

A Rockpoint Gas Storage Company
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March 15, 2023

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. 3-2022) 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,

Gregory N. Clark

Droggy M. Clif

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, 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 2022 NATURAL and OTHER GAS TRANSMISSION and GATHERING SYSTEMS

Initial Date
Submitted 03/15/2023

Report
Submission
Type
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 1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) 31697 2. NAME OF OPERATOR: LODI GAS STORGE, LLC 4. HEADQUARTERS ADDRESS: SUITE 400 607 - 8TH AVE SW 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 Gae 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	http://www.phmsa.dot.gov/pipeline/library/forms.	ons, you can obtain one nom the	: Filmon Fipeline Salety Collinarity Web Fage at				
3. RESERVED 4. HEADQUARTERS ADDRESS: SUITE 400 607 - 8TH AVE SW 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 Landfill Gas Other Gas 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.	PART A - OPERATOR INFORMATION	DOT USE ONLY	20231184 - 42640				
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8. RESERVED	1 1						
	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 Num		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	Offshore 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 TRAN PIPELINES (ONLY) IN MILLION SCF PER YEA (excludesTransmission lines of Gas Distribu	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		43939			
Propane Gas					
Synthetic Gas					
Hydrogen Gas					
Landfill Gas					
Other Gas - Name:					

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.

PART D MILES OF PIPE BY MATERIAL AND CORROSION PREVENTION STATUS										
		thodically ected		thodically otected						
	Bare	Coated	Bare	Coated	Cast Iron	Wrough t Iron	Plastic	Comp osite 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

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

PART	E-	RES	ERV	/ED
. ,	_	0		

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 at	PARTs F and G							
The data re	The data reported in these PARTs applies to: (select only one)							
_	Interstate pipelines/pipeline facilities							
Ø	Intrastate pipelines/pipeline facilities in the State of CALIFORNIA (complete for each State)							

MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
a. Corrosion or metal loss tools	34.48
b. Dent or deformation tools	34.48
c. Crack or long seam defect detection tools	
d. Any other internal inspection tools, specify other tools:	
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	68.96
. ACTIONS TAKEN IN CALENDAR YEAR BASED ON IN-LINE INSPECTIONS	
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:	
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
a. Total mileage inspected by pressure testing in calendar year.	
b. Total number of pressure test failures (ruptures and leaks) repaired in calendar year, both within an HCA Segment and outside of an HCA Segment.	
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN AN HCA SEGMENT.	
d. Not used	

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OMB No. 2137-0522

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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. f. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT. g. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT. 4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods) a. Total mileage inspected by each DA method in calendar year. 1. ECDA 2. ICDA 3. SCCDA b. Total number of anomalies identified by each DA method and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment. 1. ECDA 2. ICDA 3. SCCDA c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of: 1. "Immediate repair conditions" [192.933(d)(1)] 2. "One-year conditions" [192.933(d)(2)] 3. "Monitored conditions" [192.933(d)(3)] 4. Other "Scheduled conditions" [192.933(c)] d. Total number of conditions repaired WITHIN A §192.710 SEGMENT: e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT: 4.1 MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON GUIDED WAVE ULTRASONIC TESTING (GWUT) a. Total mileage inspected by GWUT method in calendar year. b. Total number of anomalies identified by GWUT method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment. c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of: 1. "Immediate repair conditions" [192 Appendix F, Section XIX] 2. "6-Month conditions" [192 Appendix F, Section XIX] 3. "12-Month conditions" [192 Appendix F, Section XIX] 4. "Monitored conditions" [192 Appendix F, Section XIX] d. Total number of conditions repaired WITHIN A §192.710 SEGMENT: e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT: f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT: 4.2 MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DIRECT EXAMINATION a. Total mileage inspected by DIRECT EXAMINATION method in calendar year. b. Total number of anomalies identified by DIRECT EXAMINATION method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment. 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:

Form Approved 3/1/2022

OMB No. 2137-0522 Expires: : 3/31/2025 Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty Form Approved 3/1/2022 as provided in 49 USC 60122. OMB No. 2137-0522 Expires: : 3/31/2025 e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT: f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT: 5. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON OTHER INSPECTION TECHNIQUES a. Total mileage inspected by inspection techniques other than those listed above in calendar year. 1.Other Inspection Techniques b. Total number of anomalies identified by other inspection techniques and repaired in calendar year based on 0 the operator's criteria, both within an HCA Segment and outside of an HCA Segment. c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of: 1. "Immediate repair conditions" [192.933(d)(1)] 2. "One-year conditions" [192.933(d)(2)] 3. "Monitored conditions" [192.933(d)(3)] 4. Other "Scheduled conditions" [192.933©] d. Total number of conditions repaired WITHIN A §192.710 SEGMENT: e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT: f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT: 6. TOTAL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN IN CALENDAR YEAR a. Total mileage inspected in calendar year. (Lines 1.e + 3.a + 4.a.1 + 4.a.2 + 4.a.3 + 5.a) 68.96 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) 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.4d. 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 0 +4.1.d + 4.2.d + 5.d) g. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A §192.710 SEGMENT: h. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A §192.710 SEGMENT: i. Total number of conditions repaired in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA 0 nor §192.710 SEGMENT. (Lines 2.e + 3.f + 4.e + 4.1.e + 4.2.e + 5.e) j. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT: 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: I. Total number of conditions repaired in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA n nor §192.710 SEGMENT. (Lines 2.f + 3.g + 4.f +4.1.f + 4.2.f + 5.f)

m. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A CLASS

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:

LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:

PART G- MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA SO ONLY)	egment miles
a. Baseline assessment miles completed during the calendar year.	0.44
b. Reassessment miles completed during the calendar year.	1.68
c. Total assessment and reassessment miles completed during the calendar year.	2.12
d. §192.710 Segments Baseline assessment miles completed during the calendar year.	6.07
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.	6.07
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.	26.29

may result in a civil penalty

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OMB No. 2137-0522

Expires: : 3/31/2025

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)												
	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			
Onshore	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;										
44.98	Total Miles of	of Onshore Pip	e – Transmissi	ion								
	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			
Offshore	40	42	44	46	48	52	56	58 and over				
	0	0	0	0	0	0	0	0				
	Additional S 0 - 0; 0 - 0; (izes and Miles 0 - 0; 0 - 0; 0 - 0	(Size – Miles;)); 0 - 0; 0 - 0; (): 0 - 0; 0 - 0;								
0	Total Miles of	of Offshore Pipe	e – Transmissi	ion								

over

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	0	0	0	0	0	0	0	0 Expires: : 3	13 1/2023	
	Additional Sizes and Miles (Size – Miles;): 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0;									
0	Total Miles of Of	fshore Pipe – G	Sathering							

PART J - MILES O	PART J – MILES OF PIPE BY DECADE INSTALLED										
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	PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH										
		CLASS L	OCATION		Total Miles						
ONSHORE	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						

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PART L - MILES OF	PIPE BY C	LASS LOC	ATION						
		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

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Expires: : 3/31/2025 PART M - FAILURES, LEAKS, AND REPAIRS PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; INCIDENTS & FAILURES IN HCA SEGMENTS IN CALENDAR YEAR Transmission Leaks, and Failures **Gathering Leaks** Leaks **Failures** Offsh in HCA **Onshore Leaks Onshore Leaks** Offshore Leaks ore Segment Cause Leaks s Class Class 1 3 & 4 & 2 Non-Type Type non-**HCA** MCA non-**HCA** Type A HCA **HCA** В С HCA & non-& non- MCA **External Corrosion** Internal Corrosion Stress Corrosion Cracking Manufacturing Construction Equipment Incorrect Operations Third Party Damage/Mechanical Damage Excavation Damage Previous Damage (due to Excavation Activity) Vandalism (includes all Intentional Damage)

