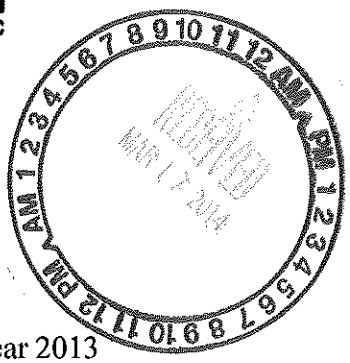
Docket No. 14-999-08

KINDER MORGAN
ALTAMONT LLC



March 14, 2014

Utah Division of Public Utilities
Lead Pipeline Safety Engineer
PO Box 146751
Salt Lake City, UT 84114

Re: Kinder Morgan Altamont, LLC – Annual Report for Calendar Year 2013

To Whom It May Concern:

As required by the *Utah Public Service Commission R746-409-4: Accidents or Incidents Reports and Annual Reports*, please find attached the Annual Report for calendar year 2013 as filed with the Pipeline and Hazardous Materials Safety Administration (PHMSA) in conformance with the requirements of 49 CFR Part 191. If you have any questions concerning this submittal please do not hesitate to contact Cindy Jacop at 303-914-7618 or me.

Sincerely,

Reji George
Director, Compliance / Codes and Standards
Kinder Morgan
713-420-5433

Attachment

RECEIVED
2014 MAR 17 P 2:13
UTAH PUBLIC SERVICE COMMISSION

Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed $100,000 for each violation for each day the violation continues up to a maximum of $1,000,000 as provided in 49 USC 60122.

Form Approved
OMB No. 2137-0522
Expires: 01/13/2014

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 2013 NATURAL OR OTHER GAS TRANSMISSION and GATHERING SYSTEMS**	**Initial Date Submitted**	**03/14/2014**
		Report Submission Type	**INITIAL**
		Date Submitted	

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.

Important: Please read the separate instructions for completing this form before you begin.

PART A - OPERATOR INFORMATION	DOT USE ONLY	**20142082 - 28418**

1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)

38947

2. NAME OF OPERATOR:

KINDER MORGAN ALTAMONT LLC

IF SUBSIDIARY, NAME OF PARENT:

3. RESERVED

4. HEADQUARTERS ADDRESS:

1001 LOUISIANA ST
Street Address

HOUSTON
City

State: **TX** Zip Code: **77002**

5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: *(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.)*

Natural Gas

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).

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 and OSC portions in which INTERstate pipelines and/or pipeline facilities included under this OPID exist. etc.

INTRAstate pipeline – List all of the States in which INTRAstate pipelines and or pipeline facilities included under this OPID exist. **UTAH** etc.

8. RESERVED

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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
Onshore	
Offshore	
Total Miles	

PART C - VOLUME TRANSPORTED IN TRANSMISSION PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludesTransmission lines of Gas Distribution systems)	☑ Check this box and do not complete 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		
Landfill Gas		
Other Gas - Name:		

PART D - MILES OF STEEL PIPE BY CORROSION PROTECTION

	Steel Cathodically protected		Steel Cathodically unprotected							
	Bare	Coated	Bare	Coated	Cast Iron	Wrought Iron	Plastic	Composite[1]	Other	Total Miles
Transmission										
Onshore	0	0	0	0	0	0	0	0	0	*0*
Offshore	0	0	0	0	0	0	0	0	0	*0*
Subtotal Transmission	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Gathering										
Onshore Type A	0	2	0	0	0	0	0	0	0	*2*
Onshore Type B	0	0	0	0	0	0	0	0	0	*0*
Offshore	0	0	0	0	0	0	0	0	0	*0*
Subtotal Gathering	*0*	*2*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	2
Total Miles	*0*	*2*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*2*

[1]Use of Composite pipe requires a PHMSA Special Permit or waiver from a State

PART E – Reserved. Data for Part E has been merged into Part D for 2010 and 2011 Annual Reports.

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 INTRAstate 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 INTRAstate pipelines and/or pipeline facilities, or that it applies to all INTERstate pipelines included within this Commodity Group and OPID.

