

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<b>OPERATOR REGISTRY NOTIFICATION</b>	<b>DOT USE ONLY</b>
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 2137-0627. Public reporting for this collection of information is estimated to be approximately 15 minutes 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, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.			
<b>STEP 1 – ENTER BASIC NOTIFICATION INFORMATION</b>			
1. Operator’s PHMSA-issued Operator Identification Number (OPID): _____ 2. Current name of Operator assigned to this OPID for this Operator Registry Notification: _____ 3. Operator Headquarters address: _____ City: _____ State: _____ Zip Code: _____ 4. Date of this Operator Registry Notification: _____ 5. Name of Operator contact for this Operator Registry Notification: Last _____ First _____ MI _____ 6. Phone number of Operator contact for this Operator Registry Notification: _____ 7. Select the type of pipelines and/or facilities involved in this Operator Registry Notification: <i>(select all that apply)</i> LNG Plant or Facility Gas Distribution Gas Transmission Gas Gathering Hazardous Liquid			
<b>STEP 2 – SELECT TYPE OF NOTIFICATION</b>			
<i>Important Instruction to Operator: Upon selecting a Type A, B, D, E, F, G, or H Notification, the Operator should also complete the items in STEP 2 Type C IF the changes associated with the originating Notification will result in a change in the primary entity responsible for managing or administering any of the PHMSA-required pipeline safety programs listed in STEP 2, Type C, Question 1. The Type C notification information will then accompany the information submitted with the originating Notification.</i>			
<b>TYPE A – CHANGE IN THE NAME OF THE OPERATOR OF AN EXISTING PIPELINE, PIPELINE FACILITY, OR LNG PLANT OR LNG FACILITY</b>			
1. Indicate the Operator Name for this OPID as you want it to appear in PHMSA records: _____ 2. Reason for this change:  3. Indicate the effective date for this change: _____			

**TYPE B – CHANGE IN THE ENTITY (e.g., COMPANY, MUNICIPALITY) RESPONSIBLE FOR OPERATING AN EXISTING PIPELINE, PIPELINE SEGMENT, PIPELINE FACILITY, OR LNG PLANT OR LNG FACILITY**

1. List previous OPID Number: \_\_\_\_\_  
Previous Operator name: \_\_\_\_\_
2. Reason for this change:
3. Indicate the effective date for this change: \_\_\_\_\_

**TYPE C – CHANGE IN THE PRIMARY ENTITY RESPONSIBLE (I.E., WITH AN ASSIGNED OPID) FOR MANAGING OR ADMINISTERING A SAFETY PROGRAM REQUIRED BY 49 CFR 192, 194, 195, OR 199 COVERING PIPELINE FACILITIES OPERATED UNDER MULTIPLE OPIDS**

*Sometimes, existing pipelines, pipeline segments, or pipeline facilities are part of a common PHMSA-required pipeline safety program which also involves other assets covered by additional OPIDs. (These common safety programs are sometimes referred to as “umbrella” safety programs.) The questions in this section notify PHMSA of changes in these relationships so that compliance performance can be accurately portrayed, as well as to facilitate PHMSA’s resource planning and preparation in the conduct of inspections of these PHMSA-required safety programs.*

*Important Instruction to Operator: When a common PHMSA-required pipeline safety program exists which covers assets having multiple OPID numbers, the Operators assigned those OPIDs are required to inform PHMSA as to which one of the various OPIDs is “primary” for the purposes of PHMSA inspections and Operator Registry Reporting (e.g., which OPID should be contacted and referred to when PHMSA or a state exercising jurisdiction intends to inspect that safety program), and must do so for each PHMSA-required pipeline safety program listed below.*

1. List the new Operator-designated “primary” OPID for each common PHMSA-required pipeline safety program associated with this Operator Registry Notification, and also list the previous “primary” OPID associated with the program. Those programs not selected below will be considered to not have changed: *(select all that apply)*

***For ALL facilities...***

- 1a. Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202)  
New: \_\_\_\_\_ Previous: \_\_\_\_\_  
Indicate the effective date for this change(s): \_\_\_\_\_

