Lodi Gas Storage, L.L.C.
A Rockpoint Gas Storage Company
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rockpointgs.com

March 15, 2024

Terence Eng, P.E.
Program Manager
Gas Safety and Reliability Branch
Safety and Enforcement Division
California Public Utilities Commission
505 Van Ness Avenue, 2nd Floor
San Francisco, CA 94102-3298
terence.eng@cpuc.ca.gov

VIA ELECTRONIC MAIL

RE: General Order 112-F, Section 123, Annual Reports

Dear Mr. Eng:

Lodi Gas Storage, L.L.C. (LGS) submits the attached copy of our Annual Report (PHMSA OMB Form 7100.2-1 Rev. 8-2023) to the Safety and Enforcement Division (SED) of the California Public Utilities Commission (CPUC). This copy of our Annual Report is being provided to SED as required by CPUC General Order 112-F, Section 123.1. As a courtesy, LGS has also attached a copy of our Underground Natural Gas Storage Facility Annual Report (PHMSA Form 7100.4-1 Rev. 3-1-2022).

Additionally, LGS submits a completed version of the guidance-template for GO 112-F incident and annual reporting to the SED; a blank copy of this template was provided by SED to utility operators on February 27, 2017. This attached copy of our GO 112-F incident and annual reporting guidance-template is being provided to SED as required by CPUC General Order 112-F, Section 123.2(a) thru (j).

If you have any questions, or require more information, please contact me at **greg.clark@rockpointgs.com** or at (209) 368-9277 x3.

Sincerely,

DocuSigned by:
Greg Clark
5A3122A4501D4A7...

Gregory N. Clark
Senior Compliance Manager

Enclosures

cc: File #S3.02
P. Penney (paul.penney@cpuc.ca.gov), A. Phu (anthony.phu@cpuc.ca.gov)
California Geologic Energy Management Division (CalGEMNorthern@conservation.ca.gov)
A. Anderson, M. Fournier, K. Peterson, G. Salazar, D. Smolinski, B. Wright (via e-mail)

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 3/1/2022
OMB No. 2137-0522
Expires: : 3/31/2025

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 2023 NATURAL and OTHER GAS TRANSMISSION and GATHERING SYSTEMS**	**Initial Date Submitted**	**03/15/2024**
		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 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.

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	**20241327 - 44552**
1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) **31697**	2. NAME OF OPERATOR: **LODI GAS STORAGE, LLC**	
3. RESERVED	4. HEADQUARTERS ADDRESS: **SUITE 400** Street Address **CALGARY** City State: **AB** Zip Code: **T2P 0A7**	

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. **CALIFORNIA** etc.

8. RESERVED

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	2.12	6.6	0	36.26
Offshore	0	0	0	0
Total Miles	2.12	6.6	0	36.26

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)	2.12	0	2.12
Relative Risk	0	0	0
Quantitative	0	0	0
Probabilistic	0	0	0
Scenario-Based	0	0	0
Other	0	0	0
Total	2.12	0	2.12

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	45809	
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							
	Bare	Coated	Bare	Coated	Cast Iron	Wrought Iron	Plastic	Composite[1]	Other	Total Miles
Transmission										
Onshore	0	44.98	0	0	0	0	0	0	0	*44.98*
Offshore	0	0	0	0	0	0	0	0	0	*0*
Subtotal Transmission	*0*	*44.98*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*44.98*
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	0	0	0	0	0	0	0	0	0
Offshore	0	0	0	0	0	0	0	0	0	*0*
Subtotal Gathering	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Total Miles	*0*	*44.98*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*44.98*

[1]Use 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

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

☐ **Interstate pipelines/pipeline facilities**

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

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

INTRASTATE CALIFORNIA

1. MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
a. Corrosion or metal loss tools	1.78
b. Dent or deformation tools	1.78
c. Crack or long seam defect detection tools	0
d. Any other internal inspection tools, specify other tools:	0
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	*3.56*
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.	0
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.	0
c. Total number of conditions repaired WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	0
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:	0
3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
a. Total mileage inspected by pressure testing in calendar year.	0
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.	0
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN AN HCA SEGMENT.	0

