

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	<p><b>ANNUAL REPORT FOR CALENDAR YEAR 20__</b> <b>NATURAL AND OTHER GAS TRANSMISSION AND</b> <b>GATHERING PIPELINE SYSTEMS</b></p>	<p>INITIAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/></p>
<p>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 22 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.</p> <p><b>Important:</b> 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 <a href="http://www.phmsa.dot.gov/pipeline">http://www.phmsa.dot.gov/pipeline</a>.</p>		
<b>PART A - OPERATOR INFORMATION</b>		DOT USE ONLY
<p>1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)</p> <p style="text-align: center;">_ / _ / _ / _ / _</p>	<p>2. NAME OF COMPANY OR ESTABLISHMENT:</p> <p>_____</p> <p>IF SUBSIDIARY, NAME OF PARENT:</p> <p>_____</p>	
<p>3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Email Address</p> <p>_____</p> <p>Telephone Number</p> <p>_____/_____/_____/_____/_____/_____/_____/_____/_____/_____</p>	<p>4. HEADQUARTERS ADDRESS:</p> <p>_____</p> <p>Company Name</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>State: ____/____/____ Zip Code: ____/____/____ - ____/____/____/____</p> <p>_____/_____/_____/_____/_____/_____/_____/_____/_____/_____</p> <p>Telephone Number</p>	
<p>5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: <i>(Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)</i></p> <p><input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Synthetic Gas</p> <p><input type="checkbox"/> Hydrogen Gas</p> <p><input type="checkbox"/> Propane Gas</p> <p><input type="checkbox"/> Other Gas → Name of Other Gas _____</p>		
<p>6. CHARACTERIZE THE PIPELINES AND/OR PIPELINE FACILITIES COVERED BY THIS OPID AND COMMODITY GROUP WITH RESPECT TO COMPLIANCE WITH PHMSA'S INTEGRITY MANAGEMENT PROGRAM REGULATIONS (49 CFR 192 Subpart O). <i>(Select only one)</i></p> <p><input type="checkbox"/> NO portions of the pipelines and/or pipeline facilities covered by this OPID and Commodity Group are included in an Integrity Management Program subject to 49 CFR 192. If this box is checked, leave PARTs B, F, G, and the "HCA" portions of L and M1 blank, but complete all remaining PARTs of this form in accordance with PART A, Question 8.</p> <p><input type="checkbox"/> Portions of SOME OR ALL of the pipelines and/or pipeline facilities covered by this OPID and Commodity Group are included in an Integrity Management Program subject to 49 CFR 192. If this box is checked, complete all PARTs of this form in accordance with PART A, Question 8.</p>		

7. FOR THE DESIGNATED "COMMODITY GROUP", THE PIPELINES AND/OR PIPELINE FACILITIES INCLUDED WITHIN THIS OPID ARE:  
(Select one or both)

- INTERstate pipeline → List all of the States in which INTERstate pipelines and/or pipeline facilities included under this OPID exist: \_\_, \_\_, \_\_, \_\_, \_\_, etc.
- INTRAsate pipeline → List all of the States in which INTRAsate pipelines and/or pipeline facilities included under this OPID exist: \_\_, \_\_, \_\_, \_\_, \_\_, etc.

8. DOES THIS REPORT REPRESENT A CHANGE FROM LAST YEAR'S FINAL REPORTED NUMBERS FOR ONE OR MORE OF THE FOLLOWING PARTS: PART B, D, E, H, I, J, K, or L? (For calendar year 2010 reporting or if this is a first-time Report for an operator or OPID, Commodity Group(s), or pipelines and/or pipeline facilities, select the first box only. For subsequent years' reporting, select either No or one or both of the Yes choices.)

This report is **FOR CALENDAR YEAR 2010** reporting or is a **FIRST-TIME REPORT** and, therefore, *the remaining choices in this Question 8 do not apply*. Complete all remaining PARTS of this form as applicable.

NO, there are **NO CHANGES** from last year's final reported information for PARTs B, D, E, H, I, J, K, or L. Complete PARTs A, C, M, and N, along with PARTs F, G, and O when applicable.

YES, this report represents a **CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION** for one or more of PARTs B, D, E, H, I, J, K, or L **due to corrected information**; however, *the pipelines and/or pipeline facilities and operations are the same* as those which were covered under last year's report. Complete PARTs A, C, M, and N, along with only those other PARTs which changed (including PARTs B, F, G, and O when applicable).

