



March 13, 2025

RE: Central Valley Gas Storage (CVGS) PHMSA Transmission and Underground Storage Annual Reports

To: Lee Palmer, Safety and Enforcement Director (SED), CPUC
Terence Eng, GSRB Program Manager, SED, CPUC

Mr. Palmer and Mr. Eng,

Provided is a copy of the Central Valley Gas Storage, LLC (CVGS) PHMSA Annual Transmission Report required by General Order 112-F, Section 123. Also, provided is a copy of the Underground Storage Report.


Please let me know if you have any questions or comments.

Thank you

A handwritten signature in black ink, appearing to read "Bobby Dahaghi", is written over a horizontal line.

Bobby Dahaghi
Environmental & Regulatory Manager

CC: Denis Lee, GSRB Supervisor, SED, CPUC
Amy Johnson, Director Regulatory, CVGS

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	ANNUAL REPORT FOR CALENDAR YEAR 2024 NATURAL and OTHER GAS TRANSMISSION and GATHERING SYSTEMS	Initial Date Submitted	03/12/2025
		Report Submission Type	INITIAL
		Date Submitted	
<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 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.</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>			
PART A - OPERATOR INFORMATION		DOT USE ONLY	20250957 - 46011
1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) 32603		2. NAME OF OPERATOR: CENTRAL VALLEY GAS STORAGE (CVGS), LLC	
3. RESERVED		4. HEADQUARTERS ADDRESS: 919 MILAM STREET Street Address HOUSTON City State: TX Zip Code: 77002	
5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: (Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)			
<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 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)			
<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. <input checked="" type="checkbox"/> INTRAsate pipeline – List all of the States in which INTRAsate 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	0	0.47	0	15.34
Offshore	0	0	0	0
Total Miles	0	0.47	0	15.34

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 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	8919		
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	15.81	0	0	0	0	0	0	0	15.81
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	15.81	0	0	0	0	0	0	0	15.81
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	15.81	0	0	0	0	0	0	0	15.81

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 INTRAsate 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	0
b. Dent or deformation tools	0
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)	0

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:	
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:	0
1. "Immediate repair conditions" [192.714(d)(1)]	0
2. "Two-Year conditions" [192.714(d)(2)]	0
3. "Monitored conditions" [192.714(d)(3)]	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.	
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:	
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:	0
1. "Immediate repair conditions" [192.714(d)(1)]	0
2. "Two-Year conditions" [192.714(d)(2)]	0
3. "Monitored conditions" [192.714(d)(3)]	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:	
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:	0
2. "6-Month conditions" [192 Appendix F, Section XIX]	0
3. "12-Month conditions" [192 Appendix F, Section XIX]	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:	
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:	0
1. "Immediate repair conditions" [192.714(d)(1)]	0
2. "Two-Year conditions" [192.714(d)(2)]	0
3. "Monitored conditions" [192.714(d)(3)]	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:	
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:	0
1. "Immediate repair conditions" [192.714(d)(1)]	0
2. "Two-Year conditions" [192.714(d)(2)]	0
3. "Monitored conditions" [192.714(d)(3)]	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 + 4.1.a + 4.2.a + 5.a)	0
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)	0
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)	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.	0

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 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	0	0	0	1.28	0	0
	22	24	26	28	30	32	34	36	38
	0	14.53	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;								
15.81	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	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	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	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	0	15.81	0	15.81
Offshore					
Subtotal Transmission	0	0	15.81	0	15.81
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	0	15.81	0	15.81

PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH					
INTRASTATE CALIFORNIA					
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	1.28	0	0	0	1.28
Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS	1.23	0	0	0	1.23
Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS	13.3	0	0	0	13.3
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	15.81	0	0	0	15.81
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	15.81				15.81

PART L - MILES OF PIPE BY CLASS LOCATION									
INTRASTATE CALIFORNIA									
	Class Location								
	Class 1	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	15.81	0	0	0	15.81	0	0.47	0	15.34
Offshore	0				0				
Subtotal Transmission	15.81	0	0	0	15.81	0	0.47	0	15.34
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	15.81	0	0	0	15.81	0	0.47	0	15.34

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				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 M4 – GAS TRANSMISSION EXCAVATION DAMAGE			
INTRASTATE CALIFORNIA			
Notification Issue Sub-Total	0	Location Issue Sub-Total	0
No notification made to the One-Call Center/811	0	Facility not marked due to Abandoned facility	0
Excavator dug outside area described on ticket	0	Facility not marked due to Incorrect facility records/maps	0
Excavator dug prior to valid start date/time	0	Facility not marked due to Locator error	0
Excavator dug after valid ticket expired	0	Facility not marked due to No response from operator/contract locator	0
Excavator provided incorrect notification information	0	Facility not marked due to Incomplete marks at damage location	0
		Facility not marked due to Tracer wire issue	0
Excavation Issue Sub-Total	0	Facility not marked due to Unlocatable Facility	0
Excavator dug prior to verifying marks by test-hole (pothole)	0	Facility marked inaccurately due to Abandoned facility	0
Excavator failed to maintain clearance after verifying marks	0	Facility marked inaccurately due to Incorrect facility records/maps	0
Excavator failed to protect/shore/support facilities	0	Facility marked inaccurately due to Locator error	0
Improper backfilling practices	0	Facility marked inaccurately due to Tracer wire issue	0
Marks faded or not maintained	0		
Improper excavation practice not listed above	0		
Miscellaneous Root Causes Sub-Total	0		
Deteriorated facility	0		
One Call Center Error	0		
Previous damage	0	1. Total Excavation Damages	0
Root Cause not listed	0	2. Number of Excavation Tickets	0
PART M5 – GAS GATHERING EXCAVATION DAMAGE			
INTRASTATE CALIFORNIA			
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	
Root Cause not listed		2. Number of Excavation Tickets	

