

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 ____ <div style="text-align: right;">REPORT_YEAR</div>	DOT USE ONLY	
		Original Date Submitted	REPORT_DATE
		Report Type	REPORT_SUBMISSION_TYPE
		Date Submitted	FILING_DATE

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 20 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

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 **OPERATOR_ID**
- A2. Name of Operator: auto-populated based on OPID **OPERATOR_NAME**
- A3. Address of Operator
- A3a. Street Address: auto-populated based on OPID **PARTA_STREET**
- A3b. City: auto-populated based on OPID **PARTA_CITY**
- A3c. State: auto-populated based on OPID **PARTA_STATE**
- A3d. Zip Code: auto-populated based on OPID **PARTA_ZIP**

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

- B1. Facility Name (chosen by operator): _____ **PARTB_UNGS_FACILITY_NAME**
- B2. Select only one: ☐ INTERstate ☐ INTRAsate **PARTB_INTER_INTRA**
- PHMSA USE ONLY Unit ID: _____ **PARTB_UNIT_ID**
- B3. Facility Location Latitude: / / / . / / / / / / **PARTB_LOCATION_LATITUDE**
- Longitude: - / / / / . / / / / / / **PARTB_LOCATION_LONGITUDE**
- State: _____ **PARTB_LOCATION_STATE_NAME** County: _____ **PARTB_LOCATION_COUNTY**
- B4. Energy Information Administration Gas Field Code: _____ **PARTB_EIA_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: _____ **PARTB_WORKING_GAS_CAPACITY_BCF**
- B6. Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: _____ **PARTB_BASE_GAS_CAPACITY_BCF**
- B7. Total gas capacity (billion standard cubic feet (BCF)): _____ **PARTB_TOTAL_GAS_CAPACITY_BCF**

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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: PARTB_VOL_WTHDRWN_AT_FCLTY_BCF

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

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 PARTB_UNGS_FACILITY_NAME

C1. Reservoir name (chosen by operator): PARTC_UNGS_RESERVOIR_NAME

C2. Year reservoir placed in storage service: PARTC_IN_SERVICE_YEAR

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

C4. Maximum Wellhead Surface Pressure

C4a. Text identifying the indicator well: PARTC_INDICATOR_WELL_TEXT

PARTC_MAX_PRESSURE_PSIG

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): PARTC_RESERVOIR_MAX_DEPTH_FT

C6. Approximate Minimum Depth (feet): PARTC_RESERVOIR_MIN_DEPTH_FT

Wells

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

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

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

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

Well Safety Valves

C11. Number of Wells with surface safety valves: PARTC_NUM_WELLS_SURF_SFTY_VALV

C12. Number of Wells with subsurface safety valves: PARTC_NUM_WELLS_SUBS_SFTY_VALV

Well Gas Flow

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

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

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

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

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Maintenance

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

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

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

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

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

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

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

* describe other MIT: **PARTC_WELLS_OTHER_MIT_DESC**

PART D – CONTACT INFORMATION

D1. Name of person submitting report: **PARTD_SUBMITTING_PERSON**

D2. Title of person in D1: **PARTD_SUBMITTING_TITLE**

D3. Work e-mail address of person in D1: **PARTD_SUBMITTING_EMAIL**

D4. Work phone number of person in D1: **PARTD_SUBMITTING_PHONE**

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

D6. Title of person in D5: **PARTD_QUESTION_TITLE**

D7. Email address of person in D5: **PARTD_QUESTION_EMAIL**

D8. Phone number of person in D5: **PARTD_QUESTION_PHONE**

Notes: Field Name not on the form as follow:

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
REPORT_NUMBER	<i>System created value</i>
SUPPLEMENTAL_NUMBER	<i>System created value</i>
PARTB_LOCATION_STATE_ABBR	<i>Abbreviations of State</i>