

TEXAS TIER TWO COVER SHEET
Budget 7C790, Fund 135**Please complete this form with a typewriter or printer only.**MAIL TO: Texas Department of Health
Hazard Communication Branch
1100 West 49th Street
Austin, Texas 78756

Revised 1991

1. REPORTING PERIOD FROM JANUARY 1 TO DECEMBER 31, 1993 PAGE (1) OF (1)
2. CHECK IF INFORMATION BELOW IS IDENTICAL TO INFORMATION SUBMITTED LAST YEAR ()
3. SUBMITTED FOR FEDERAL FILING - EPCRA, SEC. 311, FIRST TIME? YES ()
4. EPCRA, SEC. 311, UPDATE ONLY? YES () EPCRA, SEC. 312, ANNUAL? YES (X)
5. SUBMITTED FOR STATE FILING - TEXAS HAZARD COMMUNICATION ACT? YES ()
6. TOTAL NUMBER OF CHEMICALS (COMMON NAMES) IN LIST (4)
7. FEE ATTACHED (\$50.00) CHECK NO. (532557) CHECK DATE (02-22-94)

Facility Identification in Texas

8. NAME OF FACILITY (SPRINT COMPRESSOR FACILITY)
9. STREET ADDRESS (PARK ROAD SOUTH, 2 MILES PAST FOUR-WHEEL DRIVE SIGN)
10. CITY (PADRE ISLAND) TEXAS ZIP ()
11. COUNTY(IES) (KLEBERG)
12. SIC CODE (1311) DUN & BRADSTREET NUMBER (03-442-6668)

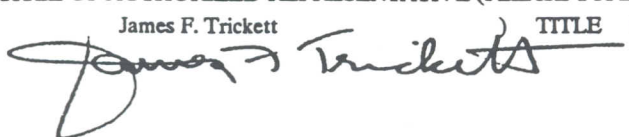
Owner or Operator

13. COMPANY NAME (Amoco Production Company) PHONE ((713)366-2000)
14. ADDRESS (P. O. Box 3092)
15. CITY (Houston) STATE (TX) ZIP (77253)

Emergency Contact

16. NAME (DAVID BENAVIDES) TITLE (FIELD FOREMAN)
17. PHONE ((512)394-6900) 24 HR. PHONE ((512)358-2006)
18. NAME (Houston Hotline) TITLE ()
19. PHONE ((800)332-4668) 24 HR. PHONE ((713)366-7500)

Certification (Read and sign after completing all sections): *I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.*

20. OPTIONAL ATTACHMENTS - I HAVE ATTACHED A SITE PLAN. YES ()
21. I HAVE ATTACHED A LIST OF SITE COORDINATE ABBREVIATIONS. YES ()
22. NAME & OFFICIAL TITLE OF AUTHORIZED REPRESENTATIVE (PLEASE TYPE)
NAME (James F. Trickett) TITLE (Manager, Envir Safety & Reg Affairs)
23. SIGNATURE () DATE SIGNED (02-22-94)

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification		Owner/Operator Name	
	Name <u>SPRINT COMPRESSOR FACILITY</u> Street <u>PARK ROAD SOUTH, 2 MILES PAST FOUR-WHEEL DRIVE SIGN</u> City <u>PADRE ISLAND</u> County <u>KLEBERG</u> State <u>TX</u> Zip _____ SIC Code <u>1311</u> Dun & Brad Number <u>03-442-6668</u>		Name <u>Amoco Production Company</u> Phone <u>(713)366-2000</u> Mail Address <u>P. O. Box 3092 Houston, TX 77253</u>	
	FOR OFFICIAL USE ONLY		Emergency Contact	
ID # _____ Date Received _____		Name <u>DAVID BENAVIDES</u> Title <u>FIELD FOREMAN</u> Phone <u>(512)394-6900</u> 24 Hr. Phone <u>(512)358-2006</u> Name <u>Houston Hotline</u> Title _____ Phone <u>(800)332-4668</u> 24 Hr. Phone <u>(713)366-7500</u>		

Important: Read all instructions before completing form.**Reporting Period**

From January 1 to December 31, 1993

☒ Check if information below is identical to the information submitted last year

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional
CAS <u>064741 47 5</u> Trade Secret ☐ Chem. Name <u>Condensate</u> Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	03 Max. Daily Amount (code) 03 Avg. Daily Amount (code) 365 No. of Days On-Site (days)	A 1 4 _____ _____ _____ _____ _____	Sprint Compressor Facility Yard _____ _____ _____ _____ _____	☐
CAS <u>064741 88 4</u> Trade Secret ☐ Chem. Name <u>Lubricants, Engine</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	03 Max. Daily Amount (code) 03 Avg. Daily Amount (code) 365 No. of Days On-Site (days)	A 1 4 _____ _____ _____ _____ _____	Sprint Compressor Facility Yard _____ _____ _____ _____ _____	☐
CAS <u>068410 63 9</u> Trade Secret ☐ Chem. Name <u>Natural Gas</u> Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS EHS Name _____	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	03 Max. Daily Amount (code) 03 Avg. Daily Amount (code) 365 No. of Days On-Site (days)	A 2 5 _____ _____ _____ _____ _____	Sprint Pipeline System _____ _____ _____ _____ _____	☐

Certification *(Read and sign after completing all sections)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James F. Trickett

Manager, Envir Safety & Reg Affairs

Signature

02/22/94

Date Signed

Name and official title of owner/operator OR owner/operator's authorized representative

Disclose Attachments

☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

OIL AND GAS EXPLORATION AND PRODUCTION INDUSTRY
TIER TWO INVENTORY OF HAZARDOUS CHEMICAL CATEGORIES

Page 2 of 2

THE TIER II INVENTORY OF HAZARDOUS CHEMICAL CATEGORIES MAY BE USED IN COMPLYING WITH SARA TITLE III SECTION 312. THE REPORT IS COMPREHENSIVE AND LISTS THE CATEGORIES OF HAZARDOUS CHEMICALS WITH TRADE NAMES AND/OR SPECIFIC CHEMICAL NAMES.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional																		
CAS 000067 56 1 Trade Secret ☐ Chem. Name Methanol Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	03 Max. Daily Amount (codes) 03 Avg. Daily Amount (codes) 365 No. of Days On-Site (days)	<table border="1"> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>	A	1	4																Sprint compressor facility yard 	☐
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