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Done 3-15-02
Duke Energy Field Services
P.O. Box 5493
Denver, Colorado 80217
370 17th Street, Suite 900
Denver, Colorado 80202
303/595-3331
Manually entered

March 7, 2002

CERTIFIED MAIL
RETURN RECEIPT



New Mexico Hazardous and Radioactive Materials Bureau
Environmental Department
P.O. Box 26110
Santa Fe, NM 87502

SUBJECT: 2001 Hazardous Waste Report
Eunice Gas Plant

Dear New Mexico Hazardous and Radioactive Materials Bureau:

Duke Energy Field Services, LP submits the enclosed 2001 Hazardous Waste Report for the Eunice Gas Plant.

If you have any questions regarding this report, please call me at (303) 605-1717.

Sincerely,
Duke Energy Field Services, LP

Karin Char
Environmental Specialist

Enclosure



<p>MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>				
<p>1. Reason for Submittal (see instructions on page 10) CHECK CORRECT BOX(ES)</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.</p>				
<p>2. Site EPA ID Number (see instructions on page 11)</p>	<p>EPA ID Number: <u>N</u> <u>M</u> <u>D</u> <u>0</u> <u>0</u> <u>0</u> <u>7</u> <u>0</u> <u>9</u> <u>6</u> <u>7</u> <u>5</u></p>				
<p>3. Site Name (see instructions on page 11)</p>	<p>Name: DUKE ENERGY FIELD SERVICES, LP EUNICE GAS PLANT</p>				
<p>4. Site Location Information (see instructions on page 11)</p>	<p>Street Address: 1 MILE NORTH OF OIL CENTER ON HWY 8, 1 MILE WEST ON CR175</p> <p>City, Town, or Village: OIL CENTER State: NM</p> <p>County Name: LEA Zip Code: 88240</p>				
<p>5. Site Land Type (see instructions on page 11)</p>	<p>Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>				
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)</p>	<p>A. 211112</p>	<p>B.</p>	<p>C.</p>	<p>D.</p>	
<p>7. Site Mailing Address (see instructions on page 12)</p>	<p>Street or P. O. Box: PO BOX 66</p> <p>City, Town, or Village: OIL CENTER</p> <p>State: NM</p> <p>Country: USA Zip Code: 88240</p>				
<p>8. Site Contact Person (see instructions on page 12)</p>	<p>First Name: JENNIFER</p>	<p>MI:</p>	<p>Last Name: FUQUA</p>	<p>Phone Number: (915) 620-4144</p>	<p>Phone Number Extension:</p>
<p>9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)</p>	<p>A. Name of Site's Legal Owner: DUKE ENERGY FIELD SERVICES, LP</p>		<p>Date Became Owner (mm/dd/yyyy): 04/01/2000</p>	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
<p>B. Name of Site's Operator: DUKE ENERGY FIELD SERVICES, LP</p>		<p>Date Became Operator (mm/dd/yyyy): 04/01/2000</p>			
<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>					

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(choose only one of the following three categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- 2. Transporter of Hazardous Waste
- 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace
 - a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

- 1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
 - a. Transporter
 - b. Transfer Facility
- 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
 - a. Processor
 - b. Re-refiner
- 3. Off-Specification Used Oil Burner
- 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
 - a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
 - b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on pages 16 and 17)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D002	D003					

EPA ID No. N M D 0 0 0 7 0 9 6 7 5

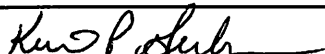
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (see instructions on page 17)

Item 8: Mailing Address for Site Contact Person: 3300 N. A Street, Bldg. 7, Midland, TX 79705

Item 10.A.1: Facility was a Large Quantity Generator during the reporting year.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. **(see instructions on page 17)**

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	KEVIN GERBER, PLANT SUPERVISOR	3-4-2002

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: DUKE ENERGY FIELD SERVICES, LP
EUNICE GAS PLANT

EPA ID NO: N M D 0 0 0 7 0 9 6 7 5



U.S. ENVIRONMENTAL PROTECTION AGENCY

2001 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) Ignitable, corrosive, reactive (sulfides) spent sulfuric acid solution from natural gas processing equipment cleaning				
B. EPA hazardous waste code (page 22)		<u> D 0 0 2 </u> <u> D 0 0 3 </u> <u> N A </u> <u> N A </u> <u> N A </u>	C. State hazardous waste code (page 22)		
D. Source code (page 23) Management Method code for Source code G25		<u> G 1 3 </u> <u> H </u>	E. Form code (page 23)	F. RCRA radioactive mixed (page 23)	G. Quantity generated in 2001 (page 23)
		<u> W 1 0 5 </u>	<input type="checkbox"/> Yes	<u> 1 0 5 0 0 </u> <u> 0 </u>	H. UOM (page 23) Density (page 24)
					<u> 1 </u> <u> 0 0 </u> <input type="checkbox"/> lbs/gal <input checked="" type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site? (page 24)			
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. 3)				
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)	On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)	
<u> H 0 7 5 </u>	<u> 1 0 5 0 0 </u> <u> 0 </u>	<u> H </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26)			
<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)	
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Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)	
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Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)	
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Comments: Sec. 1, Box H: Specific gravity is > 1.00 but < 1.07.