DOCKETED	
Docket Number:	21-IEPR-03
Project Title:	Electricity and Natural Gas Demand Forecast
TN #:	238033
Document Title:	DOT PHMSA UNGS Annual Report Submitted 2020
Description:	As part of the supporting data, the IEPR Gas Forms submittal requires PG&E to provide the most recent U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration (PHMSA) Gas Distribution F7100.1-1, Gas Transmission and Gathering F7100.2-1, and Underground Natural Gas Storage F7100.4-1 submitted by the gas utility.
Filer:	Elizabeth Lopez
Organization:	PG&E
Submitter Role:	Public Agency
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OMB No. 2137-0522
Expires: 8/31/2020

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.

			DOT USE ONLY
	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**UNDERGROUND NATURAL GAS STORAGE FACILITY ANNUAL REPORT FOR CALENDAR YEAR 2020**	**Original Date Submitted** **02/23/2021**
			Report Type **INITIAL**
			Date Submitted **02/23/2021**

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** | **20210032 - 01864**

A1. Operator's OPS-issued Operator Identification Number (OPID): **15007**

A2. Name of Operator: **PACIFIC GAS & ELECTRIC CO**

A3. Address of Operator

A3a. Street Address: **PG&E - GAS OPERATIONS, REGULATORY COMPLIANCE**

A3b. City: **SAN RAMON**

A3c. State: **CA**

A3d. Zip Code: **94583**

SUMMARY OF FACILITY/RESERVOIR

Facility	Inter/Intra	State	County	Reservoir	Type
Pleasant Creek	Intra	California	YOLO	Peters Sand	Hydrocarbon Reservoir

SUMMARY OF FACILITY/RESERVOIR

Facility	Inter/Intra	State	County	Reservoir	Type
Los Medanos	Intra	California	CONTRA COSTA	Domengine	Hydrocarbon Reservoir

SUMMARY OF FACILITY/RESERVOIR

Facility	Inter/Intra	State	County	Reservoir	Type
McDonald Island	Intra	California	SAN JOAQUIN	Mokelumne River	Hydrocarbon Reservoir

PART B – STORAGE FACILITY ***(Complete Part B once for each independent storage facility)***

FACILITY INFORMATION FOR Pleasant Creek		
B1.	Facility Name (chosen by operator): **Pleasant Creek**	
B2.	Select only one: ☐ INTERState ☒ INTRAstate	
	PHMSA USE ONLY Unit ID: **88723**	
B3.	Facility Location:	
	Latitude:	**38.54552**
	Longitude:	**- 122.00211**

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	State:	**California**
	County:	**YOLO**
B4.	Energy Information Administration Gas Field Code: **113** Names of Reservoirs within this facility: **Peters Sand,**	
GAS VOLUMES		
B5.	Working gas capacity (billion standard cubic feet (BCF)), *include two decimal places*: **2.25**	
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: **5.08**	
B7.	Total gas capacity (billion standard cubic feet (BCF)): **7.33**	
B8	Volume of natural gas withdrawn from the facility for calendar year (billion standard cubic feet (BCF)), *include two decimal places:* **1.25**	
B9.	Volume of natural gas injected into the facility for calendar year (billion standard cubic feet (BCF)), *include two decimal places*: **0**	

PART C – RESERVOIRS AND WELLS *(Complete Part C once for each reservoir or geologic storage formation within a facility)*

RESERVOIR 1: **Peters Sand**	
C1.	Reservoir name (chosen by operator): **Peters Sand**
C2.	Year reservoir placed in storage service: **1960**
C3.	Type (select only one): ☐ Salt Cavern ☒ Hydrocarbon Reservoir ☐ Aquifer Reservoir ☐ Other Description of type:
C4.	Maximum Wellhead Surface Pressure
C4a.	Text identifying the indicator well: **N/A**
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the indicator well: **1250**
RESERVOIR OR GEOLOGIC STORAGE FORMATION DEPTH	
C5.	Approximate Maximum Depth (feet): **2975**
C6.	Approximate Minimum Depth (feet): **2675**
WELLS	
C7.	Number of Injection and/or Withdraw Wells: **6**
C8.	Number of Monitoring and/or Observation Wells: **0**
C9.	Number of Wells drilled during the calendar year: **0**
C10.	Number of Wells plugged and abandoned during the calendar year: **0**
WELL SAFETY VALVES	
C11.	Number of Wells with surface safety valves: **6**
C12.	Number of Wells with subsurface safety valves: **0**
WELLS GAS FLOW	
C13.	Number of Wells with gas flow only through production tubing: **0**
C14.	Number of Wells with gas flow only through production casing: **0**
C15.	Number of Wells with gas flow through both production tubing and production casing: **6**
C16.	Number of Wells with some "other type" of gas flow: **0** Describe the "other type" of gas flow through the well:
MAINTENANCE	

