



**Wild Goose Storage, LLC**  
**A Rockpoint Gas Storage Company**  
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March 15, 2024

Terence Eng, P.E.  
Program Manager  
Gas Safety and Reliability Branch  
Safety and Enforcement Division  
California Public Utilities Commission  
505 Van Ness Avenue, 2<sup>nd</sup> Floor  
San Francisco, CA 94102-3298  
[terence.eng@cpuc.ca.gov](mailto:terence.eng@cpuc.ca.gov)

*VIA ELECTRONIC MAIL*

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

Dear Mr. Eng:

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

Additionally, WGS 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 [grant.bozarth@rockpointgs.com](mailto:grant.bozarth@rockpointgs.com) or at (530) 751-8172.

Sincerely,

DocuSigned by:  
  
FE8E1C608ADE4E2...

Grant Bozarth  
Lead Operator

Enclosures

cc: P. Penney ([paul.penney@cpuc.ca.gov](mailto:paul.penney@cpuc.ca.gov)), A. Phu ([anthony.phu@cpuc.ca.gov](mailto:anthony.phu@cpuc.ca.gov))  
California Geologic Energy Management Division ([CalGEMNorthern@conservation.ca.gov](mailto:CalGEMNorthern@conservation.ca.gov))  
A. Anderson, G. Clark, M. Fournier, G. Salazar, D. Smolinski, B. Wright (via e-mail)

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<b>ANNUAL REPORT FOR CALENDAR YEAR 2023                  NATURAL and OTHER GAS TRANSMISSION and                  GATHERING SYSTEMS</b>	<b>Initial Date Submitted</b> 03/15/2024
		<b>Report Submission Type</b> INITIAL
		<b>Date Submitted</b>
<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 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.</p> <p><b>Important:</b> 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 <a href="http://www.phmsa.dot.gov/pipeline/library/forms">http://www.phmsa.dot.gov/pipeline/library/forms</a>.</p>		
<b>PART A - OPERATOR INFORMATION</b>		DOT USE ONLY      20241318 - 44543
1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) <b>31287</b>	2. NAME OF OPERATOR: <b>WILD GOOSE STORAGE LLC</b>	
3. RESERVED	4. HEADQUARTERS ADDRESS:  <b>SUITE400,607-8TH AVE. SW</b> Street Address  <b>CALGARY</b> City State: <b>AB</b> Zip Code: <b>T2P 0A7</b>	
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"/> INTRAstate pipeline – List all of the States in which INTRAstate pipelines and or pipeline facilities included under this OPID exist. <b>CALIFORNIA</b> 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 INTRAsate - included within this OPID.**

<b>PART B – TRANSMISSION PIPELINE HCA, §192.710, and in neither HCA nor §192.710 MILES</b>				
	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
<b>Onshore</b>	0.5	0.7	0	32.5
<b>Offshore</b>	0	0	0	0
<b>Total Miles</b>	0.5	0.7	0	32.5

**Part B1 – HCA Miles by Determination Method and Risk Model Type**

<b>Risk Model Type</b>	<b>Miles HCA Method 1</b>	<b>Miles HCA Method 2</b>	<b>Total</b>
Subject Matter Expert (SME)	0.5	0	0.5
Relative Risk	0	0	0
Quantitative	0	0	0
Probabilistic	0	0	0
Scenario-Based	0	0	0
Other	0	0	0
<b>Total</b>	0.5	0	0.5

<b>PART C - VOLUME TRANSPORTED IN TRANSMISSION PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludes Transmission lines of Gas Distribution systems)</b>		<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.	
	<b>Onshore</b>	<b>Offshore</b>	
Natural Gas	113890		
Propane Gas			
Synthetic Gas			
Hydrogen Gas			
Landfill Gas			
Other Gas - Name:			

<b>PART D MILES OF PIPE BY MATERIAL AND CORROSION PREVENTION STATUS</b>										
	Steel Cathodically protected		Steel Cathodically unprotected		Cast Iron	Wrought Iron	Plastic	Composite <sup>1</sup>	Other	Total Miles
	Bare	Coated	Bare	Coated						
<b>Transmission</b>										
Onshore	0	33.7	0	0	0	0	0	0	0	33.7
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	33.7	0	0	0	0	0	0	0	33.7
<b>Gathering</b>										
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
<b>Total Miles</b>	0	33.7	0	0	0	0	0	0	0	33.7