***For Gas Distribution, Gas Transmission and Gathering, or Hazardous Liquid Pipeline Facilities...***

- 1b. Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402)  
New: \_\_\_\_\_ Previous: \_\_\_\_\_  
Indicate the effective date for this change(s): \_\_\_\_\_
- 1c. Damage Prevention Program (192.614, 195.442)  
New: \_\_\_\_\_ Previous: \_\_\_\_\_  
Indicate the effective date for this change(s): \_\_\_\_\_
- 1d. Public Awareness/Education Program (192.616, 195.440)  
New: \_\_\_\_\_ Previous: \_\_\_\_\_  
Indicate the effective date for this change(s): \_\_\_\_\_

*[TYPE C, Question 1 continued]*

1e. Control Room Management Procedures (192.631, 195.446)  
 New: \_\_\_\_\_ Previous: \_\_\_\_\_  
 Indicate the effective date for this change(s): \_\_\_\_\_

1f. Operator Qualification Program (192.805, 195.505)  
 New: \_\_\_\_\_ Previous: \_\_\_\_\_  
 Indicate the effective date for this change(s): \_\_\_\_\_

1g. Integrity Management Program (192.907, 192.1005, 195.452)  
 New: \_\_\_\_\_ Previous: \_\_\_\_\_  
 Indicate the effective date for this change(s): \_\_\_\_\_

***For Hazardous Liquid Pipeline Facilities...***

1h. Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101)  
 New: \_\_\_\_\_ Previous: \_\_\_\_\_  
 Indicate the effective date for this change(s): \_\_\_\_\_

**TYPE D – ACQUISITION OR DIVESTITURE OF 50 OR MORE MILES OF PIPELINE OR PIPELINE SYSTEM SUBJECT TO 49 CFR 192 OR 195**

1. Is this Notification for:    An Acquisition        A Divestiture        BOTH an Acquisition and a Divestiture

2. If an acquisition, list OPID Number of previous Operator, if one has been assigned: \_\_\_\_\_        Not assigned  
 Previous Operator name: \_\_\_\_\_

3. If a divestiture, list OPID Number of new Operator, if one has been assigned \_\_\_\_\_        Not assigned  
 New Operator name: \_\_\_\_\_

4. Indicate the effective date for this acquisition and/or divestiture: \_\_\_\_\_

**TYPE E – ACQUISITION OR DIVESTITURE OF AN EXISTING PIPELINE FACILITY SUBJECT TO 49 CFR 195**

1. Is this Notification for:    An Acquisition        A Divestiture        BOTH an Acquisition and a Divestiture
2. If an acquisition, list OPID Number of previous Operator, if one has been assigned: \_\_\_\_\_ Not assigned  
    Previous Operator name: \_\_\_\_\_
3. If a divestiture, list OPID Number of new Operator, if one has been assigned: \_\_\_\_\_ Not assigned  
    New Operator name: \_\_\_\_\_
4. Indicate the effective date for this acquisition and/or divestiture: \_\_\_\_\_

**TYPE F – CONSTRUCTION OR ANY PLANNED REHABILITATION, REPLACEMENT, MODIFICATION, UPGRADE, UPRATE, OR UPDATE OF FACILITIES SUBJECT TO 49 CFR 192 OR 195 , OTHER THAN A SECTION OF LINE PIPE, THAT COSTS \$10 MILLION OR MORE**

1. Anticipated start date of field work activities: \_\_\_\_\_
2. Anticipated date of operational start-up, if shutdown to complete work: \_\_\_\_\_ No shutdown needed

**TYPE G – CONSTRUCTION OF 10 OR MORE MILES OF A NEW PIPELINE (INCLUDING REPLACEMENT OF 10 OR MORE MILES OF EXISTING PIPELINE)**

1. Anticipated start date of field construction activities: \_\_\_\_\_
2. Anticipated date of operational start-up: \_\_\_\_\_
3. If this is a gas transmission pipeline, do you anticipate operating utilizing the alternative maximum allowable operating pressure per 49 CFR 192.620?  
    No        Yes

