



**Red Rock Gathering Company, LLC**  
999 18<sup>th</sup> Street, Suite 2500 South  
Denver, CO 80202  
Phone: 720.452.6225  
[www.summitmidstream.com](http://www.summitmidstream.com)

May 26, 2020

Colorado Department of Public Health and Environment  
Air Pollution Control Division  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

**RE: Regulation 7 Annual LDAR Report  
Red Rock Gathering Company, LLC**

Dear Sir / Madam,

Summit Midstream Partners, LLC, on behalf of Red Rock Gathering Company, LLC would like to submit the annual LDAR report for the period of January 1, 2019 to December 31, 2019. The report is being submitted in accordance with the LDAR reporting requirements contained in Regulation 7, Part D, Section II.E.9.

If you need any other information, please contact me either by telephone or email. If you should have any specific questions related to this submittal, please contact Daniel Williams with Summit Midstream Partners, LLC at (720) 452-6234 or [dan.williams@summitmidstream.com](mailto:dan.williams@summitmidstream.com).

Sincerely,

Zak N. Covar  
Vice President of Compliance and Operations Controls  
Summit Midstream Partners, LLC  
Office: (832) 608-6175  
[zcovar@summitmidstream.com](mailto:zcovar@summitmidstream.com)

# Leak Detection and Repair (LDAR) Annual Report Form



ATTENTION: DO NOT print and scan this form - please type in data and save it in its original format. Refer to the [Guidance document](#) for additional information. Attach separate files for this completed form, the [Responsible Official Certification form](#), and any other documentation and email to [cdphe\\_reg7LDAR\\_annualreports@state.co.us](mailto:cdphe_reg7LDAR_annualreports@state.co.us).

## General Information

Company Name:		Inspection Year:	
Contact Person:		Title:	
Phone Number:		E-Mail Address:	
# of Well Production Facilities Inspected*:		# of Compressor Stations Inspected*:	

\*The "# of Facilities Inspected" should reflect the total number of unique physical locations (i.e. well production facilities or natural gas compressor stations) inspected. All associated equipment should be counted as a single facility.

Please report inspections and associated leaks/repairs **ONLY** in the table applicable to the same inspection type and frequency at which they were completed.

If a facility is subject to both Regulation No. 7 § XII.L and § XVII.F, a source will be considered in compliance with both rules by following the more stringent inspection frequency of the two requirements.

Pneumatic controller reporting is required only for those gas-driven devices which are operated *within the 8-Hour Ozone Control Area*. To report *all* actions taken to return a pneumatic controller to proper operation, please refer to the table below<sup>†</sup>:

Enhanced response action:	Adjusted /Tuned	Cleaned/ Removed Debris	Tightened	Heated/ Insulated	Replaced Part(s) of Controller	Rebuilt Controller with Repair Kit	Replaced Controller	Other
Reporting option:	A	B	C	D	E	F	G	Other

<sup>†</sup> Please report the sum total of each Enhanced Response Action taken to return pneumatic controllers to proper operation. This may mean reporting more than one Action taken to fix a given controller. As a result, the total number of all Actions may not be the same as the total number of controllers returned to proper operation.

## WELL PRODUCTION FACILITIES

<i>AVO Inspections</i>		TOTAL # of AVO Inspections at Well Production Facilities <sup>1</sup>			
Component Type	# Leaks Identified <sup>2</sup>	# Leaks Repaired	# Leaks on Delay of Repair List as of Dec 31		
			Basis for Delay		
			Parts Ordered	Shutdown Needed	Other
Valves:					
Connectors:					
Flanges:					
Pump Seals:					
Pressure Relief Devices:					
<b>TOTAL:</b>					

### One-Time AIMM Inspections

		TOTAL # of One-Time AIMM Inspections at Well Production Facilities <sup>1</sup>				
Component Type	# Leaks Identified <sup>2</sup>	# Leaks Repaired	# Leaks on Delay of Repair List as of Dec 31			
			Basis for Delay			
			Parts Ordered	Shutdown Needed	Other	
Valves:						
Connectors:						
Flanges:						
Pump Seals:						
Pressure Relief Devices:						
<b>TOTAL:</b>						

### Annual AIMM Inspections

		TOTAL # of Annual AIMM Inspections at Well Production Facilities <sup>1</sup>									
Component Type	# Leaks Identified <sup>2</sup>	# Leaks Repaired	# Leaks on Delay of Repair List as of Dec 31								
			Basis for Delay								
			Parts Ordered	Shutdown Needed	Other						
Valves:											
Connectors:											
Flanges:											
Pump Seals:											
Pressure Relief Devices:											
<b>TOTAL:</b>											
Pneumatic Type (Only within 8-hr Ozone Control Area)	# Of Each Enhanced Response Action Taken to Return Pneumatic Controllers to Proper Operation (See List Above)							# of Pneumatic controllers on Delay of Repair List as of Dec 31			
	A	B	C	D	E	F	G	Other	Parts Ordered	Shutdown Needed	Other
Intermittent-Bleed:											
Low-Bleed:											
High-Bleed:											
TOTAL # of pneumatic controllers returned to proper operation <sup>3</sup> :			Intermittent-Bleed:			Low-Bleed:			High-Bleed:		