YES, this report represents a **CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION** for PARTs B, D, E, H, I, J, K, or L because of one or more of the following **change(s) in pipelines and/or pipeline facilities and/or operations** from those which were covered under last year's report. Complete PARTs A, C, M, and N, along with only those other PARTs which changed (including PARTs B, F, G, and O when applicable). (Select all reasons for these changes from the following list)

- Merger of companies and/or operations, acquisition of pipelines and/or pipeline facilities
- Divestiture of pipelines and/or pipeline facilities
- New construction or new installation of pipelines and/or pipeline facilities
- Conversion to service, change in commodity transported, or change in MAOP (maximum allowable operating pressure).
- Abandonment of existing pipelines and/or pipeline facilities
- Change in HCA's identified, HCA Segments, or other changes to Operator's Integrity Management Program
- Change in OPID
- Other → Describe: \_\_\_\_\_

**For the designated Commodity Group, complete PARTs B, C, D, and E one time for all pipelines and/or pipeline facilities – both INTERstate and INTRAstate - included within this OPID.**

PART B – TRANSMISSION PIPELINE HCA MILES	
	Number of HCA Miles in the IMP Program
<b>Onshore</b>	
<b>Offshore</b>	
Total Miles	<i>Calc</i>

PART C - VOLUME TRANSPORTED IN TRANSMISSION PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludes Transmission lines of Gas Distribution systems)		<input type="checkbox"/> Check this box and proceed to PART D without completing this PART C if this report only includes gathering pipelines or transmission lines of gas distribution systems.	
	Onshore	Offshore	
Natural Gas			
Propane Gas			
Synthetic Gas			
Hydrogen Gas			
Other Gas → Name: _____			

PART D - MILES OF STEEL PIPE BY CORROSION PROTECTION					
	Cathodically protected		Cathodically unprotected		Total Miles
	Bare	Coated	Bare	Coated	
<b>Transmission</b>					
Onshore					<i>Calc</i>
Offshore					<i>Calc</i>
Subtotal Transmission	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>
<b>Gathering</b>					
Onshore Type A					<i>Calc</i>
Onshore Type B					<i>Calc</i>
Offshore					<i>Calc</i>
Subtotal Gathering	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>
Total Miles	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>

<b>PART E - MILES OF non-STEEL PIPE BY TYPE AND LOCATION</b>					
	Cast Iron Pipe	Wrought Iron Pipe	Plastic Pipe	Other Pipe	Total Miles
<b>Transmission</b>					
Onshore					<i>Calc</i>
Offshore					<i>Calc</i>
Subtotal Transmission	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>
<b>Gathering</b>					
Onshore Type A					<i>Calc</i>
Onshore Type B					<i>Calc</i>
Offshore					<i>Calc</i>
Subtotal Gathering	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>
Total Miles	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>

***For the designated Commodity Group, complete PARTs F and G one time for all INTERstate pipelines and/or pipeline facilities included within this OPID and multiple times as needed for the designated Commodity Group for each State in which INTRAsate pipelines and/or pipeline facilities included within this OPID exist. Each time these sections are completed, designate the State to which the data applies for INTRAsate pipelines and/or pipeline facilities, or that it applies to all INTERstate pipelines included within this Commodity Group and OPID.***

<b>PARTs F and G</b>
The data reported in these PARTs F and G applies to: <i>(select only one)</i>
<input type="checkbox"/> Interstate pipelines/pipeline facilities
<input type="checkbox"/> Intrastate pipelines/pipeline facilities in the State of <u>  </u> / <u>  </u> / <u>  </u> <i>(complete for each State)</i>

<b>PART F - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION</b>	
<b>1. MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS</b>	
a. Corrosion or metal loss tools	
b. Dent or deformation tools	
c. Crack or long seam defect detection tools	
d. Any other internal inspection tools	
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d )	<i>Calc</i>
<b>2. ACTIONS TAKEN IN CALENDAR YEAR BASED ON IN-LINE INSPECTIONS</b>	
a. Based on ILI data, total number of anomalies excavated in calendar year because they met the operator's criteria for excavation.	
b. Total number of anomalies repaired in calendar year that were identified by ILI based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	
c. Total number of conditions repaired WITHIN AN HCA SEGMENT meeting the definition of:	<i>Calc</i>
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
<b>3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING</b>	
a. Total mileage inspected by pressure testing in calendar year.	
b. Total number of pressure test failures (ruptures and leaks) repaired in calendar year, both within an HCA Segment and outside of an HCA Segment.	
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN AN HCA SEGMENT.	
d. Total number of pressure test leaks (less than complete wall failure but including escape of test medium) repaired in calendar year WITHIN AN HCA SEGMENT.	