**TYPE H – CONSTRUCTION OF A NEW PIPELINE FACILITY SUBJECT TO 49 CFR 195**

1. Anticipated start date of field work activities: \_\_\_\_\_
2. Anticipated date of operational start-up: \_\_\_\_\_

**TYPE I – ACQUISITION OR DIVESTITURE OF AN EXISTING LNG PLANT OR LNG FACILITY SUBJECT TO 49 CFR 193**

1. Is this Notification for:    An Acquisition            A Divestiture            BOTH an Acquisition and a Divestiture
2. If an acquisition, list OPID Number of previous Operator, if one has been assigned: \_\_\_\_\_ Not assigned  
    Previous Operator name: \_\_\_\_\_
3. If a divestiture, list OPID Number of new Operator, if one has been assigned: \_\_\_\_\_ Not assigned  
    New Operator name: \_\_\_\_\_
4. Indicate the effective date for this acquisition and/or divestiture: \_\_\_\_\_
5. Plant/Facility 1
  - 5a. Name: \_\_\_\_\_
  - 5b. If Onshore, give location as: State: \_\_\_\_\_ County: \_\_\_\_\_
  - 5c. If Offshore in State waters, give location as: State: \_\_\_\_\_
  - 5d. If Offshore OCS, give location as:  
        OCS Atlantic  
        OCS Gulf of Mexico  
        OCS Pacific  
        OCS Alaska
6. Plant/Facility 2
  - 6a. Name: \_\_\_\_\_
  - 6b. If Onshore, give location as: State: \_\_\_\_\_ County: \_\_\_\_\_
  - 6c. If Offshore in State waters, give location as: State: \_\_\_\_\_
  - 6d. If Offshore OCS, give location as:  
        OCS Atlantic  
        OCS Gulf of Mexico  
        OCS Pacific  
        OCS Alaska
7. Plant/Facility 3
  - 7a. Name: \_\_\_\_\_
  - 7b. If Onshore, give location as: State: \_\_\_\_\_ County: \_\_\_\_\_
  - 7c. If Offshore in State waters, give location as: State: \_\_\_\_\_
  - 7d. If Offshore OCS, give location as:  
        OCS Atlantic  
        OCS Gulf of Mexico  
        OCS Pacific  
        OCS Alaska

**TYPE J – CONSTRUCTION OF A NEW LNG PLANT OR LNG FACILITY**

1. Plant/Facility 1

- 1a. Name: \_\_\_\_\_
- 1b. If Onshore, give location as: State: \_\_\_\_\_ County: \_\_\_\_\_
- 1c. If Offshore in State waters, give location as: State: \_\_\_\_\_
- 1d. If Offshore OCS, give location as:
  - OCS Atlantic
  - OCS Gulf of Mexico
  - OCS Pacific
  - OCS Alaska
- 1e. Anticipated date of field construction activities: \_\_\_\_\_
- 1f. Anticipated date of operational start-up: \_\_\_\_\_

2. Plant/Facility 2

- 2a. Name: \_\_\_\_\_
- 2b. If Onshore, give location as: State: \_\_\_\_\_ County: \_\_\_\_\_
- 2c. If Offshore in State waters, give location as: State: \_\_\_\_\_
- 2d. If Offshore OCS, give location as:
  - OCS Atlantic
  - OCS Gulf of Mexico
  - OCS Pacific
  - OCS Alaska
- 2e. Anticipated date of field construction activities: \_\_\_\_\_
- 2f. Anticipated date of operational start-up: \_\_\_\_\_

3. Plant/Facility 3

- 3a. Name: \_\_\_\_\_
- 3b. If Onshore, give location as: State: \_\_\_\_\_ County: \_\_\_\_\_
- 3c. If Offshore in State waters, give location as: State: \_\_\_\_\_
- 3d. If Offshore OCS, give location as:
  - OCS Atlantic
  - OCS Gulf of Mexico
  - OCS Pacific
  - OCS Alaska
- 3e. Anticipated date of field construction activities: \_\_\_\_\_
- 3f. Anticipated date of operational start-up: \_\_\_\_\_

