



Wild Goose Storage, LLC
A Rockpoint Gas Storage Company
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March 15, 2022

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:

Wild Goose Storage, LLC (WGS) submits the attached copy of our Annual Report (PHMSA OMB Form 7100.2-1 Rev. 10-2021) 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. 08-16-2017).

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 greg.clark@rockpointgs.com or at (209) 368-9277 x21.

Sincerely,

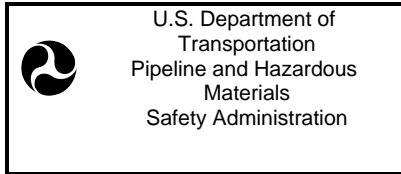
A handwritten signature in blue ink that reads 'Gregory N. Clark'.

Gregory N. Clark
Compliance Manager

Enclosures

cc: 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, G. Bozarth, M. Fournier, D. Smolinski (via e-mail)

DOT USE ONLY	
Initial Date Submitted	03/15/2022
Report Submission Type	INITIAL
Date Submitted	



**ANNUAL REPORT FOR CALENDAR YEAR 2021
 NATURAL AND OTHER GAS TRANSMISSION and
 GATHERING PIPELINE SYSTEMS**

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	DOT USE ONLY	20221202 - 41078
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1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) 31287	2. NAME OF OPERATOR: WILD GOOSE STORAGE LLC
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3. RESERVED	4. HEADQUARTERS ADDRESS: SUITE400,607-8TH AVE. SW Street Address CALGARY City State: AB Zip Code: T2P 0A7
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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

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

For the designated Commodity Group, PARTs B, B1, and D will be calculated based on the data entered in Parts L, T, and P respectively. Complete Part C one time for all pipelines and/or pipeline facilities – both INTERstate and INTRAstare - included within this OPID.

PART B – TRANSMISSION PIPELINE HCA, §192.710, and in neither HCA nor §192.710 MILES				
	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
Onshore	0.6	0.6	0	32.7
Offshore	0	0	0	0
Total Miles	0.6	0.6	0	32.7

PART C - VOLUME TRANSPORTED IN TRANSMISSION PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludes Transmission lines of Gas Distribution systems)	Onshore		Offshore	
Natural Gas	87291			
Propane Gas				
Synthetic Gas				
Hydrogen Gas				
Landfill Gas				
Other Gas - Name:				

Check this box and do not complete PART C if this report only includes gathering pipelines or transmission lines of gas distribution systems.

PART D - MILES OF STEEL PIPE BY CORROSION PROTECTION										
	Steel Cathodically protected		Steel Cathodically unprotected		Cast Iron	Wrought Iron	Plastic	Composite ¹	Other	Total Miles
	Bare	Coated	Bare	Coated						
Transmission										
Onshore	0	33.9	0	0	0	0	0	0	0	33.9
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	33.9	0	0	0	0	0	0	0	33.9
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
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	33.9	0	0	0	0	0	0	0	33.9

¹Use 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.

PARTs F and G
<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	
1. MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
a. Corrosion or metal loss tools	25.4
b. Dent or deformation tools	25.4
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)	50.8
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.	
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, within a §192.710 Segment, and outside of an HCA or §192.710 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 AN §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, within a §192.710 Segment, and outside of an HCA or §192.710 Segment.	
c. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN AN HCA SEGMENT.	
d. Not Used	
e. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A §192.710 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, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 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 SEGMENT:	
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:	
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 the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710	0

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:	
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 + 4.1.a + 4.2.a + 5.a)	50.8
b. Total number of anomalies repaired in calendar year within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment. (Lines 2.b + 3.b + 4.b + 4.1.b + 4.2.b + 5.b)	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c + 3.c + 4.c + 4.1.c + 4.2.c + 5.c)	
d. 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 + 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:	
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 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:	
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:	
PART G– MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA, §192.710, and Outside HCA or §192.710 Segment miles)	
a. HCA Segments Baseline assessment miles completed during the calendar year.	0
b. HCA Segments Reassessment miles completed during the calendar year.	0.6
c. HCA Segments Total assessment and reassessment miles completed during the calendar year.	0.6
d. §192.710 Segments Baseline assessment miles completed during the calendar year.	0.6
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.	0.6

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.	24.2

For the designated Commodity Group, complete PARTs H, I, J, K, L, M, P, Q, R, and S covering INTERstate pipelines and/or pipeline facilities for each State in which INTERstate systems exist within this OPID and again covering INTRAsate pipelines and/or pipeline facilities for each State in which INTRAsate systems exist within this OPID.