*(PART F continued)*

<b>4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods)</b>	
a. Total mileage inspected by each DA method in calendar year.	<i>Calc</i>
1. ECDA	
2. ICDA	
3. SCCDA	
b. Total number of anomalies identified by each DA method and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	<i>Calc</i>
1. ECDA	
2. ICDA	
3. SCCDA	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	<i>Calc</i>
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
<b>5. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON OTHER INSPECTION TECHNIQUES</b>	
a. Total mileage inspected by inspection techniques other than those listed above in calendar year.	
b. Total number of anomalies identified by other inspection techniques and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	<i>Calc</i>
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
<b>6. TOTAL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN IN CALENDAR YEAR</b>	
a. Total mileage inspected in calendar year. (Lines 1.e + 3.a + 4.a.1 + 4.a.2 + 4.a.3 + 5.a)	<i>Calc</i>
b. Total number of anomalies repaired in calendar year both within an HCA Segment and outside of an HCA Segment. (Lines 2.b + 3.b + 4.b.1 + 4.b.2 + 4.b.3 + 5.b)	<i>Calc</i>
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c.1 + 2.c.2 + 2.c.3 + 2.c.4 + 3.c + 3.d + 4.c.1 + 4.c.2 + 4.c.3 + 4.c.4 + 5.c.1 + 5.c.2 + 5.c.3 + 5.c.4)	<i>Calc</i>

<b>PART G-- MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Segment miles ONLY)</b>	
a. Baseline assessment miles completed during the calendar year.	
b. Reassessment miles completed during the calendar year.	
c. Total assessment and reassessment miles completed during the calendar year.	<i>Calc</i>

**For the designated Commodity Group, complete PARTs H, I, J, K, L, and M covering INTERstate pipelines and/or pipeline facilities for each State in which INTERstate systems exist within this OPID and again covering INTRAsate pipelines and/or pipeline facilities for each State in which INTRAsate systems exist within this OPID.**

<b>PARTs H, I, J, K, L, and M</b>
<p>The data reported in these PARTs H, I, J, K, L, and M applies to: <i>(select only one)</i></p> <p><input type="checkbox"/> Interstate pipelines/pipeline facilities in the State of /_/_/_/ <i>(complete for each State)</i></p> <p><input type="checkbox"/> Intrastate Pipelines/pipeline facilities in the State of /_/_/_/ <i>(complete for each State)</i></p>

PART H - MILES OF TRANSMISSION PIPE BY NOMINAL PIPE SIZE (NPS)									
<b>Onshore</b>	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	22"	24"	26"	28"	30"	32"	34"	36"	38"
	42"	44"	46"	48"	52"	56"	58" and over	Other Pipe Sizes Not Listed	
								Size: __ Miles: _____ Add Sizes as needed	
<i>Calc</i>	Total Miles of Onshore Pipe - Transmission								
<b>Offshore</b>	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	22"	24"	26"	28"	30"	32"	34"	36"	38"
	42"	44"	46"	48"	52"	56"	58" and over	Other Pipe Sizes Not Listed	
								Size: __ Miles: _____ Add Sizes as needed	
<i>Calc</i>	Total Miles of Offshore Pipe - Transmission								

PART I - MILES OF GATHERING PIPE BY NOMINAL PIPE SIZE (NPS)									
<b>Onshore Type A</b>	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	22"	24"	26"	28"	30"	32"	34"	36"	38"
	42"	44"	46"	48"	52"	56"	58" and over	Other Pipe Sizes Not Listed	
							Size: __ Miles: _____ Add Sizes as needed		
<i>Calc</i>	Total Miles of Onshore Type A Pipe - Gathering								
<b>Onshore Type B</b>	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	22"	24"	26"	28"	30"	32"	34"	36"	38"
	42"	44"	46"	48"	52"	56"	58" and over	Other Pipe Sizes Not Listed	
							Size: __ Miles: _____ Add Sizes as needed		
<i>Calc</i>	Total Miles of Onshore Type B Pipe - Gathering								
<b>Offshore</b>	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	22"	24"	26"	28"	30"	32"	34"	36"	38"
	42"	44"	46"	48"	52"	56"	58" and over	Other Pipe Sizes Not Listed	
							Size: __ Miles: _____ Add Sizes as needed		
<i>Calc</i>	Total Miles of Offshore Pipe - Gathering								



