							itial Date bmitted:		03/04	/2025	
2	Pipeline and Hazardous	. Department of Transportation eline and Hazardous Materials Safety Administration GAS DISTRIBUTIO				24 Report Submissio			INITIAL		
						Da	te Submi	itted:			
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.										e OMB Control including the lation are l to: Information	
PART A - (OPERATOR INFORMATI	(DO	T use only)			202	20250632-69600				
1. Name	of Operator				SAN DIEGO	GAS & ELE		С			
2. LOCAT	ION OF OFFICE (WHER			Y BE OBTA	INED)						
	2a. Street Address				555 West Fifth Street						
	2b. City and County	Los Angeles									
	2c. State	СА									
2d. Zip Code						90013					
3. OPER	ATOR'S 5 DIGIT IDENTIF	18112									
4. HEADQUARTERS NAME & ADDRESS											
	4a. Street Address	8326 CENTURY PARK COURT									
	4b. City and County	SAN DIEGO									
	4c. State	CA									
	4d. Zip Code		92123								
5. STATE IN WHICH SYSTEM OPERATES						СА					
6. 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 G	Natural Gas										
7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERATOR (Select Type of Operator based on the structure of the company included in this OPID for which this report is being submitted.):									pany		
Investor (Dwned										
PART B - S	YSTEM DESCRIPTION										
1.GENERAL							_				
	ST	EEL									
	UNPROTECTED	CATHODICALLY PROTECTED	PLASTIC	CAST/ WROUGH IRON	DUCTILE IRON	COPPER	OTHER	RECOND ED CAST IF		SYSTEM TOTAL	

BARE

MILES OF

MAIN NO. OF SERVICES COATED

BARE

COATED

4794

424544

3555

272953

0

0

0

0

0

0

0

0

0

0

8349

697497

2. MILES OF MAINS IN SYSTEM AT END OF YEAR

MATERIA	MATERIAL UNKNOWN		2" OF	2" OR LESS OVER 2" THRU 4"			OVER 4" THRU 8"		OVER 8" THRU 12"		OVER 12"		SYSTEM TOTALS	
STEEL		0 2556			558		350	0 67			24		3555	
DUCTILE IF	RON	0	0		0	0)		0)		0	
COPPER	ર	0	0		0	0)		0)		0	
CAST/WROU	JGHT	0	0		0	0)		0)		0	
PLASTIC F	vc	0	0	1	0	0)		0)		0	
PLASTIC	PE	0	3600		1109	8	35		0)	4794		
PLASTIC A	PLASTIC ABS 0 0		0	0 0		0		0 0				0		
PLASTIC OTHER 0		0	0 0		0		0 0		0		0			
OTHER 0		0	0 0		0	0		0 0				0		
	RECONDITIONED 0 CAST IRON		0	0		0	0		0 0				0	
TOTAL		0	6156		1667	4	35		67	67 24			8349	
Descri	be Other I	Aaterial:							•					
3.NUMBER C	F SERVICE	S IN SYSTEM	AT END OF	F YEAR AVERAGE SERVICE LENGTH: 54										
MATERIAL		UNKNOWN	1" OR LESS		OVER 1" THRU 2"			OVER 2" OVER 4" THRU 4" THRU 8"		OVER 8"		SYSTEM TOTALS		
STEEL	0		269342	:	3484		96		24		7		272953	
DUCTILE IRC	N 0		0		0		0		0 0		0		0	
COPPER	0		0		0		0		0 0)		0	
CAST/WROU IRON	CAST/WROUGHT		0	0		0	0		0 0		i		0	
PLASTIC PV	PLASTIC PVC 0		0	0		0	0		0 0)		0	
PLASTIC PE	0		406307		18033		194		10 ()		424544	
PLASTIC AB	s 0		0		0		0		0		0		0	
PLASTIC OT	HER 0		0		0		0		0 0		0		0	
OTHER	0		0		0		0		0		0		0	
RECONDITIC	NED 0		0		0		0		0		0		0	
TOTAL	0		675649		21517		290		34		7		697497	
Describe Other Material:														
4.MILES OF I		IUMBER OF S	SERVICES B	Y DECADE	OF INSTALLA	TION								
	UNKNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1	979	1980-1989	1990-1999	2000-200	9 2010-2019	2020	0-2029	TOTAL
MILES OF MAIN	0	171	267	1141	1092	1348		1525	1032	1003	514	256		8349
NUMBER OF SERVICES	0	9982	17222	97244	88623	117579)	122833	83608	80120	53548	2673	8	697497

	М	AINS	SERVICES			
	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS		
CORROSION FAILURE	126	13	1134	182		
NATURAL FORCE DAMAGE	35	6	116	9		
EXCAVATION DAMAGE	32	32	214	214		
OTHER OUTSIDE FORCE DAMAGE	15	11	112	71		
PIPE, WELD OR JOINT FAILURE	78	24	369	30		

Form PHMSA F 7100.1-1 (rev 6-2023)

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.

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

EQUIPMENT FAILURE	35	6	1680	99		
INCORRECT OPERATIONS	15	5	93	7		
OTHER CAUSE	68	12	38	12		
NUMBER OF HAZARDOUS LEAKS INVOLVING A		I FAILURE . 4				
PART D – EXCAVATION DAMAGE						
		162	Location Is	sue Sub-Total	14	
PART D – EXCAVATION DAMAGE	sue Sub-Total	162	Location Is t marked due to Abandoned facility	sue Sub-Total	14 0	

No notification made to the One-Call Center/611	110	Facility not marked due to Abandoned facility	
Excavator dug outside area described on ticket	2	Facility not marked due to Incorrect facility records/maps	4
Excavator dug prior to valid start date/time	10	Facility not marked due to Locator error	4
Excavator dug after valid ticket expired	33	Facility not marked due to No response from operator/contract locator	0
Excavator provided incorrect notification information	1	Facility not marked due to Incomplete marks at damage location	0
		Facility not marked due to Tracer wire issue	0
Excavation Issue Sub-Total	84	Facility not marked due to Unlocatable Facility	1
Excavator dug prior to verifying marks by test-hole (pothole)	51	Facility marked inaccurately due to Abandoned facility	0
Excavator failed to maintain clearance after verifying marks	3	Facility marked inaccurately due to Incorrect facility records/maps	1
Excavator failed to protect/shore/support facilities	0	Facility marked inaccurately due to Locator error	4
Improper backfilling practices	0	Facility marked inaccurately due to Tracer wire issue	0
Marks faded or not maintained	2		
Improper excavation practice not listed above	28		
Miscellaneous Root Causes Sub-Total	0		
Deteriorated facility	0		
One Call Center Error	0		
Previous damage	0	1. Total Excavation Damages	260
Root Cause not listed	0	2. Number of Excavation Tickets	193436

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: <u>28</u>	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: <u>-0.26%</u>
PART H - ADDITIONAL INFORMATION	
PART I - PREPARER	
Emily Jonzalez	
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)