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.	0
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.	0
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.	0
1. ECDA	0
2. ICDA	0
3. SCCDA	0
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.	0
1. ECDA	0
2. ICDA	0
3. SCCDA	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	0
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:	0
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.	0
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.	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192 Appendix F, Section XIX]	0
2. "6-Month conditions" [192 Appendix F, Section XIX]	0
3. "12-Month conditions" [192 Appendix F, Section XIX]	0
4. "Monitored conditions" [192 Appendix F, Section XIX]	0
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	0
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:	0
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.	0
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.	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0

4. Other “Scheduled conditions” [192.933(c)]	0
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	0
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:	0
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.	0
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.	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. “Immediate repair conditions” [192.933(d)(1)]	0
2. “One-year conditions” [192.933(d)(2)]	0
3. “Monitored conditions” [192.933(d)(3)]	0
4. Other “Scheduled conditions” [192.933©]	0
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	0
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:	0
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)	*3.56*
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)	0
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)	0
d. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN AN HCA SEGMENT:	0
e. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN AN HCA SEGMENT:	0
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)	0
g. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A §192.710 SEGMENT:	0
h. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A §192.710 SEGMENT:	0
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)	0
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)	0
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:	0
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:	0

PART G– MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Segment miles ONLY)

INTRASTATE CALIFORNIA

a. Baseline assessment miles completed during the calendar year.	0
b. Reassessment miles completed during the calendar year.	0
c. Total assessment and reassessment miles completed during the calendar year.	0
d. §192.710 Segments Baseline assessment miles completed during the calendar year.	0
e. §192.710 Segments Reassessment miles completed during the calendar year.	0
f. §192.710 Segments Total assessment and reassessment miles completed during the calendar year.	0
g. CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 Segments assessment miles completed during the calendar year.	0
h. CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 Segments assessment miles completed during the calendar year.	1.78

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 CALIFORNIA**

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

INTRASTATE CALIFORNIA

Onshore

NPS 4 or less	6	8	10	12	14	16	18	20
0	0	0.13	0	2.97	0	6.33	0	1.07
22	24	26	28	30	32	34	36	38
0	31	0	0	3.48	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;

44.98 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)

INTRASTATE CALIFORNIA

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

INTRASTATE CALIFORNIA

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	0	0	0	0	0	0	0
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	44.79	0.19	0	*44.98*
Offshore					
Subtotal Transmission	0	44.79	0.19	0	*44.98*
Gathering					
Onshore Type A	0	0	0	0	*0*
Onshore Type B	0	0	0	0	*0*
Onshore Type c	0	0	0	0	0
Offshore					
Subtotal Gathering	0	0	0	0	*0*
Total Miles	*0*	*44.79*	*0.19*	*0*	*44.98*

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

INTRASTATE CALIFORNIA

ONSHORE	CLASS LOCATION				Total Miles
	Class I	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	3.65	0.29	1.13	0	5.07
Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS	28.74	4.49	0.07	0	33.3
Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS	5.94	0.67	0	0	6.61
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	38.33	5.45	1.2	0	44.98
OFFSHORE	Class I				
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	38.33				*44.98*

PART L - MILES OF PIPE BY CLASS LOCATION

INTRASTATE CALIFORNIA

	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	38.33	5.45	1.2	0	44.98	2.12	6.6		36.26
Offshore	0				0				
Subtotal Transmission	38.33	5.45	1.2	0	44.98	2.12	6.6		36.26
Gathering									
Onshore Type A		0	0	0	0				
Onshore Type B		0	0	0	*0*				
Onshore Type C	0				0				
Offshore	0				0				
Subtotal Gathering	0	0	0	0	0				
Total Miles	38.33	5.45	1.2	0	44.98	2.12	6.6		36.26

PART M – FAILURES, LEAKS, AND REPAIRS

INTRASTATE CALIFORNIA

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

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

INTRASTATE CALIFORNIA

	Steel Cathodically protected		Steel Cathodically unprotected							
	Bare	Coated	Bare	Coated	Cast Iron	Wrought Iron	Plastic	Composite[1]	Other[2]	Total Miles
Transmission										
Onshore	0	44.98	0	0	0	0	0	0	0	44.98
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	44.98	0	0	*0*	*0*	*0*	0	*0*	44.98
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	0	0	0	0	0	0	0	0	0
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Gathering	*0*	*0*	*0*	*0*	*0*	*0*	*0*	0	*0*	*0*
Total Miles	*0*	*44.98*	*0*	*0*	*0*	*0*	*0*	0	*0*	*44.98*