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C17.	Number of Wells with new production tubing installed during the calendar year: **0**
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 Mechanical Integrity Tests (MIT) during the calendar year: **0**
C22	Number of Wells with Logged for Corrosion/wall loss MIT during the calendar year: **0**
C23.	Number of Wells with MIT other than "Pressure Test" and "Logged for Corrosion/wall loss" during the calendar year*: **0** * Describe other MIT:

PART B – STORAGE FACILITY *(Complete Part B once for each independent storage facility)*

FACILITY INFORMATION FOR Los Medanos		
B1.	Facility Name (chosen by operator): **Los Medanos**	
B2.	Select only one: ☐ INTERState ☒ INTRAstate	
	PHMSA USE ONLY Unit ID: **88725**	
B3.	Facility Location:	
	Latitude:	**38.02347**
	Longitude:	**- 122.00376**
	State:	**California**
	County:	**CONTRA COSTA**
B4.	Energy Information Administration Gas Field Code: **013** Names of Reservoirs within this facility: **Domengine,**	
GAS VOLUMES		
B5.	Working gas capacity (billion standard cubic feet (BCF)), *include two decimal places*: **17.95**	
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: **11.19**	
B7.	Total gas capacity (billion standard cubic feet (BCF)): **29.14**	
B8	Volume of natural gas withdrawn from the facility for calendar year (billion standard cubic feet (BCF)), *include two decimal places:* **2.44**	
B9.	Volume of natural gas injected into the facility for calendar year (billion standard cubic feet (BCF)), *include two decimal places*: **2.5**	

PART C – RESERVOIRS AND WELLS *(Complete Part C once for each reservoir or geologic storage formation within a facility)*

RESERVOIR 1: **Domengine**	
C1.	Reservoir name (chosen by operator): **Domengine**
C2.	Year reservoir placed in storage service: **1973**
C3.	Type (select only one): ☐ Salt Cavern ☒ Hydrocarbon Reservoir ☐ Aquifer Reservoir ☐ Other Description of type:
C4.	Maximum Wellhead Surface Pressure
C4a.	Text identifying the indicator well: **N/A**
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the indicator well: **1600**
RESERVOIR OR GEOLOGIC STORAGE FORMATION DEPTH	

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C5.	Approximate Maximum Depth (feet): **4000**
C6.	Approximate Minimum Depth (feet): **3770**
WELLS	
C7.	Number of Injection and/or Withdraw Wells: **16**
C8.	Number of Monitoring and/or Observation Wells: **2**
C9.	Number of Wells drilled during the calendar year: **0**
C10.	Number of Wells plugged and abandoned during the calendar year: **1**
WELL SAFETY VALVES	
C11.	Number of Wells with surface safety valves: **16**
C12.	Number of Wells with subsurface safety valves: **16**
WELLS GAS FLOW	
C13.	Number of Wells with gas flow only through production tubing: **2**
C14.	Number of Wells with gas flow only through production casing: **0**
C15.	Number of Wells with gas flow through both production tubing and production casing: **14**
C16.	Number of Wells with some "other type" of gas flow: **0** Describe the "other type" of gas flow through the well:
MAINTENANCE	
C17.	Number of Wells with new production tubing installed during the calendar year: **2**
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: **2**
C20.	Number of Wells with casing, wellhead, or tubing leaks during the calendar year: **0**
C21.	Number of Wells with Pressure Test Mechanical Integrity Tests (MIT) during the calendar year: **2**
C22	Number of Wells with Logged for Corrosion/wall loss MIT during the calendar year: **3**
C23.	Number of Wells with MIT other than "Pressure Test" and "Logged for Corrosion/wall loss" during the calendar year*: **0** * Describe other MIT:

PART B – STORAGE FACILITY ***(Complete Part B once for each independent storage facility)***

FACILITY INFORMATION FOR McDonald Island		
B1.	Facility Name (chosen by operator): **McDonald Island**	
B2.	Select only one: ☐ INTERState ☒ INTRAstate	
	PHMSA USE ONLY Unit ID: **88724**	
B3.	Facility Location:	
	Latitude:	**37.99096**
	Longitude:	**- 121.47647**
	State:	**California**
	County:	**SAN JOAQUIN**
B4.	Energy Information Administration Gas Field Code: **077** Names of Reservoirs within this facility: **Mokelumne River,**	
GAS VOLUMES		
B5.	Working gas capacity (billion standard cubic feet (BCF)), *include two decimal places*: **82**	

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B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: **54.57**
B7.	Total gas capacity (billion standard cubic feet (BCF)): **136.57**
B8	Volume of natural gas withdrawn from the facility for calendar year (billion standard cubic feet (BCF)), *include two decimal places:* **18.58**
B9.	Volume of natural gas injected into the facility for calendar year (billion standard cubic feet (BCF)), *include two decimal places*: **28.47**

PART C – RESERVOIRS AND WELLS *(Complete Part C once for each reservoir or geologic storage formation within a facility)*

RESERVOIR 1: **Mokelumne River**	
C1.	Reservoir name (chosen by operator): **Mokelumne River**
C2.	Year reservoir placed in storage service: **1975**
C3.	Type (select only one): ☐ Salt Cavern ☒ Hydrocarbon Reservoir ☐ Aquifer Reservoir ☐ Other Description of type:
C4.	Maximum Wellhead Surface Pressure
C4a.	Text identifying the indicator well: **McDonald Farms #4**
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the indicator well: **2070**
RESERVOIR OR GEOLOGIC STORAGE FORMATION DEPTH	
C5.	Approximate Maximum Depth (feet): **5315**
C6.	Approximate Minimum Depth (feet): **5150**
WELLS	
C7.	Number of Injection and/or Withdraw Wells: **77**
C8.	Number of Monitoring and/or Observation Wells: **8**
C9.	Number of Wells drilled during the calendar year: **0**
C10.	Number of Wells plugged and abandoned during the calendar year: **1**
WELL SAFETY VALVES	
C11.	Number of Wells with surface safety valves: **76**
C12.	Number of Wells with subsurface safety valves: **67**
WELLS GAS FLOW	
C13.	Number of Wells with gas flow only through production tubing: **23**
C14.	Number of Wells with gas flow only through production casing: **0**
C15.	Number of Wells with gas flow through both production tubing and production casing: **54**
C16.	Number of Wells with some "other type" of gas flow: **0** Describe the "other type" of gas flow through the well:
MAINTENANCE	
C17.	Number of Wells with new production tubing installed during the calendar year: **15**
C18.	Number of Wells with new production casing, new liner, or repairs to casing or liner during the calendar year: **4**
C19.	Number of Wells with wellhead remediation or repair during the calendar year: **15**
C20.	Number of Wells with casing, wellhead, or tubing leaks during the calendar year: **0**
C21.	Number of Wells with Pressure Test Mechanical Integrity Tests (MIT) during the calendar year: **16**

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C22	Number of Wells with Logged for Corrosion/wall loss MIT during the calendar year: **17**
C23.	Number of Wells with MIT other than "Pressure Test" and "Logged for Corrosion/wall loss" during the calendar year*: **0** * Describe other MIT:

PART D – CONTACT INFORMATION

D1. Name of person submitting report: **Susie Richmond**

D2. Title of person in D1: **Manager, Regulatory Compliance**

D3. Work e-mail address of person in D1: **Susie.Richmond@pge.com**

D4. Work phone number of person in D1: **925-786-0267**

D5. Name of person to contact with questions about this report: **Lucy Redmond**

D6. Title of person in D5: **Director Reservoir Engineering**

D7. Email address of person in D5: **Lucy.Redmond@pge.com**

D8. Phone number of person in D5: **(925)328-5793**