<sup>1</sup>Use of Composite pipe requires a PHMSA Special Permit or waiver from a State

**PART E – RESERVED**

**For the designated Commodity Group, complete PARTs F and G one time for all INTERstate gas transmission pipeline facilities included within this OPID and multiple times as needed for the designated Commodity Group for each State in which INTRAstate gas transmission pipeline facilities included within this OPID exist. Part F “WITHIN AN HCA SEGMENT” data and Part G may be completed only if HCA Miles in Part L is greater than zero.**

**Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-3.**

<b>PARTs F and G</b>
<p>The data reported in these PARTs applies to: <i>(select only one)</i></p> <p><input type="checkbox"/> Interstate pipelines/pipeline facilities</p> <p><input checked="" type="checkbox"/> Intrastate pipelines/pipeline facilities in the State of CALIFORNIA <i>(complete for each State)</i></p>

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:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	0
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	0
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	0
3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
a. Total mileage inspected by pressure testing in calendar year.	0
b. Total number of pressure test failures (ruptures and leaks) repaired in calendar year, both within an HCA Segment and outside of an HCA Segment.	0
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN AN HCA SEGMENT.	0

d. Not used	
e. Total number of pressure test leaks (less than complete wall failure but including escape of test medium) repaired in calendar year WITHIN AN HCA SEGMENT.	0
f. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT.	
g. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT.	0
<b>4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods)</b>	
a. Total mileage inspected by each DA method in calendar year.	0
1. ECDA	0
2. ICDA	0
3. SCCDA	0
b. Total number of anomalies identified by each DA method and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	0
1. ECDA	0
2. ICDA	0
3. SCCDA	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	0
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	0
<b>4.1 MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON GUIDED WAVE ULTRASONIC TESTING (GWUT)</b>	
a. Total mileage inspected by GWUT method in calendar year.	0
b. Total number of anomalies identified by GWUT method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment.	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192 Appendix F, Section XIX]	0
2. "6-Month conditions" [192 Appendix F, Section XIX]	0
3. "12-Month conditions" [192 Appendix F, Section XIX]	0
4. "Monitored conditions" [192 Appendix F, Section XIX]	0
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	0
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	0
<b>4.2 MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DIRECT EXAMINATION</b>	
a. Total mileage inspected by DIRECT EXAMINATION method in calendar year.	0
b. Total number of anomalies identified by DIRECT EXAMINATION method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment.	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0

4. Other "Scheduled conditions" [192.933(c)]	0
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	0
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	0
<b>5. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON OTHER INSPECTION TECHNIQUES</b>	
a. Total mileage inspected by inspection techniques other than those listed above in calendar year.	0
1. Other Inspection Techniques	
b. Total number of anomalies identified by other inspection techniques and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	0
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	0
<b>6. TOTAL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN IN CALENDAR YEAR</b>	
a. Total mileage inspected in calendar year. (Lines 1.e + 3.a + 4.a.1 + 4.a.2 + 4.a.3 + 5.a)	0
b. Total number of anomalies repaired in calendar year both within an HCA Segment and outside of an HCA Segment. (Lines 2.b + 3.b + 4.b.1 + 4.b.2 + 4.b.3 + 5.b)	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c.1 + 2.c.2 + 2.c.3 + 2.c.4 + 3.c + 3.d + 4.c.1 + 4.c.2 + 4.c.3 + 4.c.4 + 5.c.1 + 5.c.2 + 5.c.3 + 5.c.4)	0
d. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN AN HCA SEGMENT:	0
e. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN AN HCA SEGMENT:	0
f. Total number of conditions repaired in calendar year WITHIN A §192.710 SEGMENT. (Lines 2.d + 3.e + 4.d + 4.1.d + 4.2.d + 5.d)	0
g. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A §192.710 SEGMENT:	0
h. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A §192.710 SEGMENT:	0
i. Total number of conditions repaired in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT. (Lines 2.e + 3.f + 4.e + 4.1.e + 4.2.e + 5.e)	0
j. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
k. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
l. Total number of conditions repaired in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT. (Lines 2.f + 3.g + 4.f + 4.1.f + 4.2.f + 5.f)	0
m. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	0
n. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	0

<b>PART G– MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Segment miles ONLY)</b>	
<b>INTRASTATE CALIFORNIA</b>	
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.**