[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 MAOP Determination Method

INTRASTATE CALIFORNIA

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)	0.48	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 1 (in MCA)	3.33	0.09	0	0	0	0	0	0	0	0	0	0	0	0
Class 1 (not in HCA or MCA)	34.52		0		0		0		0		0		0	
Class 2 (in HCA)	0.44	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 2 (in MCA)	3.27	0.1	0	0	0	0	0	0	0	0	0	0	0	0
Class 2 (not in HCA or MCA)	1.74		0		0		0		0		0		0	
Class 3 (in HCA)	1.2	0.01	0	0	0	0	0	0	0	0	0	0	0	0
Class 3 (in MCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 4 (not in HCA or MCA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	44.98	0.2	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)	0	0	0	0	0	0
Class 1 (in MCA)	0	0	0	0	0	0
Class 1 (not in HCA or MCA)	0	0	0	0	0	0
Class 2 (in HCA)	0	0	0	0	0	0
Class 2 (in MCA)	0	0	0	0	0	0

Class 2 (not in HCA or MCA)	0	0	0	0	0	0
Class 3 (in HCA)	0	0	0	0	0	0
Class 3 (in MCA)	0	0	0	0	0	0
Class 3 (not in HCA or MCA)	0	0	0	0	0	0
Class 4 (in HCA)	0	0	0	0	0	0
Class 4 (in MCA)	0	0	0	0	0	0
Class 4 (not in HCA or MCA)	0	0	0	0	0	0
Total	0	0	0	0	0	0

Total under 192.619(a), 192.619(c), 192.619(d) and Other	44.98
Total under 192.624 (as allowed by 192.619(e))	0
Grand Total	44.98
Sum of Total row for all “Incomplete Records” columns	0.2

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

INTRASTATE CALIFORNIA

	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	0	0	0	0
Class 2 in HCA	0	0	0	0
Class 3 in HCA	0	0	0	0
Class 4 in HCA	0	0	0	0
in HCA subTotal	0	0	0	0
Class 1 in MCA	0	0	0	0
Class 2 in MCA	0	0	0	0
Class 3 in MCA	0	0	0	0
Class 4 in MCA	0	0	0	0
in MCA subTotal	0	0	0	0
Class 1 not in HCA or MCA	0	0	0	0
Class 2 not in HCA or MCA	0	0	0	0
Class 3 not in HCA or MCA	0	0	0	0
Class 4 not in HCA or MCA	0	0	0	0
not in HCA or MCA subTotal	0	0	0	0
Total	0	0	0	0

	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	0.48	0	0	0	0	0
Class 2 in HCA	0.44	0	0	0	0	0
Class 3 in HCA	1.2	0	0	0	0	0
Class 4 in HCA	0	0	0	0	0	0
in HCA subTotal	2.12	0	0	0	0	0
Class 1 in MCA	3.33	0	0	0	0	0
Class 2 in MCA	3.27	0	0	0	0	0
Class 3 in MCA	0	0	0	0	0	0
Class 4 in MCA	0	0	0	0	0	0
in MCA subTotal	6.6	0	0	0	0	0
Class 1 not in HCA or MCA	34.52	0	0	0	0	0
Class 2 not in HCA or MCA	1.74	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	36.26	0	0	0	0	0
Total	44.98	0	0	0	0	0

PT ≥ 1.5 MAOP Total	0	Total Miles Internal Inspection ABLE	44.98
1.5 MAOP > PT ≥ 1.39 MAOP Total	0	Total Miles Internal Inspection NOT ABLE	0
1.39 > PT ≥ 1.25 MAOP Total	44.98	Grand Total	44.98
1.25 MAOP > PT ≥ 1.1	0		
1.1 MAOP > PT or No PT Total	0		
Grand Total			

Part S – Gas Transmission Verification of Materials (192.607) INTRASTATE CALIFORNIA		
Location	Miles 192.607 this Year	192.607 Number Test Locations this Year
Class 1 in HCA	***0***	***0***
Class 2 in HCA	***0***	***0***
Class 3 in HCA	***0***	***0***
Class 4 in HCA	***0***	***0***
Class 1 in MCA	***0***	***0***
Class 2 in MCA	***0***	***0***
Class 3 in MCA	***0***	***0***
Class 4 in MCA	***0***	***0***
Class 1 not in HCA or MCA	***0***	***0***
Class 2 not in HCA or MCA	***0***	***0***
Class 3 not in HCA or MCA	***0***	***0***
Class 4 not in HCA or MCA	***0***	***0***

