| NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil pexceed 100,000 for each violation for each day that such violation persists except that the penalty shall not exceed \$1,000,000 as provided in 49 USC 60122. | OMB NO: 2137-0629 EXPIRATION DATE: 1/31/2018 | |
|--|---|------------|
| | Initial Date Submitted: | 03/15/2018 |
| U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration | Form Type: | INITIAL |
| | Date Submitted: | |

ANNUAL REPORT FOR CALENDAR YEAR 2017 GAS DISTRIBUTION SYSTEM

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0629. Public reporting for this collection of information is estimated to be approximately 16 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 | (DOT | use only) | | 20188882-36041 | | | |
|---|----------|----------------|---------------|---------------------------------|--|--|--|
| 1. Name of Operator | | SOUTHERN | I CALIFORNI | A GAS CO | | | |
| 2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED) | | | | | | | |
| 2a. Street Address | | 555 West Fi | fth Street | | | | |
| 2b. City and County | | Los Angeles | Los Angeles | 3 | | | |
| 2c. State | | CA | | | | | |
| 2d. Zip Code | | 90013 | | | | | |
| 3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER | | 18484 | | | | | |
| 4. HEADQUARTERS NAME & ADDRESS | | | | | | | |
| 4a. Street Address | | 555 WEST F | FIFTH STREE | ĒΤ | | | |
| 4b. City and County | | LOS ANGELES | | | | | |
| 4c. State | | CA | | | | | |
| 4d. Zip Code | | 90013 | | | | | |
| 5. STATE IN WHICH SYSTEM OPERATES | | CA | | | | | |
| 6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GRO complete the report for that Commodity Group. File a separate report for 6 | | | | | | | |
| Natural Gas | | | | | | | |
| 7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERAT included in this OPID for which this report is being submitted.): | OR (Sele | ect Type of Op | perator based | on the structure of the company | | | |
| Investor Owned | | | | | | | |

PART B - SYSTEM DESCRIPTION

1.GENERAL

| STEEL | | | | | | | | | | | |
|--------------------|--------|------------------------------------|------|---------|------------------|-----------------|--------|-------|-------------------|-----------------|---------|
| | UNPRO | UNPROTECTED CATHODICALLY PROTECTED | | PLASTIC | CAST/ WROUGHT | DUCTILE IRON | COPPER | OTHER | RECONDITION ED | SYSTEM TOTAL | |
| | BARE | COATED | BARE | COATED | | IRON | | | | CAST IRON | |
| MILES OF MAIN | 3258 | 4640 | 0 | 18196 | 24571 | 0 | 0 | 0 | 0 | 0 | 50665 |
| NO. OF SERVICES | 252500 | 594250 | 23 | 734163 | 2876445 | 0 | 0 | 0 | 0 | 0 | 4457381 |