Damage (all)	0	0	Ü	0	Ü	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

Weather Related/Other Outside Force

Natural Force

PART M2 – KNOWN SYSTEM LEAKS AT END	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 Type A	0						
Onshore	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	MATERIA	AL AND C	ORROSIC	N PREV	ENTION ST	ATUS			
	Steel Cathodically protected		Steel Cathodically unprotected							
	Bare	Coate d	Bare	Coate d	Cast Iron	Wrought Iron	Plastic	Composite	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	o	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

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

Part Q	Part Q - Gas Transmission Miles by MAOP Determination Method													
by §192	2.619 a		er Metl	nods										
	(a)(1) Total	(a)(1) Incomp lete Record s	(a)(2) Total	(a)(2) Incomple te Records	(a)(3) Total	(a)(3) Incomple te Records	(a)(4) Total	(a)(4 Incomplet e Records	(c) Total	(c) Incomp lete Record s	(d) Total	(d) Incom plete Record s	Other 1 Total	Other Incompl ete 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	2.624 N	lethods	3											
		(c)(1) Tot	al	(c)(2) To	otal	(c)(3) T	otal	(c)(4) Tot	al	(c)(5)	Total		(c)(6) Total	
Class 1 (i		0		0		0		0		0			0	
Class 1 (i MCA)		0		0		0		0		0			0	
Class 1 (r HCA or M		0		0		0		0		0			0	
Class 2 (i	n HCA)	0		0		0		0		0			0	
Class 2 (i MCA)	n 	0		0		0		0		0			0	
Class 2 (r HCA or M		0		0		0		0		0			0	
Class 3 (i		0		0		0		0		0			0	

	tice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty provided in 49 USC 60122.									
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

	PT ≥ 1.5	50 MAOP	1.5 MAOP > P	T ≥ 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	1.25 MAOP >	PT ≥ 1.1	1.1 MAOP > PT or No		
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)						
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						
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			

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Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by

OMB No. 2137-0522 Expires: : 3/31/2025 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	(209)368-9277
Preparer's Name(type or print)	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)	
PART O - CERTIFTING SIGNATURE (applicable only to PARTS B, F, G, and MT)	
	(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	

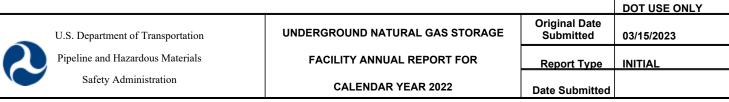
49 U.S.C. 60109(f)

VP, Operations

49 U.S.C. 60109(f)

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

Form Approved 3/1/2022



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.

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	INFORMA	TION		DOT USE ONLY	20230107 - 05422	
A1.	Operator	's OPS-issued C	perator Identific	ation Number (OPID): 3	1697	
A2.	Name of	Operator: LODI	GAS STORAGE	<u>≣, LLC</u>		
A3.	Address	of Operator				
	A3a.	Street Address:	SUITE 400			
	A3b.	City:	CALGARY			
	A3c.	State:	<u>AB</u>			
	A3d.	Zip Code:	T2P 0A7			

PART F	B - STORAGE FACILII	TY (Complete Part B once for each independent storage facility)				
AIXI I	D OTOTAGE TAGILIT	11 (complete 1 art 2 once for each macpenaont storage facility)				
B1.	Facility Name (chose	en by operator): LODI - MIDLAND				
B2.	Select only one:	INTERState 💆 INTRAState				
	PHMSA USE ONLY Unit ID: 89496					
B3.	Facility Location:					
		00.40700				
	Latitude:	38.19739				
	Longitude:	- 121.27042				
	State:	California				
	County:	SAN JOAQUIN				
		Administration Gas Field Code: 422629				
B4.	Names of Reservoirs	s within this facility: MIDLAND				

JAS V	OLUMES
B5.	Working gas capacity (billion standard cubic feet (BCF)), include two decimal places: 4.48
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: 4.62
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)), <i>include two decimal places:</i> 6.47