<b>PARTs H, I, J, K, L, M, P, Q, R, S, and T</b>									
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 <b>CALIFORNIA</b>									
<b>PART H - MILES OF TRANSMISSION PIPE BY NOMINAL PIPE SIZE (NPS)</b>									
<b>INTRASTATE CALIFORNIA</b>									
<b>Onshore</b>	NPS 4 or less	6	8	10	12	14	16	18	20
	0	0	0	0	0	0	0	4.4	0
	22	24	26	28	30	32	34	36	38
	0	4.1	0	0	25.2	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;								
33.7	Total Miles of Onshore Pipe – Transmission								
<b>Offshore</b>	NPS 4 or less	6	8	10	12	14	16	18	20
	0	0	0	0	0	0	0	0	0
	22	24	26	28	30	32	34	36	38
	0	0	0	0	0	0	0	0	0
	40	42	44	46	48	52	56	58 and over	
	0	0	0	0	0	0	0	0	
	Additional Sizes and Miles (Size – Miles): 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0;								
0	Total Miles of Offshore Pipe – Transmission								

<b>PART I - MILES OF GATHERING PIPE BY NOMINAL PIPE SIZE (NPS)</b>									
<b>INTRASTATE CALIFORNIA</b>									
<b>Onshore Type A</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 - 0;								
0	Total Miles of Onshore Type A Pipe – Gathering								
<b>Onshore Type B</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 - 0;								
0	Total Miles of Onshore Type B Pipe – Gathering								
<b>Onshore Type C</b>	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 - 0;								
0	Total Miles of Onshore Type C Pipe – Gathering								
<b>Offshore</b>	NPS 4 or less	6	8	10	12	14	16	18	20
	0	0	0	0	0	0	0	0	0
	22	24	26	28	30	32	34	36	38
	0	0	0	0	0	0	0	0	0

	40	42	44	46	48	52	56	58 and over	
	0	0	0	0	0	0	0	0	
Additional Sizes and Miles (Size – Miles;): 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0;									
0	Total Miles of Offshore Pipe – Gathering								

<b>PART J – MILES OF PIPE BY DECADE INSTALLED</b>							
<b>INTRASTATE CALIFORNIA</b>							
<b>Decade Pipe Installed</b>	Unknown	Pre-40	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980-1989
<b>Transmission</b>							
Onshore	0	0	0	0	0	0	0
Offshore							
Subtotal Transmission	0	0	0	0	0	0	0
<b>Gathering</b>							
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
<b>Total Miles</b>	0	0	0	0	0	0	0

<b>Decade Pipe Installed</b>	1990 - 1999	2000 - 2009	2010 - 2019	2020 - 2029	Total Miles
<b>Transmission</b>					
Onshore	4.4	29.3	0	0	33.7
Offshore					
Subtotal Transmission	4.4	29.3	0	0	33.7
<b>Gathering</b>					
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
<b>Total Miles</b>	4.4	29.3	0	0	33.7

<b>PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH</b>					
<b>INTRASTATE CALIFORNIA</b>					
<b>ONSHORE</b>	<b>CLASS LOCATION</b>				<b>Total Miles</b>
	<b>Class 1</b>	<b>Class 2</b>	<b>Class 3</b>	<b>Class 4</b>	
<b>Steel pipe Less than 20% SMYS</b>	0	0	0	0	0
<b>Steel pipe Greater than or equal to 20% SMYS but less than 30% SMYS</b>	0	0	0	0	0
<b>Steel pipe Greater than or equal to 30% SMYS but less than or equal to 40% SMYS</b>	0	0	0	0	0
<b>Steel pipe Greater than 40% SMYS but less than or equal to 50% SMYS</b>	0	0.2	0	0	0.2
<b>Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS</b>	0.9	0.1	0	0	1
<b>Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS</b>	32.5	0	0	0	32.5
<b>Steel pipe Greater than 72% SMYS but less than or equal to 80% SMYS</b>	0	0	0	0	0
<b>Steel pipe Greater than 80% SMYS</b>	0	0	0	0	0
<b>Steel pipe Unknown percent of SMYS</b>	0	0	0	0	0
<b>All Non-Steel pipe</b>	0	0	0	0	0
<b>Onshore Totals</b>	33.4	0.3	0	0	33.7
<b>OFFSHORE</b>	Class 1				
<b>Steel pipe Less than or equal to 50% SMYS</b>	0				
<b>Steel pipe Greater than 50% SMYS but less than or equal to 72% SMYS</b>	0				
<b>Steel pipe Greater than 72% SMYS</b>	0				
<b>Steel Pipe Unknown percent of SMYS</b>	0				
<b>All non-steel pipe</b>	0				
<b>Offshore Total</b>	0				
<b>Total Miles</b>	33.4				33.7

