NOTICE: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty OMB No. 2137-0629 as provided in 49 USC 60122.

Initial Date
Submitted:

Report Submission
Type

INITIAL

OMB NO: 2137-0629 EXPIRATION DATE: 6/30/2026

Date Submitted:

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U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration

ANNUAL REPORT FOR CALENDAR YEAR 2024 GAS DISTRIBUTION SYSTEM

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 2137-0629. 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.

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	(DO	T use only)		20250623-69540		
1. Name of Operator	SOUTHERN CALIFORNIA GAS CO					
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY	INED)					
2a. Street Address	555 West Fift	h Street				
2b. City and County	Los Angeles					
2c. State		CA				
2d. Zip Code	90013					
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER	18484					
4. HEADQUARTERS NAME & ADDRESS						
4a. Street Address	555 WEST FIFTH STREET					
4b. City and County		LOS ANGELES				
4c. State		CA				
4d. Zip Code		90013				
5. STATE IN WHICH SYSTEM OPERATES		CA				
6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GRO complete the report for that Commodity Group. File a separate report for 6				ninant gas carried and		
Natural Gas						
7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERAT included in this OPID for which this report is being submitted.):	OR (Sele	ct Type of Ope	rator based on the structure	e of the company		
Investor Owned						

PART B - SYSTEM DESCRIPTION

1	.G	F	NI	FI	D.	Δ	

	STEEL			PLASTIC							
	UNPRO	UNPROTECTED CATHODICALLY PROTECTED				CAST/ WROUGHT IRON	DUCTILE	COPPER	COPPER OTHER	RECONDITION ED CAST IRON	SYSTEM TOTAL
	BARE	COATED	BARE	COATED							
MILES OF MAIN	3033	4587	0	18341	26401	0	0	0	0	0	52362
NO. OF SERVICES	45429	761049	11920	704296	3064948	0	0	0	0	0	4587642

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MATERIA	L	U	NKNOWN	2" OR	LESS	OVER 2" THRU 4"			OVER 4" THRU 8"	OVEI THRU		OVER 12"	' s	YSTE	M TOTALS
STEEL			0	14024	(6785		3809		927		416	2	25961	
DUCTILE IR	ON		0	0	(0		0		0		0	0	0	
COPPER	2		0	0	(0		0		0		0	0	0	
CAST/WROU IRON	IGHT		0	0	(0		0		0		0	O	0	
PLASTIC P	vc		0	0	(0		0		0		0	0	0	
PLASTIC F	PE		0	20466	į	5101		834		0		0	2	6401	
PLASTIC A	BS		0	0	(0		0		0		0	0)	
PLASTIC OT	HER		0	0	(0		0		0		0	0)	
OTHER			0	0	(0		0		0		0	0)	
RECONDITIO CAST IRO			0	0	(0		0		0		0	0)	
TOTAL			0	34490		11886		4643		927		416	5	2362	
Descri	be Oth	er Ma	aterial:							•					
3.NUMBER O	F SERV	/ICES	IN SYSTEM	AT END OF	YEAR		AVE	RAGE	SERVICE LE	NGTH: 59					
MATERIAL		U	NKNOWN	1" OR	LESS	OVER 1" THRU 2"			OVER 2" THRU 4"	OVE		OVER 8"	,	SYSTEM TOTALS	
STEEL		0		1478239	4	42595		1631		190		39	1	1522694	
DUCTILE IRO	N	0		0	(0		0		0		0	0	0	
COPPER		0		0	(0		0		0		0	0	0	
CAST/WROU	GHT	0		0	(0		0		0		0	0		
PLASTIC PVC		0		0	(0		0		0		0	0)	
PLASTIC PE		0		3038536	2	25187		1168		57		0	3	06494	18
PLASTIC ABS	3	0		0	(0		0		0		0	О)	
PLASTIC OTH	HER	0		0	(0		0		0		0	0)	
OTHER		0		0	(0		0		0		0	0	0	
RECONDITIO CAST IRON	NED	0		0	(0		0		0		0	0	0	
TOTAL		0		4516775	(67782		2799		247		39	4	4587642	
Describe Oth	er Mate	rial:					1			1					
4.MILES OF N	AIN AI	ND NU	JMBER OF S	SERVICES B	/ DECADE (OF INSTALLA	TION								
	UNKNO	OWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-	1979	1980-1989	1990-1999	2000-200	9 2010-2019	2020-	2029	TOTAL
MILES OF MAIN	0		2508	2823	8023	7042	6738		9375	5433	6277	2688	1455		52362
NUMBER														194689 4587642	

CAUSE OF LEAK	M	AINS	SERVICES		
CAUSE OF LEAR	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS	
CORROSION FAILURE	2845	816	8333	2423	
NATURAL FORCE DAMAGE	133	68	738	251	
EXCAVATION DAMAGE	248	243	2125	2113	
OTHER OUTSIDE FORCE DAMAGE	57	32	1003	749	
PIPE, WELD OR JOINT FAILURE	1371	445	5561	385	

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EQUIPMENT FAILURE	288	57	20950	1176
INCORRECT OPERATIONS	178	98	3838	259
OTHER CAUSE	57	5	146	66

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR : 5212 NUMBER OF HAZARDOUS LEAKS INVOLVING A MECHANICAL JOINT FAILURE : 20

1509	Location Issue Sub-Total	210
1403	Facility not marked due to Abandoned facility	3
17	Facility not marked due to Incorrect facility records/maps	59
42	Facility not marked due to Locator error	48
22	Facility not marked due to No response from operator/contract locator	0
25	Facility not marked due to Incomplete marks at damage location	4
	Facility not marked due to Tracer wire issue	12
620	Facility not marked due to Unlocatable Facility	6
172	Facility marked inaccurately due to Abandoned facility	0
193	Facility marked inaccurately due to Incorrect facility records/maps	27
43	Facility marked inaccurately due to Locator error	29
4	Facility marked inaccurately due to Tracer wire issue	22
46		
162		
61		
61	Total Excavation Damages	2400
	2. Number of Excavation Tickets	909200
	1403 17 42 22 25 620 172 193 43 4 46 162	Facility not marked due to Abandoned facility Facility not marked due to Incorrect facility records/maps Facility not marked due to Locator error Facility not marked due to No response from operator/contract locator Facility not marked due to Incomplete marks at damage location Facility not marked due to Incomplete marks at damage location Facility not marked due to Tracer wire issue Facility marked inaccurately due to Abandoned facility Facility marked inaccurately due to Incorrect facility records/maps Facility marked inaccurately due to Locator error Facility marked inaccurately due to Tracer wire issue 162 61 1. Total Excavation Damages

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PART E - RESERVED	
PART F - LEAKS ON FEDERAL LAND	PART G – PERCENT OF UNACCOUNTED FOR GAS
TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: 72	UNACCOUNTED FOR GAS AS A PERCENT OF TOTAL CONSUMPTION FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR. [(PURCHASED GAS + PRODUCED GAS) MINUS (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS)] DIVIDED BY (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS) TIMES 100 EQUALS PERCENT UNACCOUNTED FOR. FOR YEAR ENDING 6/30: 0.95%
PART H - ADDITIONAL INFORMATION	
PART I - PREPARER	
Emily Gonzalez	
Emily Gonzalez IM Reporting Team Lead	<u>(213) 231-8710</u>
(Preparer's Name and Title)	(Area Code and Telephone Number)
egonza16@socalgas.com	(000) 000-0000
(Preparer's email address)	(Area Code and Facsimile Number)