<b>STEP 3 – ENTER SUPPLEMENTAL INFORMATION FOR PIPELINES AND PIPELINE FACILITIES</b>	<b><i>If TYPE D, E, F, G, or H is selected as the reason for this Operator Registry Notification, complete STEP 3.</i></b>
<p><i>Important Instruction to Operator: In addition to completing items 1 through 4 below, the Operator should also complete the items in STEP 2 Type C IF the changes associated with the originating Type D, E, F, G, or H Notification will result in a change in the primary entity responsible for managing or administering any of the PHMSA-required safety programs listed in STEP 2, Type C, Question 1. The Type C notification information will then accompany the information submitted with the originating Notification.</i></p>	
<p>1. The pipelines and/or facilities included in this Operator Registry Notification are associated with the following types of facilities and transport the following types of commodities: <i>(select all that apply)</i></p> <p style="margin-left: 40px;">Gas Distribution</p> <p style="margin-left: 80px;">Natural Gas</p> <p style="margin-left: 80px;">Propane Gas</p> <p style="margin-left: 80px;">Other Gas ⇨ Name: _____</p> <p style="margin-left: 40px;">Gas Transmission</p> <p style="margin-left: 80px;">Gas Transmission</p> <p style="margin-left: 120px;">Natural Gas</p> <p style="margin-left: 120px;">Propane Gas</p> <p style="margin-left: 120px;">Synthetic Gas</p> <p style="margin-left: 120px;">Hydrogen Gas</p> <p style="margin-left: 120px;">Other Gas ⇨ Name: _____</p> <p style="margin-left: 80px;">Gas Storage Facilities ⇨ Total Number: _____</p> <p style="margin-left: 40px;">Gas Gathering</p> <p style="margin-left: 40px;">Hazardous Liquid</p> <p style="margin-left: 80px;">Hazardous Liquid Trunkline or Transmission Line</p> <p style="margin-left: 120px;">Crude Oil</p> <p style="margin-left: 120px;">Refined and/or Petroleum Product (non-HVL)</p> <p style="margin-left: 120px;">HVL or Anhydrous Ammonia</p> <p style="margin-left: 160px;">Anhydrous Ammonia</p> <p style="margin-left: 160px;">LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid)</p> <p style="margin-left: 120px;">Other HVL ⇨ Name: _____</p> <p style="margin-left: 120px;">CO2 (Carbon Dioxide)</p> <p style="margin-left: 120px;">Biofuel / Alternative Fuel (including ethanol blends, but excluding Fuel Grade Ethanol)</p> <p style="margin-left: 120px;">Fuel Grade Ethanol (also referred to as Neat Ethanol)</p> <p style="margin-left: 40px;">Regulated Hazardous Liquid Gathering</p> <p style="margin-left: 80px;">Hazardous Liquid Breakout Tanks ⇨ Total Number : _____</p>	
<p>2. Will any single pipeline or pipeline facility included in this Operator Registry Notification be subject to BOTH 49 CFR Part 192 AND 49 CFR Part 195 due to the planned transportation of commodities which are subject to both Parts?      No      Yes</p> <p style="margin-left: 40px;"><i>[STEP 3 continued]</i></p>	

*The series of questions under this STEP 3, Question 3 should be completed for each of the following facility types as selected in STEP 3, Question 1: Gas Distribution, Gas Transmission, Gas Gathering, and Hazardous Liquid.*

3. For Gas Distribution, the pipelines and/or facilities covered by this Operator Registry Notification are:

3a. Approximate number of regulated miles of Mains: \_\_\_\_\_ miles

3b. List all of the States in which these Mains are physically located:

State 1: \_\_\_\_\_

State 2: \_\_\_\_\_

State 3: \_\_\_\_\_

State 4: \_\_\_\_\_

State 5: \_\_\_\_\_

State 6: \_\_\_\_\_

State 7: \_\_\_\_\_

State 8: \_\_\_\_\_

State 9: \_\_\_\_\_

State 10: \_\_\_\_\_

State 11: \_\_\_\_\_

State 12: \_\_\_\_\_

State 13: \_\_\_\_\_

State 14: \_\_\_\_\_

State 15: \_\_\_\_\_

State 16: \_\_\_\_\_

State 17: \_\_\_\_\_

State 18: \_\_\_\_\_

State 19: \_\_\_\_\_

State 20: \_\_\_\_\_

State 21: \_\_\_\_\_

State 22: \_\_\_\_\_

State 23: \_\_\_\_\_

State 24: \_\_\_\_\_

State 25: \_\_\_\_\_

*[STEP 3, Question 3 continued]*

3. For Gas Gathering, the pipelines and/or facilities covered by this Operator Registry Notification are:

Onshore

3a. Approximate number of regulated pipeline miles acquired or constructed:

\_\_\_\_\_ miles      Not applicable

**For TYPE G – Construction of 10 or more miles of new pipeline (including replacement of 10 or more miles of existing pipeline) ONLY, include Question 3b.**