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	Other ²	Total Miles
Transmission										
Onshore	0	15.81	0	0	0	0	0	0	0	15.81
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	15.81	0	0	0	0	0	0	0	15.81
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	15.81	0	0	0	0	0	0	0	15.81
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) Incomple te Records	(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 Records	(d) Total	(d) Incomple te Records	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)	0	0	0.47	0	0	0	0	0	0	0	0	0	0	0
Class 1 (not in HCA or MCA)	0		15.34		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)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	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	0	0	15.81	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	15.81
Total under 192.624 (as allowed by 192.619(e))	0
Grand Total	15.81
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

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	0.47	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	0.47	0	0	0
Class 1 not in HCA or MCA	15.34	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	15.34	0	0	0
Total	15.81	0	0	0

	1.39 MAOP > PT \geq 1.25		1.25 MAOP > PT \geq 1.1		1.1 MAOP > PT or No PT	
	MAOP		MAOP		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	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	0	0	0	0	0	0
Class 2 in MCA	0	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	0	0	0	0	0	0
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 \geq 1.5 MAOP Total	15.81	Total Miles Internal Inspection ABLE	15.81
1.5 MAOP > PT \geq 1.39 MAOP Total	0	Total Miles Internal Inspection NOT ABLE	0
1.39 > PT \geq 1.25 MAOP Total	0	Grand Total	15.81
1.25 MAOP > PT \geq 1.1	0		
1.1 MAOP > PT or No PT Total	0		
Grand Total	15.81		

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)	0	0	0
Relative Risk	0	0	0
Quantitative	0	0	0
Probabilistic	0	0	0
Scenario-Based	0	0	0
Other <i>describe:</i>	0	0	0

Total	0	0	0
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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	
Amy Johnson _____ Preparer's Name(type or print)	(713)494-7816 Telephone Number
Director of Regulatory _____ Preparer's Title	
ajohnson@calichestorage.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	

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration		UNDERGROUND NATURAL GAS STORAGE FACILITY ANNUAL REPORT FOR CALENDAR YEAR 2024		DOT USE ONLY	
				Original Date Submitted	03/12/2025
				Report Type	SUPPLEMENTAL
				Date Submitted	03/12/2025
<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 20 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>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</p>					
PART A - OPERATOR INFORMATION			DOT USE ONLY	20250083 - 08703	
A1.	Operator's OPS-issued Operator Identification Number (OPID): 32603				
A2.	Name of Operator: CENTRAL VALLEY GAS STORAGE (CVGS), LLC				
A3.	Address of Operator				
A3a.	Street Address:	919 MILAM STREET			
A3b.	City:	HOUSTON			
A3c.	State:	TX			
A3d.	Zip Code:	77002			

PART B – STORAGE FACILITY (Complete Part B once for each independent storage facility)		
B1.	Facility Name (chosen by operator): Central Valley Gas Storage (CVGS)	
B2.	Select only one: <input type="checkbox"/> INTERState <input checked="" type="checkbox"/> INTRASState	
	PHMSA USE ONLY Unit ID: 88698	
B3.	Facility Location:	
	Latitude:	39.38628
	Longitude:	- 122.03145
	State:	California
	County:	COLUSA
B4.	Energy Information Administration Gas Field Code: 011 Names of Reservoirs within this facility: Princeton	

GAS VOLUMES

B5.	Working gas capacity (billion standard cubic feet (BCF)), <i>include two decimal places:</i> 11.00
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), <i>include two decimal places:</i> 1.40
B7.	Total gas capacity (billion standard cubic feet (BCF)): 12.4
B8.	Metered volume of natural gas withdrawn from the facility for calendar year (billion standard cubic feet (BCF)), <i>include two decimal places:</i> 8.92
B9.	Metered volume of natural gas injected into the facility for calendar year (billion standard cubic feet (BCF)), <i>include two decimal places:</i> 8.83

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

C1.	Reservoir name (chosen by operator): Princeton
C2.	Year reservoir placed in storage service: 2011
C3.	Type (select only one): <input type="checkbox"/> Salt Cavern <input checked="" type="checkbox"/> Hydrocarbon Reservoir <input type="checkbox"/> Aquifer Reservoir <input type="checkbox"/> Other Description of type:
C4.	Maximum Wellhead Surface Pressure
C4a.	Name of the representative well: 3-U
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the representative well: 1357

RESERVOIR OR CAVERN(S) DEPTH

C5.	Approximate Maximum Depth (feet): 2600
C6.	Approximate Minimum Depth (feet): 1980

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	9	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	4	4
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: 9						
C12	Number of Wells with subsurface safety valves: 0						
WELLS GAS FLOW							
C13	Number of Wells with gas flow only through production tubing: 8						
C14	Number of Wells with gas flow only through production casing: 1						
C15	Number of Wells with gas flow through both production tubing and production casing: 0						
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: 1						
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: 4						
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*: 13 * Describe other assessment method(s): noise/temperature log, downhole camera, multi-arm caliper log, gamma ray-neutron log						

PART D – CONTACT INFORMATION

- D1. Name of person submitting report: **Amy Johnson**
- D2. Title of person in D1: **Director of Regulatory**
- D3. Work e-mail address of person in D1: **ajohnson@calichestorage.com**
- D4. Work phone number of person in D1: **(713)484-7816**
- D5. Name of person to contact with questions about this report: **Josh Bochner**

D6.	Title of person in D5: <u>West Engineering Manager</u>
D7.	Email address of person in D5: <u>jbochner@cvgs-storage.com</u>
D8.	Phone number of person in D5: <u>(650)313-1158</u>