

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	<b>UNDERGROUND NATURAL GAS STORAGE FACILITY ANNUAL REPORT FOR CALENDAR YEAR 20__</b>	<b>DOT USE ONLY</b>	
		<b>Original Date Submitted</b>	
		<b>Report Type</b>	
		<b>Date Submitted</b>	

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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 Metered volume of natural gas ***withdrawn from the facility*** for calendar year (billion standard cubic feet (BCF)), *include two decimal places*: \_\_\_\_\_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
<b>Injection and/or Withdrawal Wells</b>						<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
<b>Monitoring and/or Observation Wells</b>						<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: \_\_\_\_\_