### Semi-Annual AIMM Inspections

Component Type		# Leaks Identified <sup>2</sup>	# Leaks Repaired	TOTAL # of Semi-Annual AIMM Inspections at Well Production Facilities <sup>1</sup>								
				# Leaks on Delay of Repair List as of Dec 31								
				Basis for Delay								
				Parts Ordered	Shutdown Needed	Other						
Valves:												
Connectors:												
Flanges:												
Pump Seals:												
Pressure Relief Devices:												
TOTAL:												
Pneumatic Type (Only within 8-hr Ozone Control Area)		# Of Each Enhanced Response Action Taken to Return Pneumatic Controllers to Proper Operation (See List Above)							# of Pneumatic controllers on Delay of Repair List as of Dec 31			
		A	B	C	D	E	F	G	Other	Parts Ordered	Shutdown Needed	Other
Intermittent-Bleed:												
Low-Bleed:												
High-Bleed:												
TOTAL # of pneumatic controllers returned to proper operation <sup>3</sup> :				Intermittent-Bleed:			Low-Bleed:		High-Bleed:			

### Quarterly AIMM Inspections

Component Type		# Leaks Identified <sup>2</sup>	# Leaks Repaired	TOTAL # of Quarterly AIMM Inspections at Well Production Facilities <sup>1</sup>								
				# Leaks on Delay of Repair List as of Dec 31								
				Basis for Delay								
				Parts Ordered	Shutdown Needed	Other						
Valves:												
Connectors:												
Flanges:												
Pump Seals:												
Pressure Relief Devices:												
TOTAL:												
Pneumatic Type (Only within 8-hr Ozone Control Area)		# Of Each Enhanced Response Action Taken to Return Pneumatic Controllers to Proper Operation (See List Above)							# of Pneumatic controllers on Delay of Repair List as of Dec 31			
		A	B	C	D	E	F	G	Other	Parts Ordered	Shutdown Needed	Other
Intermittent-Bleed:												
Low-Bleed:												
High-Bleed:												
TOTAL # of pneumatic controllers returned to proper operation <sup>3</sup> :				Intermittent-Bleed:			Low-Bleed:		High-Bleed:			

### Monthly AIMM Inspections

<i>Monthly AIMM Inspections</i>		TOTAL # of Monthly AIMM Inspections at Well Production Facilities <sup>1</sup>									
Component Type	# Leaks Identified <sup>2</sup>	# Leaks Repaired	# Leaks on Delay of Repair List as of Dec 31								
			Basis for Delay								
			Parts Ordered	Shutdown Needed	Other						
Valves:											
Connectors:											
Flanges:											
Pump Seals:											
Pressure Relief Devices:											
<b>TOTAL:</b>											
Pneumatic Type <i>(Only within 8-hr Ozone Control Area)</i>	# Of Each Enhanced Response Action Taken to Return Pneumatic Controllers to Proper Operation (See List Above)							# of Pneumatic controllers on Delay of Repair List as of Dec 31			
	A	B	C	D	E	F	G	Other	Parts Ordered	Shutdown Needed	Other
Intermittent-Bleed:											
Low-Bleed:											
High-Bleed:											
TOTAL # of pneumatic controllers returned to proper operation <sup>3</sup> :			Intermittent-Bleed:		Low-Bleed:		High-Bleed:				

## COMPRESSOR STATIONS

### Annual AIMM Inspections

<i>Annual AIMM Inspections</i>		TOTAL # of Annual AIMM Inspections at Compressor Stations <sup>1</sup>				
Component Type	# Leaks Identified <sup>2</sup>	# Leaks Repaired	# Leaks on Delay of Repair List as of Dec 31			
			Basis for Delay			
			Parts Ordered	Shutdown Needed	Other	
Valves:						
Connectors:						
Flanges:						
Pump Seals:						
Pressure Relief Devices:						
<b>TOTAL:</b>						

