
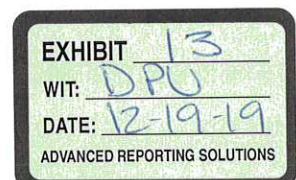


Notice: This report is required by 49 CFR Parts 191 and 195. Failure to report may result in a civil penalty as provided in 49 USC 60122.

Form Approved: 4/17/2019
OMB No. 2137-0627
Expiration Date: 04/30/2022

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	<h2 style="margin: 0;">OPID ASSIGNMENT REQUEST</h2>	<p>DOT USE ONLY O-20190821-31746</p>
<p>A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0627. Public reporting for this collection of information is estimated to be approximately 60 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</p>		
STEP 1 – ENTER BASIC REPORT INFORMATION		
<p>Date of this OPID Assignment Request: <u>08</u> <u>21</u> <u>19</u> Month Day Year</p> <p>1. Are the pipelines and/or facilities covered by this OPID Assignment Request subject to regulation under all or any part of 49 CFR Parts 191, 192, 193, 194, and/or 195?</p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No --> No Further action needed. </p> <p>2. Are the pipelines and/or facilities covered by this OPID Assignment Request:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Newly constructed pipelines and/or facilities </p> <p style="margin-left: 120px;">--> Approximate start date of construction: Month Day Year</p> <p style="margin-left: 120px;">--> Anticipated date of operational start-up: Month Day Year</p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> Existing pipelines and/or facilities --> 2a. Were they previously operated under another OPID? </p> <p style="margin-left: 80px;"> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes --> 2b. Is the Previous OPID Number known? </p> <p style="margin-left: 120px;"> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes --> List Previous OPID Number: <u>39049</u> Previous Operator name: <u>PACIFIC ENERGY & MINING CO</u> </p> <p>3. Name of Operator: <u>DEAD HORSE OIL COMPANY, LLC</u></p> <p>4. Operator Headquarters address: <u>17 WEST MAIN ST</u> , City: <u>GREEN RIVER</u> State/Province: <u>UT</u> Zip/Postal Code: <u>84525</u></p> <p>5. Name of Operator contact for this OPID Assignment Request: Last: <u>Christensen</u> First: <u>Dean</u> MI:</p> <p>6. Phone number of Operator contact for this OPID Assignment Request: <u>(801)262-1429</u> Email address for Operator contact: <u>dirtbag129@gmail.com</u></p> <p>7. Is this Operator a wholly owned subsidiary of another company?</p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes --> Company name: </p> <p><i>[End STEP 1]</i></p>		



STEP 2 – ENTER DESCRIPTION OF PIPELINES AND/OR FACILITIES	<i>The questions in this STEP allow PHMSA to accurately portray the scope and nature of the pipelines and/or facilities covered by this particular OPID Assignment Request and will also be used by PHMSA for their inspection planning.</i>
<p>1. The pipelines and/or facilities covered by this OPID Assignment Request are associated with the following types of facilities and transport the following types of commodities: <i>(select all that apply)</i> <i>(Complete STEPS 2 and 3 once for each top level facility type in this question that is included in this OPID Assignment Request.)</i></p> <div style="margin-left: 20px;"> <input type="checkbox"/> LNG Plant(s) / Facility(ies) <div style="margin-left: 20px;"><input type="checkbox"/> LNG Storage --> <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Gas Distribution <div style="margin-left: 20px;"> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Landfill Gas <input type="checkbox"/> Synthetic Gas <input type="checkbox"/> Hydrogen Gas <input type="checkbox"/> Other Gas --> Name: </div> </div> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Gas Transmission <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Gas Transmission <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Landfill Gas <input type="checkbox"/> Synthetic Gas <input type="checkbox"/> Hydrogen Gas <input type="checkbox"/> Other Gas --> Name: </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Gas Transmission Facilities --> Total Number: </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Gas Gathering </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Hazardous Liquid <div style="margin-left: 20px;"> <input type="checkbox"/> Hazardous Liquid Trunkline (regulated non-gathering) <div style="margin-left: 20px;"> <input type="checkbox"/> Crude Oil <input type="checkbox"/> Refined and/or Petroleum Product (non-HVL) <input type="checkbox"/> HVL or Anhydrous Ammonia <div style="margin-left: 20px;"> <input type="checkbox"/> Anhydrous Ammonia <input type="checkbox"/> LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid) <input type="checkbox"/> Other HVL --> Name: </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> CO2 (Carbon Dioxide) <input type="checkbox"/> Biofuel / Alternative Fuel (including ethanol blends, but excluding Fuel Grade Ethanol) <input type="checkbox"/> Fuel Grade Ethanol (also referred to as Neat Ethanol) </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Regulated Hazardous Liquid Gathering <input type="checkbox"/> Hazardous Liquid Breakout Tanks --> Total Number: </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Underground Natural Gas Storage (UNGS) </div> </div>	