| | 2.MILES OF M | AINS IN | SYSTEM AT E | ND OF | YEAR | ! | | | | | | | | |
|--------------------------|--------------|---------|-------------|----------|-------|------------------|------------------|-----|---------|-------------------|------------|-------|----------|--------|
| MATERIAL | . UNKI | NOWN | 2" OR LE | ss | | VER 2" HRU 4" | OVER 4 THRU 8 | | | VER 8" HRU 12" | OVE | R 12" | SYSTEM | TOTALS |
| STEEL | | 0 | 13932 | 32 | | 6689 | 3703 | | | 1105 | 665 | | 26094 | |
| DUCTILE IR | ON (| 0 | 0 | | | 0 | 0 | | | 0 | (| 0 | (|) |
| COPPER | | 0 | 0 | | | 0 | 0 | | | 0 | | 0 | (|) |
| CAST/WROU T IRON | GH | 0 | 0 | | | 0 | 0 | | | 0 | | 0 | (|) |
| PLASTIC PV | /C | 0 | 0 | | | 0 | 0 | | | 0 | | 0 | (|) |
| PLASTIC P | E | 0 | 19064 | | | 4816 | 691 | | | 0 | | 0 | 245 | 571 |
| PLASTIC AE | 3S | 0 | 0 | | | 0 | 0 | | | 0 | | 0 | (|) |
| PLASTIC OTHER | | 0 | 0 | | | 0 | 0 | | | 0 | | 0 | (|) |
| OTHER | | 0 | 0 | | | 0 | 0 | | | 0 | | 0 | (|) |
| RECONDITIO D CAST IRC | | 0 | 0 | | | 0 | 0 | | | 0 | | 0 | (|) |
| TOTAL | | 0 | 32996 | | 1 | 11505 | 4394 | | | 1105 | 60 | 65 | 50665 | |
| Describe Ot | her Material | : | | | | | 1 | | | | | | 1 | |
| | | | l | | | | | | | | | | | |
| 3.NUMBER O | F SERVICES I | N SYSTE | M AT END OF | YEAR | 1 | | | A۱ | /ERAG | E SERVICE | LENGTH: 60 | | | |
| MATERIAL | . UNKI | NOWN | 1" OR LE | ss | | VER 1" HRU 2" | OVER 2 THRU 4 | | | VER 4" HRU 8" | OVE | R 8" | SYSTEM | TOTALS |
| STEEL | | 0 | 153166 | 9 | 47279 | | 1749 | | | 201 | 3 | 88 | 1580 | 0936 |
| DUCTILE IR | ON | 0 | 0 | | | 0 | 0 | 0 | | 0 | (| 0 | (|) |
| COPPER | | 0 | 0 | | | 0 | 0 | 0 0 | | 0 | 0 | | 0 | |
| CAST/WROU T IRON | GH | 0 | 0 | | | 0 | 0 | | | 0 0 | | 0 | 0 | |
| PLASTIC PV | rc · | 0 | 0 | | | 0 | 0 | | 0 | | 0 | | 0 | |
| PLASTIC P | E (| 0 | 285406 | 4 | 2 | 21325 | 1008 | | | 38 | 1 | 0 | 2876 | 6445 |
| PLASTIC AE | 3S | 0 | 0 | | | 0 | 0 | | | 0 | (| 0 | (|) |
| PLASTIC OTHER | | 0 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| OTHER | | 0 | 0 | | | 0 | 0 | | | 0 | 0 | | (|) |
| RECONDITIO D CAST IRC | | 0 | 0 | | 0 | | 0 | 0 | | 0 | 0 | | (|) |
| TOTAL 0 4385733 | | 3 | 68604 2757 | | | 239 48 | | 18 | 4457381 | | | | | |
| Describe Ot | her Material | : | | <u>l</u> | | | <u>I</u> | | 1 | | <u>I</u> | | <u>I</u> | |
| MILES OF N | IAIN AND NUI | MBER OF | SERVICES B | Y DEC | ADE O | F INSTALL | ATION | | | | | | | |
| | | | | | | | | | | | | | | |

| MILES OF MAIN | 0 | 2333 | 2925 | 8261 | 7046 | 7080 | 9560 | 5496 | 6318 | 1646 | 50665 |
|--------------------------|---|-------|--------|--------|--------|--------|---------|--------|--------|--------|---------|
| NUMBER OF SERVICES | 0 | 57298 | 123342 | 595871 | 584839 | 696148 | 1063105 | 524252 | 594557 | 217969 | 4457381 |

PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING THE YEAR

| CAUSE OF LEAK | | MAINS | SE | RVICES |
|-----------------------------------|----------------------|-----------------------|-------|-----------|
| CAUSE OF LEAR | TOTAL | HAZARDOUS | TOTAL | HAZARDOUS |
| CORROSION FAILURE | 2629 | 460 | 8744 | 2454 |
| NATURAL FORCE DAMAGE | 106 | 57 | 1047 | 435 |
| EXCAVATION DAMAGE | 381 | 376 | 2731 | 2700 |
| OTHER OUTSIDE FORCE DAMAGE | 2 | 2 | 733 | 406 |
| PIPE, WELD OR JOINT FAILURE | 986 | 222 | 5005 | 760 |
| EQUIPMENT FAILURE | 174 | 11 | 14661 | 903 |
| INCORRECT OPERATIONS | 258 | 131 | 4174 | 454 |
| OTHER CAUSE | 86 | 7 | 402 | 85 |
| NUMBER OF KNOWN SYSTEM LEAKS AT I | END OF VEVD SCHEDIII | ED FOR REPAIR : 10462 | | |

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR: 10463

| PART E - EXCESS FLOW VALUE (EFV) AND SERVICE VALVE DATA |
|--|
| Total Number Of Services with EFV Installed During Year: 33328 |
| Estimated Number Of Services with EFV In the System At End Of Year: 146985 |
| * Total Number of Manual Service Line Shut-off Valves Installed During Year: 194 |
| * Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: 194 |
| *These questions were added to the report in 2017. |
| |
| PART G-PERCENT OF UNACCOUNTED FOR GAS |
| UNACCOUNTED FOR GAS AS A PERCENT OF TOTAL INPUT FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR. [(PURCHASED GAS + PRODUCED GAS) MINUS (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS)] DIVIDED BY (PURCHASED GAS + PRODUCED GAS) EQUALS PERCENT UNACCOUNTED FOR. |
| |
| |

| PART I - PREPARER | |
|--|--|
| | |
| James Dewberry,Reporting Management Tm Ld (Preparer's Name and Title) | (213)244-4514 (Area Code and Telephone Number) |
| | |
| JDewberry@semprautilities.com (Preparer's email address) | (213) 244-8116 (Area Code and Facsimile Number) |