PARTs F and G

The data reported in these PARTs 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 INTRAstate pipelines and/or pipeline facilities included within this OPID exist. Part F "WITHIN AN HCA SEGMENT" data and Part G may be completed only if HCA Miles in Part L is greater than zero applies to: *(select only one)*

PART F - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION

pipelines/pipeline facilities

1. MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
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, specify other tools:	
1. Internal Inspection Tools - Other	
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	
2. ACTIONS TAKEN IN CALENDAR YEAR BASED ON IN-LINE INSPECTIONS	
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:	
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)]	
3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
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.	
4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods)	
a. Total mileage inspected by each DA method in calendar year.	
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.	
1. ECDA	

2. ICDA	
3. SCCDA	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	
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)]	
5. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON OTHER INSPECTION TECHNIQUES	
a. Total mileage inspected by inspection techniques other than those listed above in calendar year.	
1.Other Inspection Techniques	
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:	
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©]	
6. TOTAL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN IN CALENDAR YEAR	
a. Total mileage inspected in calendar year. (Lines 1.e + 3.a + 4.a.1 + 4.a.2 + 4.a.3 + 5.a)	
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)	
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)	
d. Eliminated by Replacement	
e. Eliminated by Abandonment	
PART G– MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Segment miles ONLY)	
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.	

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

PARTs H, I, J, K, L, M, P, Q, and R

The data reported in these PARTs applies to: (*select only one*)

INTRASTATE pipelines/pipeline facilities UTAH

PART H - MILES OF TRANSMISSION PIPE BY NOMINAL PIPE SIZE (NPS)

Onshore	NPS 4 or less	6	8	10	12	14	16	18	20
	22	24	26	28	30	32	34	36	38
	40	42	44	46	48	52	56	58 and over	
	Additional Sizes and Miles (Size – Miles;):								
	Total Miles of Onshore Pipe – Transmission								
Offshore	NPS 4 or less	6	8	10	12	14	16	18	20
	22	24	26	28	30	32	34	36	38
	40	42	44	46	48	52	56	58 and over	
	Additional Sizes and Miles (Size – Miles;):								
	Total Miles of Offshore Pipe – Transmission								

PART I - MILES OF GATHERING PIPE BY NOMINAL PIPE SIZE (NPS)

Onshore Type A	NPS 4 or less	6	8	10	12	14	16	18	20
	0	1	1	0	0	0	0	0	0
	22	24	26	28	30	32	34	36	38
	0	0	0	0	0	0	0	0	0

	40	42	44	46	48	52	56	58 and over	
	0	0	0	0	0	0	0	0	
	Additional Sizes and Miles (Size – Miles;): 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0;								
2	Total Miles of Onshore Type A Pipe – Gathering								
Onshore Type B	NPS 4 or less	6	8	10	12	14	16	18	20
	0	0	0	0	0	0	0	0	0
	22	24	26	28	30	32	34	36	38
	0	0	0	0	0	0	0	0	0
	40	42	44	46	48	52	56	58 and over	
	0	0	0	0	0	0	0	0	
	Additional Sizes and Miles (Size – Miles;): 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0;								
0	Total Miles of Onshore Type B Pipe – Gathering								
Offshore	NPS 4 or less	6	8	10	12	14	16	18	20
	22	24	26	28	30	32	34	36	38
	40	42	44	46	48	52	56	58 and over	
	Additional Sizes and Miles (Size – Miles;): -; -; -; -; -; -; -; -; -;								
	Total Miles of Offshore Pipe – Gathering								

PART J – MILES OF PIPE BY DECADE INSTALLED

Decade Pipe Installed	Unknown	Pre-40	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979
Transmission						
Onshore						
Offshore						
Subtotal Transmission						
Gathering						
Onshore Type A	0	0	0	0	0	2
Onshore Type B	0	0	0	0	0	0
Offshore						
Subtotal Gathering	0	0	0	0	0	2
Total Miles	*0*	*0*	*0*	*0*	*0*	*2*

Decade Pipe Installed	1980 - 1989	1990 - 1999	2000 - 2009	2010 - 2019		Total Miles
Transmission						
Onshore						
Offshore						
Subtotal Transmission						

Gathering						
Onshore Type A	0	0	0	0		2
Onshore Type B	0	0	0	0		0
Offshore						
Subtotal Gathering	0	0	0	0		2
Total Miles	0	0	0	0		2

PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH

ONSHORE	CLASS LOCATION				Total Miles
	Class I	Class 2	Class 3	Class 4	
Steel pipe Less than 20% SMYS					
Steel pipe Greater than or equal to 20% SMYS but less than 30% SMYS					
Steel pipe Greater than or equal to 30% SMYS but less than or equal to 40% SMYS					
Steel pipe Greater than 40% SMYS but less than or equal to 50% SMYS					
Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS					
Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS					
Steel pipe Greater than 72% SMYS but less than or equal to 80% SMYS					
Steel pipe Greater than 80% SMYS					
Steel pipe Unknown percent of SMYS					
All Non-Steel pipe					
Onshore Totals					