[STEP 2 continued]

2. Will any single pipeline or pipeline facility included in this OPID Assignment Request be subject to BOTH 49 CFR Part 192 AND 49 CFR Part 195 due to the planned transportation of commodities which are subject to both Parts?
☐ No ☐ Yes
3. For the top level pipeline and/or facility type selected in STEP 2, Question 1, complete the following:

For Gas Transmission, the pipelines and/or facilities covered by this OPID Assignment Request are: *(select Interstate and/or Intrastate, and complete Questions 3a-j for each set of Interstate assets and/or Intrastate assets, and for each selection of Gas Transmission facilities.)*

Intrastate

☒ Onshore

3a. Approximate number of regulated transmission/trunkline pipeline miles: **21** miles

3b. List all of the States and Counties in which these pipelines are physically located:

State 1: UT Miles: 21
Counties: GRAND

3e. List all of the States and Counties in which other facilities (including storage/breakout tanks) are physically located, if different than the States and Counties listed in Questions 3b or 3d above:

4. Provide a brief and general description of the pipelines and/or facilities covered by this OPID Assignment Request. Describe each second level selection from STEP 2, Question 1 separately.

In addition to the information provided below, Operators are encouraged to provide a general overview map (or maps) depicting the approximate geographic location of the pipelines and/or facilities covered by this OPID Assignment Request.

Gas Transmission Pipeline Description:

STEP 3 – PROVIDE PHMSA-REQUIRED PIPELINE SAFETY PROGRAM OR LNG SAFETY PROGRAM INFORMATION

Sometimes, existing pipelines, pipeline segments, pipeline facilities, or LNG Facilities are covered under a common PHMSA-required pipeline safety program or LNG safety program which also involves other assets covered by additional OPIDs. (These common safety programs are sometimes referred to as "umbrella" safety programs.) This STEP serves to notify PHMSA of these relationships so that compliance performance can be accurately portrayed, as well as to facilitate PHMSA's resource planning and preparation in the conduct of inspections of these PHMSA-required safety programs.

Important Instruction to Operator: When a common PHMSA-required pipeline safety program(s) or LNG safety program(s) exists which covers assets having multiple OPID numbers, the Operators assigned those OPIDs are required to inform PHMSA as to which one of the various OPIDs is "primary" for the purposes of PHMSA inspections and Operator Registry Reporting (e.g., which OPID should be contacted and referred to when PHMSA or a state exercising jurisdiction intends to inspect that safety program), and must do so for each PHMSA-required pipeline safety program or LNG safety program listed below.

[For ALL facilities] Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202); Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402, 193.2017, 192.12);

[For Gas Distribution, Gas Gathering, Gas Transmission, and Hazardous Liquid Pipeline Facilities] Damage Prevention Program (192.614, 195.442); Public Awareness/Education Program (192.616, 195.440); Control Room Management Procedures (192.631, 195.446); and Operator Qualification Program (192.805, 195.505).

[For Gas Distribution, Gas Transmission, Hazardous Liquid Pipeline Facilities, and UNGS Facilities] Integrity Management Program (192.907, 192.1005, 195.452, 192.12).

[For Hazardous Liquid Pipeline Facilities ONLY] Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101).

[For LNG Facilities ONLY] LNG Plans & Procedures (193.2017).

Gas Transmission

1. Are the pipelines and/or facilities covered by this OPID Assignment Request included with other OPIDs for the purposes of compliance with one or more PHMSA-required pipeline safety program(s) or LNG safety program(s)? *(select only one)*

- ☒ Not known at this time. (Note: The Operator must submit an Operator Registry Notification informing PHMSA of the primary responsibility for managing or administering these PHMSA-required safety programs within 60 days after they *are* known. Operators should note that many of these programs are required to be in place before initial operations of the pipelines and/or facilities commence.)
- ☐ No, the pipelines and/or facilities covered by this OPID Assignment Request have their own independent PHMSA-required safety programs which include no other OPIDs for the following, when applicable:
- ☐ Yes, the pipelines and/or facilities covered by this OPID Assignment Request have one or more PHMSA-required pipeline safety program(s) or LNG safety program(s) that also apply to pipeline assets with other OPID numbers for the purposes of compliance with PHMSA regulations.