Part T – HCA Miles by Determination Method and Risk Model Type **INTRASTATE CALIFORNIA**			
Risk Model Type	**Miles HCA Method 1**	**Miles HCA Method 2**	**Total**
Subject Matter Expert (SME)	***2.12***	***0***	***2.12***
Relative Risk	***0***	***0***	***0***
Quantitative	***0***	***0***	***0***
Probabilistic	***0***	***0***	***0***
Scenario-Based	***0***	***0***	***0***
Other *describe:*	***0***	***0***	***0***

Total	***2.12***	***0***	***2.12***

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

Gregory Clark
Preparer's Name(type or print)

(209)368-9277
Telephone Number

Senior Compliance Manager
Preparer's Title

greg.clark@rockpointgs.com
Preparer's E-mail Address

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

(403)513-8657
Telephone Number

Mathieu Fournier
Senior Executive Officer's name certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

VP, Operations
Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

mathieu.fournier@rockpointgs.com
Senior Executive Officer's E-mail Address

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**UNDERGROUND NATURAL GAS STORAGE FACILITY ANNUAL REPORT FOR CALENDAR YEAR 2023**	**DOT USE ONLY**	
		Original Date Submitted	**03/15/2024**
		Report Type	**INITIAL**
		Date Submitted	

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* http://www.phmsa.dot.gov/pipeline/library/forms

PART A - OPERATOR INFORMATION	**DOT USE ONLY**	**20240116 - 07328**

A1. Operator's OPS-issued Operator Identification Number (OPID): **31697**

A2. Name of Operator: **LODI GAS STORAGE, LLC**

A3. Address of Operator

A3a. Street Address: **SUITE 400**

A3b. City: **CALGARY**

A3c. State: **AB**

A3d. Zip Code: **T2P 0A7**

PART B – STORAGE FACILITY (Complete Part B once for each independent storage facility)

B1.	Facility Name (chosen by operator): **LODI - MIDLAND**	
B2.	Select only one: ☐ INTERState ☒ INTRAState	
	PHMSA USE ONLY Unit ID: **89496**	
B3.	Facility Location:	
	Latitude:	**38.19739**
	Longitude:	**- 121.27042**
	State:	**California**
	County:	**SAN JOAQUIN**
B4.	Energy Information Administration Gas Field Code: **422629** Names of Reservoirs within this facility: **MIDLAND**	

GAS VOLUMES	
B5.	Working gas capacity (billion standard cubic feet (BCF)), *include two decimal places*: **4.68**
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: **4.42**
B7.	Total gas capacity (billion standard cubic feet (BCF)): **9.1**
B8	Metered volume of natural **gas withdrawn from the facility** for calendar year (billion standard cubic feet (BCF)), *include two decimal places:* **4.84**
B9.	Metered volume of natural gas **injected into the facility** for calendar year (billion standard cubic feet (BCF)), *include two decimal places*: **5.51**

PART C – RESERVOIRS AND WELLS ***(Complete Part C once for each reservoir or geologic storage formation within a facility)***

RESERVOIR MIDLAND	
C1.	Reservoir name (chosen by operator): **MIDLAND**
C2.	Year reservoir placed in storage service: **2001**
C3.	Type (select only one): ☐ Salt Cavern ☒ Hydrocarbon Reservoir ☐ Aquifer Reservoir ☐ Other Description of type:
C4.	Maximum Wellhead Surface Pressure
C4a.	Name of the representative well: **M4B**
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the representative well: **1299**

RESERVOIR OR CAVERN(S) DEPTH

C5.	Approximate Maximum Depth (feet): **2640**
C6.	Approximate Minimum Depth (feet): **2470**

WELLS

C7. Number of Injection and/or Withdraw Wells by Year Range Placed in Storage Operation:

	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
Injection and/or Withdrawal Wells	0	0	0	7	1	8

C8. Number of Monitoring and/or Observation Wells:

	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
Monitoring and/or Observation Wells	0	1	0	0	0	1

