

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	<p>ANNUAL REPORT FOR CALENDAR YEAR 2022 NATURAL and OTHER GAS TRANSMISSION and GATHERING SYSTEMS</p>	<p>Initial Date Submitted</p> <p style="text-align: center;">02/13/2023</p>
		<p>Report Submission Type</p> <p style="text-align: center;">INITIAL</p>
		<p>Date Submitted</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 47 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>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 http://www.phmsa.dot.gov/pipeline/library/forms.</p>		
<p>PART A - OPERATOR INFORMATION</p>		<p>DOT USE ONLY</p> <p style="text-align: center;">20230139 - 41526</p>
<p>1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)</p> <p style="text-align: center;">40018</p>	<p>2. NAME OF OPERATOR:</p> <p style="text-align: center;">BUZZARDS BENCH, LLC</p>	
<p>3. RESERVED</p>	<p>4. HEADQUARTERS ADDRESS:</p> <p>3580 ORR RD Address Line 2 Street Address</p> <p>ALLEN City State: TX Zip Code: 75002</p>	
<p>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.)</p> <p><input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Synthetic Gas <input type="checkbox"/> Hydrogen Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Landfill Gas <input type="checkbox"/> Other Gas</p> <p style="text-align: right;">Name of the Other Gas:</p>		
<p>6. RESERVED</p>		
<p>7. FOR THE DESIGNATED "COMMODITY GROUP", THE PIPELINES AND/OR PIPELINE FACILITIES INCLUDED WITHIN THIS OPID ARE: (Select one or both)</p> <p><input type="checkbox"/> INTERstate pipeline – List all of the States and OSC portions in which INTERstate pipelines and/or pipeline facilities included under this OPID exist. etc.</p> <p><input checked="" type="checkbox"/> INTRAstate pipeline – List all of the States in which INTRAstate pipelines and or pipeline facilities included under this OPID exist. UTAH etc.</p>		
<p>8. RESERVED</p>		

Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-3.

For the designated Commodity Group, PARTs B and D will be calculated based on the data entered in Parts L and P respectively. Complete Part C one time for all pipelines and/or pipeline facilities – both INTERstate and INTRAsate - included within this OPID.

PART B – TRANSMISSION PIPELINE HCA, §192.710, and in neither HCA nor §192.710 MILES				
	Number of HCA Miles	Number of §192.710 Miles	Number of Class Location 3 or 4 Miles that are neither in HCA nor in §192.710	Number of Class Location 1 or 2 Miles that are neither in HCA nor in §192.710
Onshore	0			
Offshore	0			
Total Miles	0	0	0	0

Part B1 – HCA Miles by Determination Method and Risk Model Type

Risk Model Type	Miles HCA Method 1	Miles HCA Method 2	Total
Subject Matter Expert (SME)	0	0	0
Relative Risk	0	0	0
Quantitative	0	0	0
Probabilistic	0	0	0
Scenario-Based	0	0	0
Other	0	0	0
Total	0	0	0

PART C - VOLUME TRANSPORTED IN TRANSMISSION PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludes Transmission lines of Gas Distribution systems)		<input checked="" type="checkbox"/> 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 PIPE BY MATERIAL AND CORROSION PREVENTION STATUS										
	Steel Cathodically protected		Steel Cathodically unprotected		Cast Iron	Wrought Iron	Plastic	Composite ¹	Other	Total Miles
	Bare	Coated	Bare	Coated						
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	0.5	0	0	0	0	0	0	0	0.5
Onshore Type B	0	0	0	0	0	0	0	0	0	0
Onshore Type C	0	0	0	0	0	0	0	0	0	0
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Gathering	0	0.5	0	0	0	0	0	0	0	0.5
Total Miles	0	0.5	0	0	0	0	0	0	0	0.5

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

PART E – RESERVED

For the designated Commodity Group, complete PARTs F and G one time for all INTERstate gas transmission pipeline facilities included within this OPID and multiple times as needed for the designated Commodity Group for each State in which INTRAstate gas transmission 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.

Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-3.

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

PART F - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION	
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:	
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)]	
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
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. Not used	

e. 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.	
f. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT.	
g. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 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)]	
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
4.1 MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON GUIDED WAVE ULTRASONIC TESTING (GWUT)	
a. Total mileage inspected by GWUT method in calendar year.	
b. Total number of anomalies identified by GWUT method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment.	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	
1. "Immediate repair conditions" [192 Appendix F, Section XIX]	
2. "6-Month conditions" [192 Appendix F, Section XIX]	
3. "12-Month conditions" [192 Appendix F, Section XIX]	
4. "Monitored conditions" [192 Appendix F, Section XIX]	
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
4.2 MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DIRECT EXAMINATION	
a. Total mileage inspected by DIRECT EXAMINATION method in calendar year.	
b. Total number of anomalies identified by DIRECT EXAMINATION method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 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(c)]	
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	

e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
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©]	
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
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. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN AN HCA SEGMENT:	
e. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN AN HCA SEGMENT:	
f. Total number of conditions repaired in calendar year WITHIN A §192.710 SEGMENT. (Lines 2.d + 3.e + 4.d + 4.1.d + 4.2.d + 5.d)	
g. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A §192.710 SEGMENT:	
h. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A §192.710 SEGMENT:	
i. Total number of conditions repaired in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT. (Lines 2.e + 3.f + 4.e + 4.1.e + 4.2.e + 5.e)	
j. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
k. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
l. Total number of conditions repaired in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT. (Lines 2.f + 3.g + 4.f + 4.1.f + 4.2.f + 5.f)	
m. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
n. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	

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.	
d. §192.710 Segments Baseline assessment miles completed during the calendar year.	
e. §192.710 Segments Reassessment miles completed during the calendar year.	
f. §192.710 Segments Total assessment and reassessment miles completed during the calendar year.	
g. CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 Segments assessment miles completed during the calendar year.	
h. CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 Segments assessment miles completed during the calendar year.	

Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-3.

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

PARTs H, I, J, K, L, M, P, Q, R, S, and T									
The data reported in these PARTs applies to: <i>(select only one)</i>									
<input type="checkbox"/> Interstate pipelines/pipeline facilities in the State of									
<input checked="" type="checkbox"/> Intrastate pipelines/pipeline facilities in the State of 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
	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 Pipe – Transmission								
Offshore	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 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	0	0	0	0.5	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	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;								
0.5	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								
Onshore Type C	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	
	Other Pipe Sizes Not Listed: - ; - ; - ; - ; - ; - ; - ; - ; - ;								
	Total Miles of Onshore Type C Pipe – Gathering								
Offshore	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	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 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	1980-1989
Transmission							
Onshore	0	0	0	0	0	0	0
Offshore							
Subtotal Transmission	0	0	0	0	0	0	0
Gathering							
Onshore Type A	0	0	0	0	0	0	0
Onshore Type B	0	0	0	0	0	0	0
Onshore Type C							
Offshore							
Subtotal Gathering	0	0	0	0	0	0	0
Total Miles	0	0	0	0	0	0	0

Decade Pipe Installed	1990 - 1999	2000 - 2009	2010 - 2019	2020 - 2029	Total Miles
Transmission					
Onshore	0	0	0	0	0
Offshore					
Subtotal Transmission	0	0	0	0	0
Gathering					
Onshore Type A	0.5	0	0	0	0.5
Onshore Type B	0	0	0	0	0
Onshore Type c					
Offshore					
Subtotal Gathering	0.5	0	0	0	0.5
Total Miles	0.5	0	0	0	0.5

PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH					
ONSHORE	CLASS LOCATION				Total Miles
	Class 1	Class 2	Class 3	Class 4	
Steel pipe Less than 20% SMYS	0	0	0	0	0
Steel pipe Greater than or equal to 20% SMYS but less than 30% SMYS	0	0	0	0	0
Steel pipe Greater than or equal to 30% SMYS but less than or equal to 40% SMYS	0	0	0	0	0
Steel pipe Greater than 40% SMYS but less than or equal to 50% SMYS	0	0	0	0	0
Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS	0	0	0	0	0
Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS	0	0	0	0	0
Steel pipe Greater than 72% SMYS but less than or equal to 80% SMYS	0	0	0	0	0
Steel pipe Greater than 80% SMYS	0	0	0	0	0
Steel pipe Unknown percent of SMYS	0	0	0	0	0
All Non-Steel pipe	0	0	0	0	0
Onshore Totals	0	0	0	0	0
OFFSHORE	Class 1				
Steel pipe Less than or equal to 50% SMYS	0				
Steel pipe Greater than 50% SMYS but less than or equal to 72% SMYS	0				
Steel pipe Greater than 72% SMYS	0				
Steel Pipe Unknown percent of SMYS	0				
All non-steel pipe	0				
Offshore Total	0				
Total Miles	0				

PART L - MILES OF PIPE BY CLASS LOCATION									
	Class Location				Total Class Location Miles	HCA Miles	§192.710 Miles	Class Location 3 or 4 Miles that are neither in HCA nor in §192.710	Class Location 1 or 2 Miles that are neither in HCA nor in §192.710
	Class 1	Class 2	Class 3	Class 4					
Transmission									
Onshore	0	0	0	0	0	0			
Offshore	0				0				
Subtotal Transmission	0	0	0	0	0	0			
Gathering									
Onshore Type A		0.5	0	0	0.5				
Onshore Type B		0	0	0	0				
Onshore Type C									
Offshore	0				0				
Subtotal Gathering	0	0.5	0	0	0.5				
Total Miles	0	0.5	0	0	0.5	0			

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	MCA	Class 3 & 4 non-HCA & non-MCA	Class 1 & 2 non-HCA & non-MCA	HCA	Non-HCA		Type A	Type B	Type C	
External Corrosion	0				0	0	0	0			
Internal Corrosion	0				0	0	0	0			
Stress Corrosion Cracking	0				0	0	0	0			
Manufacturing	0				0	0	0	0			
Construction	0				0	0	0	0			
Equipment	0				0	0	0	0			
Incorrect Operations	0				0	0	0	0			
Third Party Damage/Mechanical Damage											
Excavation Damage	0				0	0	0	0			
Previous Damage (due to Excavation Activity)	0				0	0	0	0			
Vandalism (includes all Intentional Damage)	0				0	0	0	0			
Weather Related/Other Outside Force											
Natural Force Damage (all)	0				0	0	0	0			
Other Outside Force Damage (excluding Vandalism and all Intentional Damage)	0				0	0	0	0			
Other	0				0	0	0	0			
Total	0				0	0	0	0			

PART M2 – KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR			
Transmission	0	Gathering	0
PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR			
Transmission		Gathering	
Onshore		Onshore Type A	0
		Onshore Type B	
		Onshore Type C	
OCS	0	OCS	0
Subtotal Transmission	0	Subtotal Gathering	0
Total	0		

PART P - MILES OF PIPE BY MATERIAL AND CORROSION PREVENTION STATUS										
	Steel Cathodically protected		Steel Cathodically unprotected		Cast Iron	Wrought Iron	Plastic	Composite ¹	Other ²	Total Miles
	Bare	Coated	Bare	Coated						
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	0.5	0	0	0	0	0	0	0	0.5
Onshore Type B	0	0	0	0	0	0	0	0	0	0
Onshore Type C	0	0	0	0	0	0	0	0	0	0
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Gathering	0	0.5	0	0	0	0	0	0	0	0.5
Total Miles	0	0.5	0	0	0	0	0	0	0	0.5