If Yes, please list the Operator-designated "primary" OPID for each common PHMSA-required pipeline safety program or LNG safety program associated with this OPID Assignment Request. Those programs not selected will be considered to be either not required or independent programs which cover only the pipelines and/or facilities covered by this OPID Assignment Request: *(select all that apply)*

- 1a. Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202)
OPID # 40009 ☐ ISP ☒ Unknown
- 1b. Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402)
OPID # 40009 ☐ ISP ☒ Unknown
- 1c. Damage Prevention Program (192.614, 195.442)
OPID # 40009 ☐ ISP ☒ Unknown
- 1d. Public Awareness/Education Program (192.616, 195.440)
OPID # 40009 ☐ ISP ☒ Unknown
- 1e. Control Room Management Procedures (192.631, 195.446)
OPID # 40009 ☐ ISP ☒ Unknown
- 1f. Operator Qualification Program (192.805, 195.505)
OPID # 40009 ☐ ISP ☒ Unknown
- 1g. Integrity Management Program (192.907, 192.1005, 195.452)
OPID # 40009 ☐ ISP ☒ Unknown
- 1h. Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101)
OPID # ☐ ISP ☐ Unknown

[End STEP 3]

STEP 4 – PROVIDE CONTACT INFORMATION

This STEP ensures that PHMSA has the contact information it needs for the basic forms of Agency-Operator interaction that may occur.

1. Operator contact overseeing compliance with 49 CFR Parts 191-199, i.e. the primary contact for regulatory issues:

Name: Last: Green First: Dan MI:
Title:
Address:
Street/P.O. Box: 17 WEST MAIN ST ,
City: GREEN RIVER State/Province: UT Zip/Postal Code: 84525
Phone: (775)636-3132 E-mail: dfgreen1@dslextreme.com
Cell Phone:

2. Operator contact for information pertaining to PHMSA's inspection scheduling, if different from above: (Provide one contact for each PHMSA Regional Office where pipelines and/or facilities covered by this OPID Assignment Request are physically located)

PHMSA Region: WE
Name: Last: Christensen First: Dean MI:
Title: President
Address:
Street/P.O. Box: 17 WEST MAIN ,
City: GREEN RIVER State/Province: UT Zip/Postal Code: 84525
Phone: (801)262-1429 E-mail: dirtbag129@gmail.com
Cell Phone: (801)262-1429

3. 24/7 Operator contact for emergency situations (natural disasters, national emergencies, security threats, extreme weather events, etc.):

Name: Last: Christiansen First: Dean MI:
Title:
Address:
Street/P.O. Box: 17 WEST MAIN ,
City: GREEN RIVER State/Province: UT Zip/Postal Code: 84525
Phone: (801)262-1429 E-mail: dirtbag129@gmail.com
Cell Phone:

4. 24/7 Operator phone number for normal operations:

Phone: (801)262-1429

5. 24/7 Operator Control Center phone number:

Phone: (801)262-1429

6. Operator's Senior Executive Official:

Name: Last: Christiansen First: Dean MI:
Title:
Address:
Street/P.O. Box: 17 WEST MAIN ,
City: GREEN RIVER State/Province: UT Zip/Postal Code: 84525
Phone: (202)236-5678 E-mail: dirtbag129@gmail.com
Cell Phone:

7. Operator contact for information pertaining to NPMS submissions:

Name: Last: Christiansen First: Dean MI:
Title:
Address:
Street/P.O. Box: 17 WEST MAIN ,
City: GREEN RIVER State/Province: UT Zip/Postal Code: 84525
Phone: 2022365678 E-mail: dirtbag129@gmail.com
Cell Phone:

8. Operator contact responsible for assuring compliance with DOT's Anti-Drug and Alcohol Misuse regulations (49 CFR 199):

Name: Last: Christiansen First: Dean MI:
Title:
Address:
Street/P.O. Box: 17 WEST MAIN ,
City: GREEN RIVER State/Province: UT Zip/Postal Code: 84525
Phone: (202)236-5678 E-mail: dirtbag129@gmail.com
Cell Phone:

9. User Fee contact:

Name: Last: Christiansen First: Dean MI:
Title:
Address:
Street/P.O. Box: 17 WEST MAIN ,
City: GREEN RIVER State/Province: UT Zip/Postal Code: 84525
Phone: (801)262-1429 E-mail: dirtbag129@gmail.com
Cell Phone:

[End STEP 4]