PART	C – RESERVOIR	S AND WELLS (Comp	lete Part C once fo	or each reservoir o	r geologic storag	e formation within a	facility)
RESER	VOIR MIDLANI)					
C1.	Reservoir name (chosen by operator): MIDLAND						
C2.	Year reservoir	placed in storage servic	e: 2001				
C3.	Type (select only one): ☐ Salt Cavern ☑ Hydrocarbon Reservoir ☐ Aquifer Reservoir ☐ Other Description of type:						
C4.	Maximum Well	head Surface Pressure					
C4a.		Name of the represent	ative well: M4A				
C4b.		Maximum surface pres	ssure (pounds per s	square inch gauge (psig)) at the repres	sentative well: 1256	
RESER	VOIR OR CAVE	RN(S) DEPTH					
C5.	Approximate M	laximum Depth (feet): 2	640				
C6.	Approximate M	linimum Depth (feet): 24	470				
WELLS							
	Number of Inje		<u>-</u>	Range Placed in Sto			
		Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
C7.	Injection and/or Withdrawal Wells	0	0	0	7	1	8

	Number of Monitoring and/or Observation Wells:						
C8.		Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
00.	Monitoring and/or Observation Wells		1	0	1	0	2
C9.	Number of We	lls drilled during the ca	lendar 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 plug	ged and abandone	ed during the calenda	ar year: 0		
WELL S	AFETY VALVES	<u> </u>					
C11		lls with automated surf	ace safety valves: ()			
C12	Number of We	lls with subsurface saf	ety valves: 1				
WELLS	GAS FLOW						
C13	Number of We	lls with gas flow only t	nrough production to	ubing: 4			
C14	Number of We	lls with gas flow only t	nrough production c	casing: 0			
C15	Number of We	lls with gas flow throug	h both production t	ubing and productio	n casing: 4		
C16	Number of Wells with some "other type" of gas flow: 0 Describe the "other type" of gas flow through the well:						
MAINTE	NANCE						
C17	Number of We	lls with new productior	tubing installed du	ring the calendar ye	ar: 0		
C18	Number of We	lls with new productior	n casing, new liner,	or repairs to casing	or liner during the c	alendar year: 0	
C19		lls with wellhead reme	<u>.</u>				
C20		lls with casing, wellhea			/ear: 0		
C21		lls with Pressure Test					
C22	Number of We	lls with Casing Evalua	tion for Corrosion/ n	netal loss during the	calendar year: 9		
C23		lls inspected using a d al loss" during the cale		nt method other than	n "Pressure Test" al	nd "Casing Evaluatio	n for
	* □	escribe other assessn	nent method(s): Te	mperature & Noise	Logging		
PART B	– STORAGE FA	ACILITY (Complete P	art B once for eacl	h independent stor	age facility)		
B1.	Facility Name (chosen by operator):	LODI - DOMENGIN	IE			
B2.	Select only on	e: INTERState	■ INTRAState				
	PHMSA USE C	ONLY Unit ID: 88714					
B3.	Facility Locatio	n:					

	Latitude:	38.19739
	Lautude.	
	Longitude:	- 121.27042
	State:	California
	State.	California
	County:	SAN JOAQUIN
	Energy Information A	dministration Gas Field Code: 422629
B4.	Names of Reservoirs	within this facility: DOMENGINE
GAS V	OLUMES	
B5.	Working gas capacity	v (billion standard cubic feet (BCF)), include two decimal places: 7.51
В6.	Base (also known as	Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: 3.59
B7.	Total gas capacity (bi	illion standard cubic feet (BCF)): 11.1
B8	Metered volume of na places:	atural gas withdrawn from the facility for calendar year (billion standard cubic feet (BCF)), <i>include two decimal</i>
В9.	Metered volume of na 8.3	atural gas injected into the facility for calendar year (billion standard cubic feet (BCF)), include two decimal places:

