOC: 60.77 lb/hr	F. H2S: 	G. Opacity, %	H. Visible Emissions:	I. Other (specify)			
SECTION IX - BASIS OF ESTIMATE (check all that apply, attach supporting data): (Note 9)											
A. <input type="checkbox"/> Compliance Testing		B. <input type="checkbox"/> Continuous Emission Monitor		C. <input checked="" type="checkbox"/> Calculation		D. <input checked="" type="checkbox"/> Operating Log(s)		E. <input type="checkbox"/> Other (specify)			
SECTION X - CERTIFICATION: (Note 10)											
After reasonable inquiry, I certify this report as true, accurate and complete.											
SIGNATURE OF REPORTING OFFICIAL: <i>Joe Environ</i>					TITLE: Sr. Environmental Specialist			DATE: 07/12/2008			