3b. Are portions of this pipeline to be installed in common parallel corridors, rights-of-way, or trenches with other utilities? (select all that apply)

- No
- Yes, parallel to other pipelines subject to 49 CFR 192 or 195
- Yes, parallel to other electric facilities such as Transmission/Distribution lines and/or Wind Farm power lines
- Yes, parallel to other underground Utilities such as water or sewer (sanitary/storm)
- Yes, parallel to other underground Utilities such as cable TV or other communications lines
- Yes, parallel to other facilities ⇨ Describe: \_\_\_\_\_

3c. List all of the States and Counties in which the Onshore pipelines and/or facilities which were acquired or constructed are physically located :

State 1: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 2: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 3: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 4: \_\_\_\_\_ Counties: \_\_\_\_\_

(Add States as needed)

3d. Approximate number of regulated pipeline miles divested:

\_\_\_\_\_ miles      Not applicable

3e. List all of the States and Counties in which the Onshore pipelines and/or facilities which were divested are physically located :

State 1: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 2: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 3: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 4: \_\_\_\_\_ Counties: \_\_\_\_\_

(Add States as needed)

[STEP 3, Question 3 continued]

Offshore

3f. Approximate number of regulated pipeline miles acquired or constructed:

\_\_\_\_\_ miles      Not applicable

3g. Select all of the OCS (Outer Continental Shelf) Areas in which the Offshore pipelines and/or facilities which were acquired or constructed are physically located:

- OCS Atlantic
- OCS Gulf of Mexico
- OCS Pacific
- OCS Alaska

3h. List all of the State waters in which these pipelines and/or facilities which were acquired or constructed are physically located

State 1: \_\_\_\_\_

State 2: \_\_\_\_\_

State 3: \_\_\_\_\_

State 4: \_\_\_\_\_

*(Add States as needed)*

3i. Approximate number of regulated pipeline miles divested:

\_\_\_\_\_ miles      Not applicable

3j. Select all of the OCS (Outer Continental Shelf) Areas in which the Offshore pipelines and/or facilities which were divested are physically located:

- OCS Atlantic
- OCS Gulf of Mexico
- OCS Pacific
- OCS Alaska

3k. List all of the State waters in which these pipelines and/or facilities which were divested are physically located

State 1: \_\_\_\_\_

State 2: \_\_\_\_\_

State 3: \_\_\_\_\_

State 4: \_\_\_\_\_

*(Add States as needed)*

*[STEP 3, Question 3 continued]*

3. For Gas Transmission, Gas Gathering, or Hazardous Liquid, the pipelines and/or facilities covered by this Operator Registry Notification are: (Select Interstate and/or Intrastate, and complete the remaining Questions for each set of Interstate assets and/or Intrastate assets and for each selection of Gas Transmission, Gas Gathering, and/or Hazardous Liquid facilities, depending on which facility type was selected in STEP 3, Question 1. For Gas Gathering pipelines and/or facilities only, county information is not to be included.)

NOTE: This series of questions should be completed separately for each of the following facility types selected: Gas Transmission, Gas Gathering, and Hazardous Liquid. In other words, if the Notification covers Gas Transmission, Gas Gathering, as well as Hazardous Liquid facilities, then this series of questions will need to be completed three separate times – once for each of these three facility types.

Interstate

Onshore

3a. Approximate number of regulated pipeline miles acquired or constructed:

\_\_\_\_\_ miles      Not applicable

-----  
**For TYPE G – Construction of 10 or more miles of new pipeline (including replacement of 10 or more miles of existing pipeline) ONLY, include Question 3b.**

3b. Are portions of this pipeline to be installed in common parallel corridors, rights-of-way, or trenches with other utilities? (select all that apply)

- No
- Yes, parallel to other pipelines subject to 49 CFR 192 or 195
- Yes, parallel to other electric facilities such as Transmission/Distribution lines and/or Wind Farm power lines
- Yes, parallel to other underground Utilities such as water or sewer (sanitary/storm)
- Yes, parallel to other underground Utilities such as cable TV or other communications lines
- Yes, parallel to other facilities ⇨ Describe: \_\_\_\_\_

-----  
3c. List all of the States and Counties in which the Interstate pipelines and/or facilities which were acquired or constructed are physically located :