<b>PART L - MILES OF PIPE BY CLASS LOCATION</b>									
<b>INTRASTATE CALIFORNIA</b>									
	Class Location				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
	Class 1	Class 2	Class 3	Class 4					
<b>Transmission</b>									
Onshore	33.4	0.3	0	0	33.7	0.5	0.7	0	32.5
Offshore	0				0				
Subtotal Transmission	33.4	0.3	0	0	33.7	0.5	0.7	0	32.5
<b>Gathering</b>									
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				
<b>Total Miles</b>	33.4	0.3	0	0	33.7	0.5	0.7	0	32.5

<b>PART M – FAILURES, LEAKS, AND REPAIRS</b>											
<b>INTRASTATE CALIFORNIA</b>											
<b>PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; INCIDENTS &amp; FAILURES IN HCA SEGMENTS IN CALENDAR YEAR</b>											
<b>Cause</b>	<b>Transmission Leaks, and Failures</b>							<b>Gathering Leaks</b>			
	<b>Leaks</b>						<b>Failures in HCA Segments</b>	<b>Onshore Leaks</b>			<b>Offshore Leaks</b>
	<b>Onshore Leaks</b>				<b>Offshore Leaks</b>						
	<b>HCA</b>	<b>MCA</b>	<b>Class 3 &amp; 4 non-HCA &amp; non-MCA</b>	<b>Class 1 &amp; 2 non-HCA &amp; non-MCA</b>	<b>HCA</b>	<b>Non-HCA</b>		<b>Type A</b>	<b>Type B</b>	<b>Type C</b>	
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
<b>Third Party Damage/Mechanical Damage</b>											
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
<b>Weather Related/Other Outside Force</b>											
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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

PART M2 – KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR			
<b>Transmission</b>	0		<b>Gathering</b>
PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR			
<b>Transmission</b>		<b>Gathering</b>	
Onshore	0	Onshore Type A	0
		Onshore Type B	0
		Onshore Type C	0
OCS	0	OCS	0
Subtotal Transmission	0	Subtotal Gathering	0
<b>Total</b>		<b>0</b>	

PART P - MILES OF PIPE BY MATERIAL AND CORROSION PREVENTION STATUS										
INTRASTATE CALIFORNIA										
	Steel Cathodically protected		Steel Cathodically unprotected		Cast Iron	Wrought Iron	Plastic	Composite <sup>1</sup>	Other <sup>2</sup>	Total Miles
	Bare	Coated	Bare	Coated						
<b>Transmission</b>										
Onshore	0	33.7	0	0	0	0	0	0	0	33.7
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	33.7	0	0	0	0	0	0	0	33.7
<b>Gathering</b>										
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
<b>Total Miles</b>	0	33.7	0	0	0	0	0	0	0	33.7
<sup>1</sup> Use of Composite pipe requires PHMSA Special Permit or waiver from a State <sup>2</sup> specify Other material(s) :										

<b>Part Q - Gas Transmission Miles by MAOP Determination Method</b>														
<b>INTRASTATE CALIFORNIA</b>														
<b>by §192.619 and Other Methods</b>														
	(a)(1) Total	(a)(1) Incom- plete Record s	(a)(2) Total	(a)(2) Incom- plete Records	(a)(3) Total	(a)(3) Incom- plete Records	(a)(4) Total	(a)(4) Incom- plete Records	(c) Total	(c) Incom- plete Record s	(d) Total	(d) Incom- plete Record s	Other 1 Total	Other Incom- plete Records
Class 1 (in HCA)	0.2	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 1 (in MCA)	0.7	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 1 (not in HCA or MCA)	32.5		0		0		0		0		0		0	
Class 2 (in HCA)	0.3	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
<b>Total</b>	<b>33.7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>by §192.624 Methods</b>														
	(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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Total under 192.619(a), 192.619(c), 192.619(d) and Other	33.7
Total under 192.624 (as allowed by 192.619(e))	0
<b>Grand Total</b>	<b>33.7</b>
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**

Location	PT ≥ 1.50 MAOP		1.5 MAOP > PT ≥ 1.39 MAOP	
	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