PARTs H, I, J, K, L, M, P, Q, R, and S									
The data reported in these PARTs applies to: (select only one)									
INTRASTATE pipelines/pipeline facilities CALIFORNIA									
PART H - MILES OF TRANSMISSION PIPE BY NOMINAL PIPE SIZE (NPS)									
Onshore	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	25.4	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;								
33.9	Total Miles of Onshore Pipe – Transmission								
Offshore	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								
PART I - MILES OF GATHERING PIPE BY NOMINAL PIPE SIZE (NPS)									
Onshore Type A	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 - 0;								
0	Total Miles of Onshore Type A Pipe – Gathering								
Onshore Type 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 - 0;								
0	Total Miles of Onshore Type B Pipe – Gathering								
Offshore	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 - 0;								
0	Total Miles of Offshore Pipe – Gathering								

PART J – MILES OF PIPE BY DECADE INSTALLED

Decade Pipe Installed	Unknown	Pre - 1940	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979
Transmission						
Onshore	0	0	0	0	0	0
Offshore						
Subtotal Transmission	0	0	0	0	0	0
Gathering						
Onshore Type A	0	0	0	0	0	0
Onshore Type B	0	0	0	0	0	0
Offshore						
Subtotal Gathering	0	0	0	0	0	0
Total Miles	0	0	0	0	0	0
Decade Pipe Installed	1980 - 1989	1990 - 1999	2000 - 2009	2010 - 2019	2020 - 2029	Total Miles

Transmission						
Onshore	0	4.4	29.5	0	0	33.9
Offshore						
Subtotal Transmission	0	4.4	29.5	0	0	33.9
Gathering						
Onshore Type A	0	0	0	0	0	0
Onshore Type B	0	0	0	0	0	0
Offshore						
Subtotal Gathering	0	0	0	0	0	0
Total Miles	0	4.4	29.5	0	0	33.9

PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH

ONSHORE	CLASS LOCATION				Total Miles
	Class 1	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	0	0.1	0.1	0	0.2
Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS	0.3	0.1	0	0	0.4
Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS	33.3	0	0	0	33.3
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	33.6	0.2	0.1	0	33.9
OFFSHORE	Class 1				
Less than or equal to 50% SMYS	0				
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	33.6				
					0
					33.9

PART L - MILES OF PIPE BY CLASS LOCATION									
	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					
Transmission									
Onshore	33.6	0.2	0.1	0	33.9	0.6	0.6		32.7
Offshore	0				0				
Subtotal Transmission	33.6	0.2	0.1	0	33.9	0.6	0.6		32.7
Gathering									
Onshore Type A		0	0	0	0				
Onshore Type B		0	0	0	0				
Offshore	0				0				
Subtotal Gathering	0	0	0	0	0				
Total Miles	33.6	0.2	0.1	0	33.9	0.6	0.6		32.7

PART M – FAILURES, LEAKS, AND REPAIRS										
PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; INCIDENTS & FAILURES IN HCA SEGMENTS IN CALENDAR YEAR										
Cause	Transmission Leaks, and Failures							Gathering Leaks		
	Leaks						Failures in HCA Segments	Onshore Leaks		Offshore Leaks
	Onshore Leaks				Offshore Leaks			Type A	Type B	
	HCA	MCA	Class 3 & 4 non-HCA & non-MCA	Class 1 & 2 non-HCA & non-MCA	HCA	Non-HCA				
External Corrosion	0	0	0	0	0	0	0	0	0	0
Internal Corrosion	0	0	0	0	0	0	0	0	0	0
Stress Corrosion Cracking	0	0	0	0	0	0	0	0	0	0
Manufacturing	0	0	0	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0	0	0	0
Equipment	0	0	0	0	0	0	0	0	0	0
Incorrect Operations	0	0	0	0	0	0	0	0	0	0
Third Party Damage/Mechanical Damage										
Excavation Damage	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
Vandalism (includes all Intentional)	0	0	0	0	0	0	0	0	0	0

Damage)											
Weather Related/Other Outside Force											
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
Total	0	0	0	0	0	0	0	0	0	0	0

PART M2 – KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

Transmission	0	Gathering	0
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PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

Transmission		Gathering	
Onshore	0	Onshore Type A	0
		Onshore Type B	0
OCS	0	OCS	0
Subtotal Transmission	0	Subtotal Gathering	0
Total	0		

PART P - MILES OF PIPE BY MATERIAL AND CORROSION PROTECTION STATUS

	Steel Cathodically protected		Steel Cathodically unprotected		Cast Iron	Wrought Iron	Plastic	Composite ¹	Other ²	Total Miles
	Bare	Coated	Bare	Coated						
Transmission										
Onshore	0	33.9	0	0	0	0	0	0	0	33.9
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	33.9	0	0	0	0	0	0	0	33.9
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
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	33.9	0	0	0	0	0	0	0	33.9

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

²specify Other material(s):

