

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	

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INSTRUCTIONS

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 <https://www.phmsa.dot.gov/forms/pipeline-forms>.

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 Metered volume of natural gas ***withdrawn from the facility*** for calendar year (billion standard cubic feet (BCF)), *include two decimal places*: _____

B9. Metered 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. Name of the representative well: _____

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

Reservoir or Cavern(s) Depth

C5. Approximate Maximum Depth (feet): _____

C6. Approximate Minimum Depth (feet): _____

Wells

C7. Number of Injection and/or Withdraw Wells by Year Range Placed in Storage Operation:

	pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
Injection and/or Withdrawal Wells						<i>calc</i>

C8. Number of Monitoring and/or Observation Wells by Year Range Placed in Storage Operation:

	pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
Monitoring and/or Observation Wells						<i>calc</i>

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

C10. Wells plugged and abandoned during the calendar year:

C10a. Number of wells re-plugged during the calendar year:

C10b. Number of wells plugged but not abandoned during the calendar year:

C10c. Number of wells plugged and abandoned during the calendar year:

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Well Safety Valves

C11. Number of Wells with automated 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: _____

Maintenance

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

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

C22. Number of Wells with Casing Evaluation for Corrosion/metal loss during the calendar year: _____

C23. Number of Wells inspected using a downhole assessment method other than "Pressure Test" and "Casing Evaluation for Corrosion/metal loss" during the calendar year*: _____

* describe other assessment method(s): _____

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: _____