Location	1.39 MAOP > PT ≥ 1.25 MAOP		1.25 MAOP > PT ≥ 1.1 MAOP		1.1 MAOP > PT or No PT	
	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	0.2	0	0	0	0	0
Class 2 in HCA	0.3	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	0.5	0	0	0	0	0
Class 1 in MCA	0.7	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	0.7	0	0	0	0	0
Class 1 not in HCA or MCA	32.5	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	32.5	0	0	0	0	0
Total	33.7	0	0	0	0	0

PT ≥ 1.5 MAOP Total	0	Total Miles Internal Inspection ABLE	33.7
1.5 MAOP > PT ≥ 1.39 MAOP Total	0	Total Miles Internal Inspection NOT ABLE	0
1.39 > PT ≥ 1.25 MAOP Total	33.7	Grand Total	33.7
1.25 MAOP > PT ≥ 1.1	0		
1.1 MAOP > PT or No PT Total	0		
Grand Total			

<b>Part S – Gas Transmission Verification of Materials (192.607) INTRASTATE CALIFORNIA</b>		
<b>Location</b>	<b>Miles 192.607 this Year</b>	<b>192.607 Number Test Locations this Year</b>
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

<b>Part T – HCA Miles by Determination Method and Risk Model Type INTRASTATE CALIFORNIA</b>			
<b>Risk Model Type</b>	<b>Miles HCA Method 1</b>	<b>Miles HCA Method 2</b>	<b>Total</b>
Subject Matter Expert (SME)	0.5	0	0.5
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

<b>Total</b>	<b>0.5</b>	<b>0</b>	<b>0.5</b>
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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	
<p><b>Gregory Clark</b></p> <hr/> <p>Preparer's Name(type or print)</p>	<p><b>(209)368-9277</b></p> <p>Telephone Number</p>
<p><b>Senior Compliance Manager</b></p> <hr/> <p>Preparer's Title</p>	
<p><b>greg.clark@rockpointgs.com</b></p> <hr/> <p>Preparer's E-mail Address</p>	

PART O - CERTIFYING SIGNATURE (applicable only to PARTs B, F, G, and M1)	
<hr/>	<p><b>(403)513-8657</b></p> <p>Telephone Number</p>
<p><b>Mathieu Fournier</b></p> <hr/> <p>Senior Executive Officer's name certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)</p>	
<p><b>VP, Operations</b></p> <hr/> <p>Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)</p>	
<p><b>mathieu.fournier@rockpointgs.com</b></p> <hr/> <p>Senior Executive Officer's E-mail Address</p>	

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

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 INFORMATION		DOT USE ONLY	20240113 - 07325
A1.	Operator's OPS-issued Operator Identification Number (OPID):	<b>31287</b>	
A2.	Name of Operator:	<b>WILD GOOSE STORAGE LLC</b>	
A3.	Address of Operator		
	A3a. Street Address:	<b>SUITE400,607-8TH AVE. SW</b>	
	A3b. City:	<b>CALGARY</b>	
	A3c. State:	<b>AB</b>	
	A3d. Zip Code:	<b>T2P 0A7</b>	

PART B - STORAGE FACILITY (Complete Part B once for each independent storage facility)	
B1.	Facility Name (chosen by operator): <b>Wild Goose</b>
B2.	Select only one: <input type="checkbox"/> INTERState <input checked="" type="checkbox"/> INTRASState
	PHMSA USE ONLY Unit ID: <b>88717</b>
B3.	Facility Location:
	Latitude: <b>39.34800</b>
	Longitude: <b>- 121.81706</b>
	State: <b>California</b>
	County: <b>BUTTE</b>
B4.	Energy Information Administration Gas Field Code: <b>768136</b> Names of Reservoirs within this facility: <b>Kione L1,Kione L4,Kione U2/U1</b>

GAS VOLUMES	
B5.	Working gas capacity (billion standard cubic feet (BCF)), include two decimal places: <b>75.00</b>
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: <b>11.00</b>
B7.	Total gas capacity (billion standard cubic feet (BCF)): <b>86</b>
B8.	Metered volume of natural gas <b>withdrawn from the facility</b> for calendar year (billion standard cubic feet (BCF)), include two decimal places: <b>43.58</b>
B9.	Metered volume of natural gas <b>injected into the facility</b> for calendar year (billion standard cubic feet (BCF)), include two decimal places: <b>70.31</b>

