


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

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	UNDERGROUND NATURAL GAS STORAGE FACILITY ANNUAL REPORT FOR CALENDAR YEAR 20__	DOT USE ONLY	
		Original Date Submitted	
		Report Type	
		Date Submitted	
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 2137-0522. Public reporting for this collection of information is estimated to be approximately 8 hours 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.			
INSTRUCTIONS <i>Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.</i>			

PART A – OPERATOR INFORMATION

- A1. Operator’s OPS-issued Operator Identification Number (OPID): auto-populated based on PHMSA Portal log-in
- A2. Name of Operator: auto-populated based on OPID
- A3. Address of Operator
 - A3a. Street Address: auto-populated based on OPID
 - A3b. City: auto-populated based on OPID
 - A3c. State: auto-populated based on OPID
 - A3d. Zip Code: auto-populated based on OPID

PART B – STORAGE FACILITY Complete Part B once for each independent storage facility

- B1. Facility Name (chosen by operator): _____
- B2. Select only one: INTERstate INTRAsate
- PHMSA USE ONLY Unit ID: _____
- B3. Facility Location Latitude: / / / . / / / / / / / /
 Longitude: - / / / / . / / / / / / / /
 State: _____ County: _____
- B4. Energy Information Administration Gas Field Code: _____
- Names of Reservoirs within this facility: populated from Parts C1

Gas Volumes

- B5. Working gas capacity (billion standard cubic feet (BCF)), *include two decimal places*: _____
- B6. Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), *include two decimal places*: _____
- B7. Total gas capacity (billion standard cubic feet (BCF)): _____ *calc* _____

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B8. Volume of natural gas ***withdrawn from the facility*** for calendar year (billion standard cubic feet (BCF)), include two decimal places: _____

B9. Volume of natural gas ***injected into the facility*** for calendar year (billion standard cubic feet (BCF)), include two decimal places: _____

PART C – RESERVOIRS AND WELLS Complete Part C once for each reservoir or geologic storage formation within a facility

Facility Name: populated from Part B1

C1. Reservoir name (chosen by operator): _____

C2. Year reservoir placed in storage service: _____

C3. Type (select only one): Salt Cavern Hydrocarbon Reservoir Aquifer Reservoir
 Other Description of type: _____

C4. Maximum Wellhead Surface Pressure

C4a. Text identifying the indicator well: _____

C4b. Maximum surface pressure (pounds per square inch gauge (psig)) at the indicator well: _____

Reservoir or Geologic Storage Formation Depth

C5. Approximate Maximum Depth (feet): _____

C6. Approximate Minimum Depth (feet): _____

Wells

C7. Number of Injection and/or Withdraw Wells: _____

C8. Number of Monitoring and/or Observation Wells: _____

C9. Number of Wells drilled during the calendar year: _____

C10. Number of Wells plugged and abandoned during the calendar year: _____

Well Safety Valves

C11. Number of Wells with surface safety valves: _____

C12. Number of Wells with subsurface safety valves: _____

Well Gas Flow

C13. Number of Wells with gas flow only through production tubing: _____

C14. Number of Wells with gas flow only through production casing: _____

C15. Number of Wells with gas flow through both production tubing and production casing: _____

C16. Number of Wells with some "other type" of gas flow: _____ Describe the "other type" of gas flow through the well: _____

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Maintenance

C17. Number of Wells with new production tubing installed during the calendar year: _____

C18. Number of Wells with new production casing, liner, or other repair during the calendar year: _____

C19. Number of Wells with wellhead remediation or repair during the calendar year: _____

C20. Number of Wells with casing, wellhead, or tubing leaks during the calendar year: _____

C21. Number of Wells with Pressure Test Mechanical Integrity Tests (MIT) during the calendar year: _____

C22. Number of Wells with Logged for Corrosion/wall loss MIT during the calendar year: _____

C23. Number of Wells with MIT other than "Pressure Test" and "Logged for Corrosion/wall loss" during the calendar year*: _____

* describe other MIT: _____

PART D – CONTACT INFORMATION

D1. Name of person submitting report: _____

D2. Title of person in D1: _____

D3. Work e-mail address of person in D1: auto-populated based on Portal login

D4. Work phone number of person in D1: _____

D5. Name of person to contact with questions about this report: _____

D6. Title of person in D5: _____

D7. Email address of person in D5: _____

D8. Phone number of person in D5: _____