C9. Number of Wells drilled during the calendar year: **0**

C10 Wells plugged and abandoned during the calendar year

C10a. Number of wells re-plugged during the calendar year: **0**

C10b. Number of wells plugged but not abandoned during the calendar year: **0**

C10c. Number of wells plugged and abandoned during the calendar year: **1**

WELL SAFETY VALVES

C11 Number of Wells with automated surface safety valves: **0**

C12 Number of Wells with subsurface safety valves: **1**

WELLS GAS FLOW

C13 Number of Wells with gas flow only through production tubing: **4**

C14 Number of Wells with gas flow only through production casing: **0**

C15 Number of Wells with gas flow through both production tubing and production casing: **4**

C16 Number of Wells with some “other type” of gas flow: **0**
Describe the “other type” of gas flow through the well:

MAINTENANCE

C17 Number of Wells with new production tubing installed during the calendar year: **0**

C18 Number of Wells with new production casing, new liner, or repairs to casing or liner during the calendar year: **0**

C19 Number of Wells with wellhead remediation or repair during the calendar year: **0**

C20 Number of Wells with casing, wellhead, or tubing leaks during the calendar year: **0**

C21 Number of Wells with Pressure Test during the calendar year: **5**

C22 Number of Wells with Casing Evaluation for Corrosion/ metal loss during the calendar year: **8**

C23 Number of Wells inspected using a downhole assessment method other than “Pressure Test” and “Casing Evaluation for Corrosion/metal loss” during the calendar year*: **9**

* Describe other assessment method(s): **Temperature & Noise Logging**

PART B – STORAGE FACILITY (Complete Part B once for each independent storage facility)

B1. Facility Name (chosen by operator): **LODI - DOMENGINE**

B2. Select only one: ☐ INTERState ☒ INTRAState

PHMSA USE ONLY Unit ID: **88714**

B3. Facility Location:

	Latitude:	**38.19739**
	Longitude:	**- 121.27042**
	State:	**California**
	County:	**SAN JOAQUIN**
B4.	Energy Information Administration Gas Field Code: **422629** Names of Reservoirs within this facility: **DOMENGINE**	

GAS VOLUMES

B5.	Working gas capacity (billion standard cubic feet (BCF)), *include two decimal places*: **7.51**
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: **3.59**
B7.	Total gas capacity (billion standard cubic feet (BCF)): **11.1**
B8	Metered volume of natural **gas withdrawn from the facility** for calendar year (billion standard cubic feet (BCF)), *include two decimal places:* **5.64**
B9.	Metered volume of natural gas **injected into the facility** for calendar year (billion standard cubic feet (BCF)), *include two decimal places*: **5.54**

PART C – RESERVOIRS AND WELLS ***(Complete Part C once for each reservoir or geologic storage formation within a facility)***

RESERVOIR DOMENGINE

C1.	Reservoir name (chosen by operator): **DOMENGINE**
C2.	Year reservoir placed in storage service: **2001**
C3.	Type (select only one): ☐ Salt Cavern ☒ Hydrocarbon Reservoir ☐ Aquifer Reservoir ☐ Other Description of type:
C4.	Maximum Wellhead Surface Pressure
C4a.	Name of the representative well: **D5B**
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the representative well: **1207**

RESERVOIR OR CAVERN(S) DEPTH

C5.	Approximate Maximum Depth (feet): **2375**
C6.	Approximate Minimum Depth (feet): **2220**

WELLS

C7. Number of Injection and/or Withdraw Wells by Year Range Placed in Storage Operation:

	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
Injection and/or Withdrawal Wells	0	0	0	7	1	8

C8. Number of Monitoring and/or Observation Wells:

	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
Monitoring and/or Observation Wells	0	0	0	2	0	2

C9. Number of Wells drilled during the calendar year: **0**

C10 Wells plugged and abandoned during the calendar year

C10a. Number of wells re-plugged during the calendar year: **0**

C10b. Number of wells plugged but not abandoned during the calendar year: **0**

C10c. Number of wells plugged and abandoned during the calendar year: **0**

WELL SAFETY VALVES

C11 Number of Wells with automated surface safety valves: **0**

C12 Number of Wells with subsurface safety valves: **0**

WELLS GAS FLOW

C13 Number of Wells with gas flow only through production tubing: **5**

C14 Number of Wells with gas flow only through production casing: **0**

C15 Number of Wells with gas flow through both production tubing and production casing: **3**

C16 Number of Wells with some “other type” of gas flow: **0**
Describe the “other type” of gas flow through the well:

MAINTENANCE

C17 Number of Wells with new production tubing installed during the calendar year: **3**