PART C – RESERVOIRS AND WELLS (Complete Part C once for each reservoir or geologic storage formation within a facility)														
<b>RESERVOIR Kione L1</b>														
C1.	Reservoir name (chosen by operator): <b>Kione L1</b>													
C2.	Year reservoir placed in storage service: <b>2002</b>													
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: <b>24HZ</b>													
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the representative well: <b>1583</b>													
<b>RESERVOIR OR CAVERN(S) DEPTH</b>														
C5.	Approximate Maximum Depth (feet): <b>3040</b>													
C6.	Approximate Minimum Depth (feet): <b>2900</b>													
<b>WELLS</b>														
C7.	Number of Injection and/or Withdrawal Wells by Year Range Placed in Storage Operation:													
	<table border="1"> <thead> <tr> <th></th> <th>Pre-1930</th> <th>1930-1959</th> <th>1960-1969</th> <th>1970-2004</th> <th>2005-present</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><b>Injection and/or Withdrawal Wells</b></td> <td>0</td> <td>0</td> <td>0</td> <td>3</td> <td>4</td> <td>7</td> </tr> </tbody> </table>		Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total	<b>Injection and/or Withdrawal Wells</b>	0	0	0	3	4
	Pre-1930	1930-1959	1960-1969	1970-2004	2005-present	Total								
<b>Injection and/or Withdrawal Wells</b>	0	0	0	3	4	7								

C8.	Number of Monitoring and/or Observation Wells:						
		<b>Pre-1930</b>	<b>1930-1959</b>	<b>1960-1969</b>	<b>1970-2004</b>	<b>2005-present</b>	<b>Total</b>
	<b>Monitoring and/or Observation Wells</b>	0	0	0	1	0	1
C9.	Number of Wells drilled during the calendar year: <b>0</b>						
C10	Wells plugged and abandoned during the calendar year						
	C10a.	Number of wells re-plugged during the calendar year: <b>0</b>					
	C10b.	Number of wells plugged but not abandoned during the calendar year: <b>0</b>					
	C10c.	Number of wells plugged and abandoned during the calendar year: <b>0</b>					
<b>WELL SAFETY VALVES</b>							
C11	Number of Wells with automated surface safety valves: <b>0</b>						
C12	Number of Wells with subsurface safety valves: <b>4</b>						
<b>WELLS GAS FLOW</b>							
C13	Number of Wells with gas flow only through production tubing: <b>3</b>						
C14	Number of Wells with gas flow only through production casing: <b>0</b>						
C15	Number of Wells with gas flow through both production tubing and production casing: <b>4</b>						
C16	Number of Wells with some "other type" of gas flow: <b>0</b> Describe the "other type" of gas flow through the well:						
<b>MAINTENANCE</b>							
C17	Number of Wells with new production tubing installed during the calendar year: <b>0</b>						
C18	Number of Wells with new production casing, new liner, or repairs to casing or liner during the calendar year: <b>0</b>						
C19	Number of Wells with wellhead remediation or repair during the calendar year: <b>0</b>						
C20	Number of Wells with casing, wellhead, or tubing leaks during the calendar year: <b>0</b>						
C21	Number of Wells with Pressure Test during the calendar year: <b>3</b>						
C22	Number of Wells with Casing Evaluation for Corrosion/ metal loss during the calendar year: <b>7</b>						
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*: <b>8</b>  * Describe other assessment method(s): <b>Temperature &amp; Noise Log</b>						
<b>RESERVOIR Kione L4</b>							
C1.	Reservoir name (chosen by operator): <b>Kione L4</b>						
C2.	Year reservoir placed in storage service: <b>1998</b>						
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: <b>16HZ</b>						
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the representative well: <b>1687</b>						
<b>RESERVOIR OR CAVERN(S) DEPTH</b>							
C5.	Approximate Maximum Depth (feet): <b>3400</b>						
C6.	Approximate Minimum Depth (feet): <b>3190</b>						
<b>WELLS</b>							
C7.	Number of Injection and/or Withdraw Wells by Year Range Placed in Storage Operation:						
		<b>Pre-1930</b>	<b>1930-1959</b>	<b>1960-1969</b>	<b>1970-2004</b>	<b>2005-present</b>	<b>Total</b>
	<b>Injection and/or Withdrawal Wells</b>	0	0	0	5	0	5
C8.	Number of Monitoring and/or Observation Wells:						
		<b>Pre-1930</b>	<b>1930-1959</b>	<b>1960-1969</b>	<b>1970-2004</b>	<b>2005-present</b>	<b>Total</b>
	<b>Monitoring and/or Observation Wells</b>	0	0	0	1	0	1
C9.	Number of Wells drilled during the calendar year: <b>0</b>						
C10	Wells plugged and abandoned during the calendar year						
	C10a.	Number of wells re-plugged during the calendar year: <b>0</b>					
	C10b.	Number of wells plugged but not abandoned during the calendar year: <b>0</b>					
	C10c.	Number of wells plugged and abandoned during the calendar year: <b>0</b>					
<b>WELL SAFETY VALVES</b>							
C11	Number of Wells with automated surface safety valves: <b>0</b>						
C12	Number of Wells with subsurface safety valves: <b>1</b>						
<b>WELLS GAS FLOW</b>							
C13	Number of Wells with gas flow only through production tubing: <b>4</b>						
C14	Number of Wells with gas flow only through production casing: <b>0</b>						
C15	Number of Wells with gas flow through both production tubing and production casing: <b>1</b>						
C16	Number of Wells with some "other type" of gas flow: <b>0</b> Describe the "other type" of gas flow through the well:						
<b>MAINTENANCE</b>							
C17	Number of Wells with new production tubing installed during the calendar year: <b>0</b>						
C18	Number of Wells with new production casing, new liner, or repairs to casing or liner during the calendar year: <b>0</b>						
C19	Number of Wells with wellhead remediation or repair during the calendar year: <b>0</b>						
C20	Number of Wells with casing, wellhead, or tubing leaks during the calendar year: <b>0</b>						
C21	Number of Wells with Pressure Test during the calendar year: <b>2</b>						
C22	Number of Wells with Casing Evaluation for Corrosion/ metal loss during the calendar year: <b>5</b>						