OFFSHORE	Class I
Less than or equal to 50% SMYS	
Greater than 50% SMYS but less than or equal to 72% SMYS	
Steel pipe Greater than 72% SMYS	
Steel Pipe Unknown percent of SMYS	
All non-steel pipe	
Offshore Total	
Total Miles	

PART L - MILES OF PIPE BY CLASS LOCATION

	Class Location				Total Class Location Miles	HCA Miles in the IMP Program
	Class I	Class 2	Class 3	Class 4		
Transmission						
Onshore						
Offshore						
Subtotal Transmission						

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Gathering						
Onshore Type A	0	2	0	0	2	
Onshore Type B	0	0	0	0	0	
Offshore	0	0	0	0	0	
Subtotal Gathering	0	2	0	0	2	
Total Miles	0	2	0	0	2	

PART M – FAILURES, LEAKS, AND REPAIRS

PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; INCIDENTS & FAILURES IN HCA SEGMENTS IN CALENDAR YEAR

Cause	Transmission Leaks, and Failures					Gathering Leaks		
	Leaks				Failures In HCA Segments	Onshore Leaks		Offshore Leaks
	Onshore Leaks		Offshore Leaks					
	HCA	Non-HCA	HCA	Non-HCA		Type A	Type B	
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								

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		Subtotal Gathering	
Total			

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PART P - MILES OF PIPE BY MATERIAL AND CORROSION PROTECTION STATUS

	Steel Cathodically protected		Steel Cathodically unprotected							
	Bare	Coated	Bare	Coated	Cast Iron	Wrought Iron	Plastic	Composite[1]	Other[2]	Total Miles
Transmission										
Onshore	0	0	0	0	0	0	0	0	0	0
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	0	0	0	*0*	*0*	*0*	0	*0*	0
Gathering										
Onshore Type A	0	2	0	0	0	0	0	0	0	2
Onshore Type B	0	0	0	0	0	0	0	0	0	*0*
Offshore	0	0	0	0	0	0	0	0		0
Subtotal Gathering	*0*	*2*	*0*	*0*	*0*	*0*	*0*	0	*0*	*2*
Total Miles	*0*	*2*	*0*	*0*	*0*	*0*	*0*	0	*0*	*2*

[1]Use of Composite pipe requires PHMSA Special Permit or waiver from a State
[2]specify Other material(s):

Part Q - Gas Transmission Miles by §192.619 MAOP Determination Method

	(a)(1) Total	(a)(1) Incomplete Records	(a)(2) Total	(a)(2) Incomplete Records	(a)(3) Total	(a)(3) Incomplete Records	(a)(4) Total	(a)(4) Incomplete Records	(c) Total	(c) Incomplete Records	(d) Total	(d) Incomplete Records	Other[1] Total	Other Incomplete Records
Class 1 (in HCA)														
Class 1 (not in HCA)														
Class 2 (in HCA)														
Class 2 (not in HCA)														
Class 3 (in HCA)														
Class 3 (not in HCA)														
Class 4 (in HCA)														
Class 4 (not in HCA)														
Total														

Grand Total	
Sum of Total row for all "Incomplete Records" columns	

[1]Specify Other method(s):

Class 1 (in HCA)		Class 1 (not in HCA)	
Class 2 (in HCA)		Class 2 (not in HCA)	
Class 3 (in HCA)		Class 3 (not in HCA)	
Class 4 (in HCA)		Class 4 (not in HCA)	

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Part R – Gas Transmission Miles by Pressure Test (PT) Range and Internal Inspection

	PT ≥ 1.25 MAOP		1.25 MAOP > PT ≥ 1.1 MAOP		PT < 1.1 or No PT	
Location	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE
Class 1 in HCA						
Class 2 in HCA						
Class 3 in HCA						
Class 4 in HCA						
in HCA subTotal						
Class 1 not in HCA						
Class 2 not in HCA						
Class 3 not in HCA						
Class 4 not in HCA						
not in HCA subTotal						
Total						

PT ≥ 1.25 MAOP Total		Total Miles Internal Inspection ABLE	
1.25 MAOP > PT ≥ 1.1 MAOP Total		Total Miles Internal Inspection NOT ABLE	
PT < 1.1 or No PT Total		Grand Total	
Grand Total			

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 gas transmission pipeline facilities included within this OPID have Part L HCA mile value greater than zero.

PART N - PREPARER SIGNATURE

Cindy Jacop
Preparer's Name(type or print)

(303) 914-7618
Telephone Number

Senior Administrative Assistant
Preparer's Title

cindy_jacop@kindermorgan.com
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