

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. Volume of natural gas ***withdrawn from the facility*** for calendar year (billion standard cubic feet (BCF)), include two decimal places: \_\_\_\_\_

B9. 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. Text identifying the indicator well: \_\_\_\_\_

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): \_\_\_\_\_

C6. Approximate Minimum Depth (feet): \_\_\_\_\_

**Wells**

C7. Number of Injection and/or Withdraw Wells: \_\_\_\_\_

C8. Number of Monitoring and/or Observation Wells: \_\_\_\_\_

C9. Number of Wells drilled during the calendar year: \_\_\_\_\_

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

**Well Safety Valves**

C11. Number of Wells with 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: \_\_\_\_\_

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#### 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 Mechanical Integrity Tests (MIT) during the calendar year: \_\_\_\_\_

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

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

\* describe other MIT: \_\_\_\_\_

#### 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: \_\_\_\_\_