RESER	RVOIR DOME	NGINE			
C1.	Reservoir na	ame (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 W	/ellhead Surface Pressure			
C4a.	•	Name of the representative well: D5B			
C4b.		Maximum surface pressure (pounds per square inch gauge (psig)) at the representative well: 1261			
RESER	RVOIR OR CAV	ZERN(S) DEPTH			
C5.	Approximate	Maximum Depth (feet): 2375			
	Approximate Minimum Depth (feet): 2220				

	Injection	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total 8		
C7.	Injection and/or Withdrawal Wells	Ŭ		Ů,	,		U		
	Number of Mor	nitoring and/or Observa							
C8.	Monitoring and/or Observation Wells	Pre-1930	1930-1959	1960-1969	1970-2004 2	2005-present 0	Total 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-p	lugged during the c	alendar year: 0					
	C10b.	Number of wells plug	ged but not abando	oned during the cale	ndar year: 0				
	C10c.	Number of wells plug	ged and abandone	d during the calenda	ar year: 0				
WELL S	SAFETY VALVES								
C11	Number of Wel	ls with automated surf	ace safety valves: 0)					
C12	Number of Wel	ls with subsurface safe	ety valves: 0						
WELLS	GAS FLOW								
C13	Number of Wel	ls with gas flow only th	rough production to	ıbing: 2					
C14	Number of Wel	ls with gas flow only th	rough production ca	asing: 0					
C15	Number of Wel	ls with gas flow throug	h both production to	ubing and production	n casing: 6				
C16	1	ls with some "other typ ther type" of gas flow	-						
MAINT	ENANCE								
C17	Number of Wel	ls with new production	tubing installed dur	ring the calendar ye	ar: 0				
C18	Number of Wel	ls with new production	casing, new liner, o	or repairs to casing	or liner during the o	alendar year: 0			
C19	Number of Wel	ls with wellhead remed	diation or repair duri	ing the calendar yea	ar: 0				
C20	Number of Wel	ls with casing, wellhea	d, or tubing leaks d	uring the calendar y	ear: 0				
C21	Number of Wel	ls with Pressure Test o	during the calendar	year: 0					
C22	Number of Wel	ls with Casing Evaluat	ion for Corrosion/ m	netal 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								
		escribe other assessm	entinethou(s). Tel	mperature & NOISE					
PART E	3 – STORAGE FA	CILITY (Complete Pa	art B once for each	n independent stor	age facility)				
B1.	Facility Name (chosen by operator): I	KIRBY HILLS - WA	GENET					

B2.	Select only one: □ I	NTERState NTRAState			
	PHMSA USE ONLY I				
B3.	Facility Location:				
	Latitude:	38.15996			
	Longitude:	- 121.90573			
	State:	California			
	County:	SOLANO			
B4.	1	ergy Information Administration Gas Field Code: 381416 unes of Reservoirs within this facility: WAGENET			
GAS VC	DLUMES				
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 (bi	Total gas capacity (billion standard cubic feet (BCF)): 12.94			
В8	Metered volume of na places:	atural gas withdrawn from the facility for calendar year (billion standard cubic feet (BCF)), include two decimal			
	6.89				
B9.	Metered volume of na 4.64	atural gas injected into the facility for calendar year (billion standard cubic feet (BCF)), <i>include two decimal places</i> :			
1	l				

PART C - RESERVOIRS AND WELLS (Complete Part C once for each reservoir or geologic storage formation within a facility) RESERVOIR WAGENET Reservoir name (chosen by operator): WAGENET C1. Year reservoir placed in storage service: 2008 C2. C3. Type (select only one): Salt Cavern Hydrocarbon Reservoir Aquifer Reservoir Other Description of type: Maximum Wellhead Surface Pressure C4. Name of the representative well: 22-8 C4a. Maximum surface pressure (pounds per square inch gauge (psig)) at the representative well: 2047 C4b. RESERVOIR OR CAVERN(S) DEPTH