PART J – MILES OF PIPE BY DECADE INSTALLED						
Decade Pipe Installed	Pre-40 or Unknown	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
<b>Transmission</b>						
Onshore						
Offshore						
Subtotal Transmission	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>
<b>Gathering</b>						
Onshore Type A						
Onshore Type B						
Offshore						
Subtotal Gathering	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>
Total Miles	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>
Decade Pipe Installed	1990 - 1999	2000 - 2009	2010 - 2019			Total Miles
<b>Transmission</b>						
Onshore						<i>Calc</i>
Offshore						<i>Calc</i>
Subtotal Transmission	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>			<i>Calc</i>
<b>Gathering</b>						
Onshore Type A						<i>Calc</i>
Onshore Type B						<i>Calc</i>
Offshore						<i>Calc</i>
Subtotal Gathering	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>			<i>Calc</i>
Total Miles	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>			<i>Calc</i>

PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH					
ONSHORE	CLASS LOCATION				Total Miles
	Class 1	Class 2	Class 3	Class 4	
Less than 20% SMYS					Calc
Greater than or equal to 20% SMYS but less than 30% SMYS					Calc
Greater than or equal to 30% SMYS but less than or equal to 40% SMYS					Calc
Greater than 40% SMYS but less than or equal to 50% SMYS					Calc
Greater than 50% SMYS but less than or equal to 60% SMYS					Calc
Greater than 60% SMYS but less than or equal to 72% SMYS					Calc
Greater than 72% SMYS but less than or equal to 80% SMYS					Calc
Greater than 80% SMYS					Calc
Unknown percent of SMYS					Calc
All Non-Steel pipe					Calc
Onshore Totals	Calc	Calc	Calc	Calc	Calc
<b>OFFSHORE</b>	Class 1				
Less than or equal to 50% SMYS					
Greater than 50% SMYS but less than or equal to 72% SMYS					
Offshore Total	Calc				
Total Miles	Calc	Calc	Calc	Calc	Calc

PART L - MILES OF PIPE BY CLASS LOCATION						
	Class Location				Total Class Location Miles	HCA Miles in the IMP Program
	Class 1	Class 2	Class 3	Class 4		
<b>Transmission</b>						
Onshore					<i>Calc</i>	
Offshore					<i>Calc</i>	
Subtotal Transmission	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>
<b>Gathering</b>						
Onshore Type A					<i>Calc</i>	
Onshore Type B					<i>Calc</i>	
Offshore					<i>Calc</i>	
Subtotal Gathering	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	
Total Miles	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>

PART M – INCIDENTS, FAILURES, LEAKS, AND REPAIRS									
PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; INCIDENTS & FAILURES IN HCA SEGMENTS IN CALENDAR YEAR									
Cause	Transmission Incidents, Leaks, and Failures						Gathering Leaks		
	Incidents in HCA Segments	Leaks				Failures in HCA Segments	Onshore Leaks		Offshore Leaks
		Onshore Leaks		Offshore Leaks			Type A	Type B	
		HCA	Non-HCA	HCA	Non-HCA				
External Corrosion									
Internal Corrosion									
Stress Corrosion Cracking									
Manufacturing									
Construction									
Equipment									
Incorrect Operations									
Third Party Damage/Mechanical Damage									
Excavation Damage									
Previous Damage (due to Excavation Activity)									
Vandalism (includes all Intentional Damage)									
Weather Related/Other Outside Force									
Natural Force Damage (all)									
Other Outside Force Damage (excluding Vandalism and all Intentional Damage)									
Other									
Total	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
PART M2 – KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR									
Transmission		Gathering							
PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR									
Transmission					Gathering				
Onshore	Onshore Type A								
	Onshore Type B								
OCS	OCS								
Subtotal Transmission	Calc	Subtotal Gathering			Calc				
Total	Calc								

**For the designated Commodity Group, complete PART N one time for all of the pipelines and/or pipeline facilities included within this OPID, and then also PART O if any portion(s) of the pipelines and/or pipeline facilities covered under this Commodity Group and OPID are included in an Integrity Management Program subject to 49 CFR 192.**

PART N - PREPARER SIGNATURE (applicable to all PARTs A - M)	
_____ Preparer's Name(type or print)	_____/_____/_____-_____/_____/_____-_____/_____/_____/_____ Telephone Number
_____ Preparer's Title	_____/_____/_____-_____/_____/_____-_____/_____/_____/_____ Facsimile Number
_____ Preparer's E-mail Address	

PART O - CERTIFYING SIGNATURE (applicable only to PARTs B, F, G, and M1)	
_____ Senior Executive Officer's signature certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)	_____/_____/_____-_____/_____/_____-_____/_____/_____/_____ Telephone Number
_____ Senior Executive Officer's name certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)	
_____ Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)	
_____ Senior Executive Officer's E-mail Address	