C18 Number of Wells with new production casing, new liner, or repairs to casing or liner during the calendar year: **0**

C19 Number of Wells with wellhead remediation or repair during the calendar year: **0**

C20 Number of Wells with casing, wellhead, or tubing leaks during the calendar year: **0**

C21 Number of Wells with Pressure Test during the calendar year: **6**

C22 Number of Wells with Casing Evaluation for Corrosion/ metal loss during the calendar year: **9**

C23 Number of Wells inspected using a downhole assessment method other than “Pressure Test” and “Casing Evaluation for Corrosion/metal loss” during the calendar year*: **10**

* Describe other assessment method(s): **Temperature & Noise Logging**

PART B – STORAGE FACILITY (Complete Part B once for each independent storage facility)

B1. Facility Name (chosen by operator): **KIRBY HILLS - WAGENET**

B2.	Select only one: ☐ INTERState ☒ INTRAState	
	PHMSA USE ONLY Unit ID: **88715**	
B3.	Facility Location:	
	Latitude:	**38.15996**
	Longitude:	**- 121.90573**
	State:	**California**
	County:	**SOLANO**
B4.	Energy Information Administration Gas Field Code: **381416** Names of Reservoirs within this facility: **WAGENET**	

GAS VOLUMES

B5.	Working gas capacity (billion standard cubic feet (BCF)), *include two decimal places*: **11.58**
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: **1.36**
B7.	Total gas capacity (billion standard cubic feet (BCF)): **12.94**
B8	Metered volume of natural **gas withdrawn from the facility** for calendar year (billion standard cubic feet (BCF)), *include two decimal places:* **6.84**
B9.	Metered volume of natural gas **injected into the facility** for calendar year (billion standard cubic feet (BCF)), *include two decimal places*: **10.6**

PART C – RESERVOIRS AND WELLS ***(Complete Part C once for each reservoir or geologic storage formation within a facility)***

RESERVOIR WAGENET

C1.	Reservoir name (chosen by operator): **WAGENET**
C2.	Year reservoir placed in storage service: **2008**
C3.	Type (select only one): ☐ Salt Cavern ☒ Hydrocarbon Reservoir ☐ Aquifer Reservoir ☐ Other Description of type:
C4.	Maximum Wellhead Surface Pressure
C4a.	Name of the representative well: **22-7**
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the representative well: **2183**

RESERVOIR OR CAVERN(S) DEPTH

C5.	Approximate Maximum Depth (feet): **5900**
C6.	Approximate Minimum Depth (feet): **4200**

WELLS

C7. Number of Injection and/or Withdraw Wells by Year Range Placed in Storage Operation:

	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
Injection and/or Withdrawal Wells	0	0	0	0	8	8

C8. Number of Monitoring and/or Observation Wells:

	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
Monitoring and/or Observation Wells	0	0	0	0	2	2

C9.	Number of Wells drilled during the calendar year: **0**
C10	Wells plugged and abandoned during the calendar year
C10a.	Number of wells re-plugged during the calendar year: **0**
C10b.	Number of wells plugged but not abandoned during the calendar year: **0**
C10c.	Number of wells plugged and abandoned during the calendar year: **0**

WELL SAFETY VALVES

C11	Number of Wells with automated surface safety valves: **0**
C12	Number of Wells with subsurface safety valves: **0**

WELLS GAS FLOW

C13	Number of Wells with gas flow only through production tubing: **5**
C14	Number of Wells with gas flow only through production casing: **0**
C15	Number of Wells with gas flow through both production tubing and production casing: **3**
C16	Number of Wells with some “other type” of gas flow: **0** Describe the “other type” of gas flow through the well:

MAINTENANCE

C17	Number of Wells with new production tubing installed during the calendar year: **0**
C18	Number of Wells with new production casing, new liner, or repairs to casing or liner during the calendar year: **0**
C19	Number of Wells with wellhead remediation or repair during the calendar year: **0**
C20	Number of Wells with casing, wellhead, or tubing leaks during the calendar year: **0**
C21	Number of Wells with Pressure Test during the calendar year: **0**
C22	Number of Wells with Casing Evaluation for Corrosion/ metal loss during the calendar year: **10**
C23	Number of Wells inspected using a downhole assessment method other than “Pressure Test” and “Casing Evaluation for Corrosion/metal loss” during the calendar year*: **10** * Describe other assessment method(s): **Temperature & Noise Logging**

