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.

Form Approved 8/22/2023
OMB No. 2137-0522
Expires: 8/31/2026

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 2025 NATURAL and OTHER GAS TRANSMISSION and GATHERING SYSTEMS**	**Initial Date Submitted**	**03/09/2026**
		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 54 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. 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.*

PART A - OPERATOR INFORMATION	DOT USE ONLY	**20260659 - 47644**
1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) **40686**	2. NAME OF OPERATOR: **UINTA WAX OPERATING, LLC**	
3. RESERVED	4. HEADQUARTERS ADDRESS: **6000 Western Place** Street Address **FORT WORTH** City State: **TX** Zip Code: **76107**	

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
- ☐ Synthetic Gas
- ☐ Hydrogen Gas
- ☐ Propane Gas
- ☐ Landfill Gas
- ☐ Other Gas

Name of the Other Gas:

6. RESERVED

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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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 INTRAstate - 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				
Offshore				
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 (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:		

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PART D MILES OF PIPE BY MATERIAL AND CORROSION PREVENTION STATUS

	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	0	0	0	0	0	0	0	0	*0*
Onshore Type B	0	0	0	0	0	0	0	0	0	*0*
Onshore Type C	0	30.735	0	0	0	0	0	0	0	30.735
Offshore	0	0	0	0	0	0	0	0	0	*0*
Subtotal Gathering	*0*	*30.735*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*30.735*
Total Miles	*0*	*30.735*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*30.735*

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

PART E – RESERVED

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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

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

☐ **Interstate pipelines/pipeline facilities**

☐ **Intrastate pipelines/pipeline facilities in the State of** *(complete for each State)*

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:	
1. "Immediate repair conditions" [192.714(d)(1)]	
2. "Two-Year conditions" [192.714(d)(2)]	
3. "Monitored conditions" [192.714(d)(3)]	
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 within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment.	

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c. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN AN HCA SEGMENT.	
d. Not used	
e. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A §192.710 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:	
1. "Immediate repair conditions" [192.714(d)(1)]	
2. "Two-Year conditions" [192.714(d)(2)]	
3. "Monitored conditions" [192.714(d)(3)]	
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:	
2. "6-Month conditions" [192 Appendix F, Section XIX]	
3. "12-Month conditions" [192 Appendix F, Section XIX]	
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	
2. "6-Month conditions" [192 Appendix F, Section XIX]	
3. "12-Month conditions" [192 Appendix F, Section XIX]	
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.	

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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:	
1. “Immediate repair conditions” [192.714(d)(1)]	
2. “Two-Year conditions” [192.714(d)(2)]	
3. “Monitored conditions” [192.714(d)(3)]	
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:	
1. “Immediate repair conditions” [192.714(d)(1)]	
2. “Two-Year conditions” [192.714(d)(2)]	
3. “Monitored conditions” [192.714(d)(3)]	
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 + 4.1.a + 4.2.a + 5.a)	
b. Total number of anomalies repaired in calendar year within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment. (Lines 2.b + 3.b + 4.b + 4.1.b + 4.2.b + 5.b)	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c + 3.c + 4.c + 4.1.c + 4.2.c + 5.c)	
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:	

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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:	

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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.	

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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 INTRAstate pipeline facilities for each State in which INTRAstate 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: (*select only one*)

☐ **Interstate pipelines/pipeline facilities in the State of**

☒ **Intrastate pipelines/pipeline facilities in the State of UTAH**

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

INTRASTATE UTAH

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

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Form Approved 8/22/2023
OMB No. 2137-0522
Expires: 8/31/2026

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

INTRASTATE UTAH

Onshore Type A

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 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
[redacted]		29.678	0	0	0	1.057	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	

Other Pipe Sizes Not Listed: 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0;

30.735 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

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	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 – Gathering								

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PART J – MILES OF PIPE BY DECADE INSTALLED

INTRASTATE UTAH

Decade Pipe Installed	Unknown	Pre-40	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980-1989
Transmission							
Onshore							
Offshore							
Subtotal Transmission							
Gathering							
Onshore Type A	0	0	0	0	0	0	0
Onshore Type B	0	0	0	0	0	0	0
Onshore Type C	30.735	0	0	0	0	0	0
Offshore							
Subtotal Gathering	30.735	0	0	0	0	0	0
Total Miles	*30.735*	*0*	*0*	*0*	*0*	*0*	*0*

Decade Pipe Installed	1990 - 1999	2000 - 2009	2010 - 2019	2020 - 2029	Total Miles
Transmission					
Onshore					
Offshore					
Subtotal Transmission					
Gathering					
Onshore Type A	0	0	0	0	*0*
Onshore Type B	0	0	0	0	*0*
Onshore Type c	0	0	0	0	30.735
Offshore					
Subtotal Gathering	0	0	0	0	*30.735*
Total Miles	*0*	*0*	*0*	*0*	*30.735*

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

INTRASTATE UTAH

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				
Steel pipe Less than or equal to 50% SMYS					
Steel pipe 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					

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PART L - MILES OF PIPE BY CLASS LOCATION

INTRASTATE UTAH

	Class Location								
	Class I	Class 2	Class 3	Class 4	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
Transmission									
Onshore									
Offshore					0				
Subtotal Transmission		0	0	0	0				
Gathering									
Onshore Type A		0	0	0	0				
Onshore Type B		0	0	0	*0*				
Onshore Type C	30.735				30.735				
Offshore					0				
Subtotal Gathering	30.735	0	0	0	30.735				
Total Miles	30.735	0	0	0	30.735				

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PART M – FAILURES, LEAKS, AND REPAIRS