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*: <b>6</b>  * Describe other assessment method(s): <b>Temperature &amp; Noise Log</b>
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**RESERVOIR Kione U2/U1**

C1.	Reservoir name (chosen by operator): <b>Kione U2/U1</b>
C2.	Year reservoir placed in storage service: <b>2007</b>
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: <b>32HZ</b>
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the representative well: <b>1494</b>

**RESERVOIR OR CAVERN(S) DEPTH**

C5.	Approximate Maximum Depth (feet): <b>2770</b>
C6.	Approximate Minimum Depth (feet): <b>2490</b>

**WELLS**

C7.	Number of Injection and/or Withdraw Wells by Year Range Placed in Storage Operation:						
		<b>Pre-1930</b>	<b>1930-1959</b>	<b>1960-1969</b>	<b>1970-2004</b>	<b>2005-present</b>	<b>Total</b>
	<b>Injection and/or Withdrawal Wells</b>	0	0	0	0	5	5

C8.	Number of Monitoring and/or Observation Wells:						
		<b>Pre-1930</b>	<b>1930-1959</b>	<b>1960-1969</b>	<b>1970-2004</b>	<b>2005-present</b>	<b>Total</b>
	<b>Monitoring and/or Observation Wells</b>	0	0	0	1	1	2

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

**WELL SAFETY VALVES**

C11	Number of Wells with automated surface safety valves: <b>0</b>
C12	Number of Wells with subsurface safety valves: <b>1</b>

<b>WELLS GAS FLOW</b>	
C13	Number of Wells with gas flow only through production tubing: <b>4</b>
C14	Number of Wells with gas flow only through production casing: <b>0</b>
C15	Number of Wells with gas flow through both production tubing and production casing: <b>1</b>
C16	Number of Wells with some "other type" of gas flow: <b>0</b> Describe the "other type" of gas flow through the well:
<b>MAINTENANCE</b>	
C17	Number of Wells with new production tubing installed during the calendar year: <b>0</b>
C18	Number of Wells with new production casing, new liner, or repairs to casing or liner during the calendar year: <b>0</b>
C19	Number of Wells with wellhead remediation or repair during the calendar year: <b>0</b>
C20	Number of Wells with casing, wellhead, or tubing leaks during the calendar year: <b>0</b>
C21	Number of Wells with Pressure Test during the calendar year: <b>3</b>
C22	Number of Wells with Casing Evaluation for Corrosion/ metal loss during the calendar year: <b>4</b>
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*: <b>7</b>  * Describe other assessment method(s): <b>Temperature &amp; Noise Log</b>

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