PART B – STORAGE FACILITY (Complete Part B once for each independent storage facility)

B1.	Facility Name (chosen by operator): **KIRBY HILLS - DOMENGINE**	
B2.	Select only one: ☐ INTERState ☒ INTRAState	
	PHMSA USE ONLY Unit ID: **88716**	
B3.	Facility Location:	
	Latitude:	**38.15996**
	Longitude:	**- 121.90573**
	State:	**California**
	County:	**SOLANO**
B4.	Energy Information Administration Gas Field Code: **381385** Names of Reservoirs within this facility: **DOMENGINE**	

GAS VOLUMES

B5.	Working gas capacity (billion standard cubic feet (BCF)), *include two decimal places*: **4.40**
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: **2.90**
B7.	Total gas capacity (billion standard cubic feet (BCF)): **7.3**
B8	Metered volume of natural **gas withdrawn from the facility** for calendar year (billion standard cubic feet (BCF)), *include two decimal places:* **2.89**
B9.	Metered volume of natural gas **injected into the facility** for calendar year (billion standard cubic feet (BCF)), *include two decimal places*: **4.14**

PART C – RESERVOIRS AND WELLS ***(Complete Part C once for each reservoir or geologic storage formation within a facility)***

RESERVOIR DOMENGINE

C1.	Reservoir name (chosen by operator): **DOMENGINE**	
C2.	Year reservoir placed in storage service: **2006**	
C3.	Type (select only one): ☐ Salt Cavern ☒ Hydrocarbon Reservoir ☐ Aquifer Reservoir ☐ Other Description of type:	
C4.	Maximum Wellhead Surface Pressure	
C4a.	Name of the representative well: **S-2A**	

C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the representative well: **1322**

RESERVOIR OR CAVERN(S) DEPTH

C5.	Approximate Maximum Depth (feet): **2500**
C6.	Approximate Minimum Depth (feet): **1900**

WELLS

C7. Number of Injection and/or Withdraw Wells by Year Range Placed in Storage Operation:

	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
Injection and/or Withdrawal Wells	0	0	0	3	6	9

C8. Number of Monitoring and/or Observation Wells:

	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
Monitoring and/or Observation Wells	0	0	0	0	0	0

C9.	Number of Wells drilled during the calendar year: **0**
C10	Wells plugged and abandoned during the calendar year
C10a.	Number of wells re-plugged during the calendar year: **0**
C10b.	Number of wells plugged but not abandoned during the calendar year: **0**
C10c.	Number of wells plugged and abandoned during the calendar year: **0**

WELL SAFETY VALVES

C11	Number of Wells with automated surface safety valves: **0**
C12	Number of Wells with subsurface safety valves: **0**

WELLS GAS FLOW

C13	Number of Wells with gas flow only through production tubing: **6**
C14	Number of Wells with gas flow only through production casing: **0**
C15	Number of Wells with gas flow through both production tubing and production casing: **3**
C16	Number of Wells with some “other type” of gas flow: **0** Describe the “other type” of gas flow through the well:

MAINTENANCE

C17	Number of Wells with new production tubing installed during the calendar year: **0**
C18	Number of Wells with new production casing, new liner, or repairs to casing or liner during the calendar year: **0**
C19	Number of Wells with wellhead remediation or repair during the calendar year: **0**
C20	Number of Wells with casing, wellhead, or tubing leaks during the calendar year: **0**
C21	Number of Wells with Pressure Test during the calendar year: **1**
C22	Number of Wells with Casing Evaluation for Corrosion/ metal loss during the calendar year: **9**

C23	Number of Wells inspected using a downhole assessment method other than “Pressure Test” and “Casing Evaluation for Corrosion/metal loss” during the calendar year*: **9** * Describe other assessment method(s): **Temperature & Noise Logging**

PART D – CONTACT INFORMATION

D1.	Name of person submitting report: **Gregory Clark**
D2.	Title of person in D1: **Senior Compliance Manager**
D3.	Work e-mail address of person in D1: **greg.clark@rockpointgs.com**
D4.	Work phone number of person in D1: **(209)368-9277**
D5.	Name of person to contact with questions about this report: **Kamran Saeed**
D6.	Title of person in D5: **Reservoir Engineer**
D7.	Email address of person in D5: **kamran.saeed@rockpointgs.com**
D8.	Phone number of person in D5: **(403)513-8654**