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

Part Q - Gas Transmission Miles by MAOP Determination Method														
by §192.619 and Other Methods														
	(a)(1) Total	(a)(1) Incomple te Record s	(a)(2) Total	(a)(2) Incomple te Records	(a)(3) Total	(a)(3) Incomple te Records	(a)(4) Total	(a)(4) Incomple te Records	(c) Total	(c) Incomple te Record s	(d) Total	(d) Incomple te Record s	Other 1 Total	Other Incomple te Records
Class 1 (in HCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 1 (in MCA)														
Class 1 (not in HCA or MCA)	0		0		0		0		0		0		0	
Class 2 (in HCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 2 (in MCA)														
Class 2 (not in HCA or MCA)	0		0		0		0		0		0		0	
Class 3 (in HCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 3 (in MCA)														
Class 3 (not in HCA or MCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 4 (in HCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 4 (in MCA)														
Class 4 (not in HCA or MCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
by §192.624 Methods														
	(c)(1) Total		(c)(2) Total		(c)(3) Total		(c)(4) Total		(c)(5) Total		(c)(6) Total			
Class 1 (in HCA)														
Class 1 (in MCA)														
Class 1 (not in HCA or MCA)														
Class 2 (in HCA)														
Class 2 (in MCA)														
Class 2 (not in HCA or MCA)														
Class 3 (in HCA)														

Class 3 (in MCA)						
Class 3 (not in HCA or MCA)						
Class 4 (in HCA)						
Class 4 (in MCA)						
Class 4 (not in HCA or MCA)						
Total						

Total under 192.619(a), 192.619(c), 192.619(d) and Other	
Total under 192.624 (as allowed by 192.619(e))	
Grand Total	0
Sum of Total row for all "Incomplete Records" columns	0

Specify Other method(s):

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

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

Location	PT ≥ 1.50 MAOP		1.5 MAOP > PT ≥ 1.39 MAOP	
	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 in MCA				
Class 2 in MCA				
Class 3 in MCA				
Class 4 in MCA				
in MCA subTotal				
Class 1 not in HCA or MCA				
Class 2 not in HCA or MCA				
Class 3 not in HCA or MCA				
Class 4 not in HCA or MCA				
not in HCA or MCA subTotal				
Total				

Location	1.39 MAOP > PT ≥ 1.25 MAOP		1.25 MAOP > PT ≥ 1.1 MAOP		1.1 MAOP > PT or No PT	
	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	0	0	0	0	0	0
Class 2 in HCA	0	0	0	0	0	0
Class 3 in HCA	0	0	0	0	0	0
Class 4 in HCA	0	0	0	0	0	0
in HCA subTotal	0	0	0	0	0	0
Class 1 in MCA						
Class 2 in MCA						
Class 3 in MCA						
Class 4 in MCA						
in MCA subTotal						
Class 1 not in HCA or MCA	0	0	0	0	0	0
Class 2 not in HCA or MCA	0	0	0	0	0	0
Class 3 not in HCA or MCA	0	0	0	0	0	0
Class 4 not in HCA or MCA	0	0	0	0	0	0
not in HCA or MCA subTotal	0	0	0	0	0	0
Total	0	0	0	0	0	0

PT ≥ 1.5 MAOP Total		Total Miles Internal Inspection ABLE	0
1.5 MAOP > PT ≥ 1.39 MAOP Total		Total Miles Internal Inspection NOT ABLE	0
1.39 > PT ≥ 1.25 MAOP Total	0	Grand Total	0
1.25 MAOP > PT ≥ 1.1	0		
1.1 MAOP > PT or No PT Total	0		
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	
Schuyler Dickerson _____ Preparer's Name(type or print)	(832)386-5484 Telephone Number
Regulatory Consultant _____ Preparer's Title	
schuyler.dickerson@everlineus.com _____ Preparer's E-mail Address	

PART O - CERTIFYING SIGNATURE (applicable only to PARTs B, F, G, and M1)	
_____ Senior Executive Officer's name 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 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	