INTRASTATE UTAH

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	
Internal Corrosion		0						0	0	0	
Stress Corrosion Cracking		0						0	0	0	
Manufacturing		0						0	0	0	
Construction		0						0	0	0	
Equipment		0						0	0	0	
Incorrect Operations		0						0	0	0	
Third Party Damage/Mechanical Damage											
Excavation Damage		0						0	0	0	
Previous Damage (due to Excavation Activity)		0						0	0	0	
Vandalism (includes all Intentional Damage)		0						0	0	0	
Weather Related/Other Outside Force											
Natural Force Damage (all)		0						0	0	0	
Other Outside Force Damage (excluding Vandalism and all Intentional Damage)		0						0	0	0	
Other		0						0	0	0	
Total		0						*0*	*0*	0	

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PART M2 – KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR			
Transmission		**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	0
		Onshore Type C	0
OCS		OCS	
Subtotal Transmission		Subtotal Gathering	0
Total	0		

PART M4 – GAS TRANSMISSION EXCAVATION DAMAGE INTRASTATE UTAH			
Notification Issue Sub-Total		**Location Issue Sub-Total**	
No notification made to the One-Call Center/811		Facility not marked due to Abandoned facility	
Excavator dug outside area described on ticket		Facility not marked due to Incorrect facility records/maps	
Excavator dug prior to valid start date/time		Facility not marked due to Locator error	
Excavator dug after valid ticket expired		Facility not marked due to No response from operator/contract locator	
Excavator provided incorrect notification information		Facility not marked due to Incomplete marks at damage location	
		Facility not marked due to Tracer wire issue	
Excavation Issue Sub-Total		Facility not marked due to Unlocatable Facility	
Excavator dug prior to verifying marks by test-hole (pothole)		Facility marked inaccurately due to Abandoned facility	
Excavator failed to maintain clearance after verifying marks		Facility marked inaccurately due to Incorrect facility records/maps	
Excavator failed to protect/shore/support facilities		Facility marked inaccurately due to Locator error	
Improper backfilling practices		Facility marked inaccurately due to Tracer wire issue	
Marks faded or not maintained			
Improper excavation practice not listed above			
Miscellaneous Root Causes Sub-Total			
Deteriorated facility			
One Call Center Error			
Previous damage		1. Total Excavation Damages	0
Root Cause not listed		2. Number of Excavation Tickets	

PART M5 – GAS GATHERING EXCAVATION DAMAGE INTRASTATE UTAH			
Notification Issue Sub-Total		**Location Issue Sub-Total**	
No notification made to the One-Call Center/811		Facility not marked due to Abandoned facility	
Excavator dug outside area described on ticket		Facility not marked due to Incorrect facility records/maps	
Excavator dug prior to valid start date/time		Facility not marked due to Locator error	

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Excavator dug after valid ticket expired		Facility not marked due to No response from operator/contract locator	
Excavator provided incorrect notification information		Facility not marked due to Incomplete marks at damage location	
		Facility not marked due to Tracer wire issue	
Excavation Issue Sub-Total		Facility not marked due to Unlocatable Facility	
Excavator dug prior to verifying marks by test-hole (pothole)		Facility marked inaccurately due to Abandoned facility	
Excavator failed to maintain clearance after verifying marks		Facility marked inaccurately due to Incorrect facility records/maps	
Excavator failed to protect/shore/support facilities		Facility marked inaccurately due to Locator error	
Improper backfilling practices		Facility marked inaccurately due to Tracer wire issue	
Marks faded or not maintained			
Improper excavation practice not listed above			
Miscellaneous Root Causes Sub-Total			
Deteriorated facility			
One Call Center Error			
Previous damage		1. Total Excavation Damages	0
Root Cause not listed		2. Number of Excavation Tickets	0

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

INTRASTATE UTAH

	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	0	0	0	0	0	0	0	0	0
Onshore Type B	0	0	0	0	0	0	0	0	0	0
Onshore Type C	0	30.735	0	0	0	0	0	0	0	30.735
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Gathering	*0*	*30.735*	*0*	*0*	*0*	*0*	*0*	0	*0*	*30.735*
Total Miles	*0*	*30.735*	*0*	*0*	*0*	*0*	*0*	0	*0*	*30.735*

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

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Part Q - Gas Transmission Miles by MAOP Determination Method

INTRASTATE UTAH

by §192.619 and Other Methods

	(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 (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														

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)						

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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	0
Total under 192.624 (as allowed by 192.619(e))	0
Grand Total	
Sum of Total row for all “Incomplete Records” columns	

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)	

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

INTRASTATE UTAH

	PT ≥ 1.50 MAOP		1.5 MAOP > PT ≥ 1.39 MAOP	
Location	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				

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	1.39 MAOP > PT ≥ 1.25 MAOP		1.25 MAOP > PT ≥ 1.1 MAOP		1.1 MAOP > PT 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 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						

PT ≥ 1.5 MAOP Total		Total Miles Internal Inspection ABLE	
1.5 MAOP > PT ≥ 1.39 MAOP Total		Total Miles Internal Inspection NOT ABLE	
1.39 > PT ≥ 1.25 MAOP Total		Grand Total	
1.25 MAOP > PT ≥ 1.1			
1.1 MAOP > PT or No PT Total			
Grand Total			

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

INTRASTATE UTAH

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 *describe:*	*0*	*0*	*0*
Total	*0*	*0*	*0*

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

Preston Morrow
Preparer's Name(type or print)

(817)677-9357
Telephone Number

Regulatory Director
Preparer's Title

preston.morrow@uintawax.com
Preparer's E-mail Address

PART O - CERTIFYING SIGNATURE (applicable only to PARTs B, F, G, and M1)

Telephone Number

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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

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