### Quarterly AIMM Inspections

		TOTAL # of Quarterly AIMM Inspections at Compressor Stations <sup>1</sup>									
Component Type	# Leaks Identified <sup>2</sup>	# Leaks Repaired	# Leaks on Delay of Repair List as of Dec 31								
			Basis for Delay								
			Parts Ordered	Shutdown Needed	Other						
Valves:											
Connectors:											
Flanges:											
Pump Seals:											
Pressure Relief Devices:											
<b>TOTAL:</b>											
Pneumatic Type (Only within 8-hr Ozone Control Area)	# Of Each Enhanced Response Action Taken to Return Pneumatic Controllers to Proper Operation (See List Above)							# of Pneumatic controllers on Delay of Repair List as of Dec 31			
								Basis for Delay			
	A	B	C	D	E	F	G	Other	Parts Ordered	Shutdown Needed	Other
Intermittent-Bleed:											
Low-Bleed:											
High-Bleed:											
TOTAL # of pneumatic controllers returned to proper operation <sup>3</sup> :				Intermittent-Bleed:			Low-Bleed:		High-Bleed:		

### Monthly AIMM Inspections

		TOTAL # of Annual AIMM Inspections at Compressor Stations <sup>1</sup>									
Component Type	# Leaks Identified <sup>2</sup>	# Leaks Repaired	# Leaks on Delay of Repair List as of Dec 31								
			Basis for Delay								
			Parts Ordered	Shutdown Needed	Other						
Valves:											
Connectors:											
Flanges:											
Pump Seals:											
Pressure Relief Devices:											
<b>TOTAL:</b>											
Pneumatic Type (Only within 8-hr Ozone Control Area)	# Of Each Enhanced Response Action Taken to Return Pneumatic Controllers to Proper Operation (See List Above)							# of Pneumatic controllers on Delay of Repair List as of Dec 31			
								Basis for Delay			
	A	B	C	D	E	F	G	Other	Parts Ordered	Shutdown Needed	Other
Intermittent-Bleed:											
Low-Bleed:											
High-Bleed:											
TOTAL # of pneumatic controllers returned to proper operation <sup>3</sup> :				Intermittent-Bleed:			Low-Bleed:		High-Bleed:		

## Delay of Repair

If there were any repairs that extended beyond 30 days from initial discovery due to unavailable parts, please check the box below. If the box below is left blank, you are attesting that there were no repairs that extended beyond 30 days from initial discovery due to unavailable parts.

- During the inspection year there were repairs that extended beyond 30 days from initial discovery due to unavailable parts. *I have attached the required [Delay of Repair Review Appendix form](#), detailing the records of all such reviews conducted during the inspection year.*

## Responsible Official Certification

All information contained in the LDAR Annual Report **MUST BE CERTIFIED** by a responsible official as defined in Colorado Regulation No. 3, Part A § 1.B.40. A completed [Responsible Official Certification form](#) must be submitted with this LDAR Annual Report to be considered complete. **Any LDAR Annual Report submitted without a completed Responsible Official Certification form will not be accepted.**

## Additional Notes

Please include any relevant information such as acquisition/sale of facilities, leaks repaired outside of the reporting year but not identified in Delay of Repair reporting, or explanation of why the total number of inspections does not align with the number of inspections expected under the regulation.

### Endnotes:

<sup>1</sup> The "Total # of Inspections" should reflect the number of unique facility inspections performed by the company as described in the title of that specific table (e.g. AIMM inspections performed on an annual basis at well production facilities). This number should not reflect a count of individual components monitored, nor should it include re-monitoring events to verify repair of leaks.

<sup>2</sup> The "# Leaks Identified" should reflect the number of leaking components requiring repair identified at all facilities with the same inspection frequency as the title of that specific table (e.g. AIMM inspections performed on an annual basis at well production facilities). Report *only* leaks that were above the threshold for requiring repair or that were identified with a non-quantitative AIMM.

<sup>3</sup> The "Total # of pneumatic controllers returned to proper operation" should reflect the number of repaired pneumatic controllers, broken out by bleed rate, at all facilities with the same inspection frequency as the title of that specific table (e.g. AIMM inspections performed on an annual basis at well production facilities). This number should not reflect the number of enhanced response actions taken to repair the pneumatic controller(s).



## Responsible Official Certification LDAR Annual Report

All information contained in the LDAR Annual Report **MUST BE CERTIFIED** by a responsible official as defined in Colorado Regulation No. 3, Part A § I.B.40. **Any LDAR Annual Report submitted without this completed certification form will not be accepted.** You may choose to use either an inked signature or a Digital ID signature using Adobe Acrobat. Please submit this form, along with the completed LDAR Annual Report form, via email to: [cdphe\\_reg7LDAR\\_annualreports@state.co.us](mailto:cdphe_reg7LDAR_annualreports@state.co.us).

Please note the Colorado Statutes state that any person who knowingly, as defined in §18-1-501(6), C.R.S., makes any false material statement, representation, or certification in this document is guilty of a misdemeanor and may be punished in accordance with the provisions of §25-7 122.1, C.R.S.

*I, the Responsible Official, have reviewed this LDAR Annual Report in its entirety. Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this annual report are true, accurate, and complete.*

Company Name	Inspection Year
Responsible Official (Typed/Printed Name)	Title
Signature	Date