State 1: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 2: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 3: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 4: \_\_\_\_\_ Counties: \_\_\_\_\_

(Add States as needed)

3d. Approximate number of regulated pipeline miles divested:

\_\_\_\_\_ miles      Not applicable

3e. List all of the States and Counties in which the Interstate pipelines and/or facilities which were divested are physically located :

State 1: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 2: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 3: \_\_\_\_\_ Counties: \_\_\_\_\_  
State 4: \_\_\_\_\_ Counties: \_\_\_\_\_

(Add States as needed)

[STEP 3, Question 3 continued]

Offshore OCS

3f. Approximate number of regulated pipeline miles acquired or constructed:  
\_\_\_\_\_ miles      Not applicable

3g. Select all of the OCS (Outer Continental Shelf) Areas in which the Interstate pipelines and/or facilities which were acquired or constructed are physically located:

- OCS Atlantic
- OCS Gulf of Mexico
- OCS Pacific
- OCS Alaska

3h. Approximate number of regulated pipeline miles divested:  
\_\_\_\_\_ miles      Not applicable

3i. Select all of the OCS (Outer Continental Shelf) Areas in which the Interstate pipelines and/or facilities which were divested are physically located:

- OCS Atlantic
- OCS Gulf of Mexico
- OCS Pacific
- OCS Alaska

*[STEP 3, Question 3 continued]*

Intrastate

Onshore

3j. Approximate number of regulated pipeline miles acquired or constructed:  
\_\_\_\_\_ miles      Not applicable

-----  
**For TYPE G – Construction of 10 or more miles of new pipeline (including replacement of 10 or more miles of existing pipeline) ONLY, include Question 3k.**

3k. Are portions of this pipeline to be installed in common parallel corridors, rights-of-way, or trenches with other utilities? *(select all that apply)*

- No
- Yes, parallel to other pipelines subject to 49 CFR 192 or 195
- Yes, parallel to other electric facilities such as Transmission/Distribution lines and/or Wind Farm power lines
- Yes, parallel to other underground Utilities such as water or sewer (sanitary/storm)
- Yes, parallel to other underground Utilities such as cable TV or other communications lines
- Yes, parallel to other facilities ⇔ Describe: \_\_\_\_\_

-----  
3l. List all of the States and Counties in which the Intrastate pipelines and/or facilities which were acquired or constructed are physically located :

State 1: \_\_\_\_\_ Counties: \_\_\_\_\_

State 2: \_\_\_\_\_ Counties: \_\_\_\_\_

State 3: \_\_\_\_\_ Counties: \_\_\_\_\_

State 4: \_\_\_\_\_ Counties: \_\_\_\_\_

*(Add States as needed)*

3m. Approximate number of regulated pipeline miles divested:

\_\_\_\_\_ miles      Not applicable

3n. List all of the States and Counties in which the Intrastate pipelines and/or facilities which were divested are physically located :

State 1: \_\_\_\_\_ Counties: \_\_\_\_\_

State 2: \_\_\_\_\_ Counties: \_\_\_\_\_

State 3: \_\_\_\_\_ Counties: \_\_\_\_\_

State 4: \_\_\_\_\_ Counties: \_\_\_\_\_

*(Add States as needed)*

[STEP 3, Question 3 continued]

Offshore in State waters

3o. Approximate number of regulated pipeline miles acquired or constructed:

\_\_\_\_\_ miles      Not applicable

3p. List all of the State waters in which the Intrastate pipelines and/or facilities which were acquired or constructed are physically located:

State 1: \_\_\_\_\_

State 2: \_\_\_\_\_

State 3: \_\_\_\_\_

State 4: \_\_\_\_\_

*(Add States as needed)*

3q. Approximate number of regulated pipeline miles divested:

\_\_\_\_\_ miles      Not applicable

3r. List all of the State waters in which the Intrastate pipelines and/or facilities which were divested are physically located:

State 1: \_\_\_\_\_

State 2: \_\_\_\_\_

State 3: \_\_\_\_\_

State 4: \_\_\_\_\_

*(Add States as needed)*

4. Provide a brief and general description of the pipelines and/or facilities covered by this Operator Registry Notification:

*In addition to the information provided below, Operators are encouraged to provide a general overview map (or maps) depicting the approximate geographic location of the pipelines and/or facilities covered by this Operator Registry Notification.*