C5.	Approximate Maximum Depth (feet): 5900							
C6.	Approximate Minimum Depth (feet): 4200							
WELLS	l.							
WLLLO	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	
C7.	Injection and/or Withdrawal Wells	0	0	0	0	8	8	
	Number of Monitoring and/or Observation Wells:							
C8.	Manitarina	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total	
	Monitoring and/or Observation Wells		0	0	0	2	2	
C9.	Number of Wells of	drilled during the cale	endar year: 0					
C10	Wells plugged and	d abandoned during	the calendar year					
		umber of wells re-plo						
		umber of wells plugo						
	C10c. N	umber of wells plugo	ged and abandoned	d during the calenda	ar year: 0			
WELL S	SAFETY VALVES							
C11	Number of Wells with automated surface safety valves: 0							
C12	Number of Wells v	with subsurface safe	ty valves: 0					
	GAS FLOW							
C13	-	with gas flow only thr						
C14	Number of Wells with gas flow only through production casing: 0							
C15	Number of Wells v	with gas flow through	n both production to	ubing and production	n casing: 3			
C16	Number of Wells with some "other type" of gas flow: 0 Describe the "other type" of gas flow through the well:							
MAINTE	NANCE							
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: 5							
C22	Number of Wells v	with Casing Evaluation	on for Corrosion/ m	netal 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							
	* Desc	cribe other assessme	ent method(s): Ter	mperature & Noise	Logging			

B1.	Facility Name (chosen by operator): KIRBY HILLS - DOMENGINE					
B2.	Select only one: D	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 V	OLUMES					
B5.	Working gas capacity (billion standard cubic feet (BCF)), include two decimal places: 5.10					
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: 2.20					
B7.	Total gas capacity (billion standard cubic feet (BCF)): 7.3					
В8	Metered volume of natural gas withdrawn from the facility for calendar year (billion standard cubic feet (BCF)), include two decimal places:					
	2.54					
B9.	Metered volume of na 1.15	atural gas injected into the facility for calendar year (billion standard cubic feet (BCF)), include two decimal places:				

C – RESERVOIRS AND WELLS (Complete Part C once for each reservoir or geologic storage formation within a facility)					
VOIR DOMENGINE					
Reservoir name (chosen by operator): DOMENGINE					
Year reservoir placed in storage service: 2006					
Type (select only one): ☐ Salt Cavern ☑ Hydrocarbon Reservoir ☐ Aquifer Reservoir ☐ Other Description of type:					
Maximum Wellhead Surface Pressure					
Name of the representative well: S-1					

C4b.		Maximum surface pr	essure (pounds per	square inch gauge	(psig)) at the repres	sentative well: 1284	
RESER	VOIR OR CAVE	RN(S) DEPTH					
C5.	Approximate Maximum Depth (feet): 2500						
C6.	Approximate Minimum Depth (feet): 1900						
WELLS	•						
	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
C7.	Injection and/or Withdrawa Wells	0	0	0	3	6	9
	Number of Mo	nitoring and/or Observ					
C8.	Manitarina	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total
	Monitoring and/or Observation Wells		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-p	lugged during the ca	alendar year: 0			
	C10b.	Number of wells plug	ged but not abando	oned during the cale	ndar year: 0		
	C10c.	Number of wells plug	ged and abandone	d during the calenda	ar year: 1		
WELLS	SAFETY VALVES	•					
C11		lls with automated surf	ace safety valves: 0)			
C12		lls with subsurface safe	<u> </u>				
WELLS	GAS FLOW		•				
C13	Number of We	lls with gas flow only th	nrough production to	ıbing: 6			
C14	Number of We	lls with gas flow only th	nrough production ca	asing: 0			
C15	Number of We	lls with gas flow throug	h both production to	ubing and production	n casing: 3		
C16	Number of Wells with some "other type" of gas flow: 0 Describe the "other type" of gas flow through the well:						
MAINTE	ENANCE						
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: 1						
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						
020	Number of Wells with Pressure Test during the calendar year: 5						
C21	Number of We	lls with Pressure Test	during the calendar	year: 5			

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