Part Q - Gas Transmission Miles by MAOP Determination Method

by §192.619 and Other Methods

	(a)(1) Total	(a)(1) Incomplete Records	(a)(2) Total	(a)(2) Incomplete Records	(a)(3) Total	(a)(3) Incomplete Records	(a)(4) Total	(a)(4) Incomplete Records	(c) Total	(c) Incomplete Records	(d) Total	(d) Incomplete Records	Other ¹ Total	Other Incomplete Records
Class 1 (in HCA)	0.3	0	0	0	0	0	0	0	0	0	0	0	0	0

Class 1 (in MCA)	0.6	0	0	0	0	0	0	0	0	0	0	0	0	0
Class 1 (not in HCA or MCA)	32.7		0		0		0		0		0		0	
Class 2 (in HCA)	0.2	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)	0.1	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
Total	33.9	0	0	0	0	0	0	0	0	0	0	0	0	0

by §192.624 Methods

	(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
Total	0	0	0	0	0	0
Total under 192.619(a), 192.619(c), 192.619(d) and Other	33.9					
Total under 192.624 (as allowed by 192.619(e))	0					
Grand Total	33.9					
Sum of Total row for all "Incomplete Records" columns	0					

¹Specify 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 ≥ 1.50 MAOP			1.5 MAOP > PT ≥ 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 MAOP		1.25 MAOP > PT ≥ 1.1 MAOP		1.1 MAOP > PT or No PT	
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	0.3	0	0	0	0	0
Class 2 in HCA	0.2	0	0	0	0	0
Class 3 in HCA	0.1	0	0	0	0	0
Class 4 in HCA	0	0	0	0	0	0
in HCA Subtotal	0.6	0	0	0	0	0
Class 1 in MCA	0	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	0	0	0	0	0
Class 1 not in HCA or MCA	33.3	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

MCA						
not in HCA or MCA Subtotal	33.3	0	0	0	0	0
Total	33.9	0	0	0	0	0
PT ≥ 1.5 MAOP Total		0	Total Miles Internal Inspection ABLE			33.9
1.5 MAOP > PT ≥ 1.39 MAOP Total		0	Total Miles Internal Inspection NOT ABLE			0
1.39 > PT ≥ 1.25 MAOP Total		33.9	Grand Total			33.9
1.25 MAOP > PT ≥ 1.1		0				
1.1 MAOP > PT or No PT Total		0				
Grand Total		33.9				

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

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 _____ Preparer's Name(type or print)	(209)368-9277 Telephone Number
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)	
_____ Preparer's Name	(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, Engineering & Operations

Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

mathieu.fournier@rockpointgs.com

Senior Executive Officer's E-mail Address

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.

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	UNDERGROUND NATURAL GAS STORAGE FACILITY ANNUAL REPORT FOR CALENDAR YEAR 2021	DOT USE ONLY
			Original Date Submitted: 03/14/2022
			Report Type: INITIAL
			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 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	20220093 - 03527
A1. Operator's OPS-issued Operator Identification Number (OPID): 31287 A2. Name of Operator: WILD GOOSE STORAGE LLC A3. Address of Operator A3a. Street Address: SUITE400,607-8TH AVE. SW A3b. City: CALGARY A3c. State: AB A3d. Zip Code: T2P 0A7		

SUMMARY OF FACILITY/RESERVOIR					
Facility	Inter/Intra	State	County	Reservoir	Type
Wild Goose	Intra	California	BUTTE	Kione L1	Hydrocarbon Reservoir
Wild Goose	Intra	California	BUTTE	Kione U2/U1	Hydrocarbon Reservoir
Wild Goose	Intra	California	BUTTE	Kione L4	Hydrocarbon Reservoir

PART B – STORAGE FACILITY (Complete Part B once for each independent storage facility)	
FACILITY INFORMATION FOR Wild Goose	
B1.	Facility Name (chosen by operator): Wild Goose
B2.	Select only one: <input type="checkbox"/> INTERState <input checked="" type="checkbox"/> INTRAsate
	PHMSA USE ONLY Unit ID: 88717
B3.	Facility Location:
	Latitude: 39.34800
	Longitude: - 121.81706
	State: California
	County: BUTTE
B4.	Energy Information Administration Gas Field Code: 768136 Names of Reservoirs within this facility: Kione L1, Kione U2/U1, Kione L4,
GAS VOLUMES	
B5.	Working gas capacity (billion standard cubic feet (BCF)), include two decimal places: 75
B6.	Base (also known as Cushion or Pad) gas (billion standard cubic feet (BCF)), include two decimal places: 11
B7.	Total gas capacity (billion standard cubic feet (BCF)): 86

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B8.	Volume of natural gas withdrawn from the facility for calendar year (billion standard cubic feet (BCF)), <i>include two decimal places</i> : 47.56
B9.	Volume of natural gas injected into the facility for calendar year (billion standard cubic feet (BCF)), <i>include two decimal places</i> : 39.73

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

RESERVOIR 1: Kione L1	
C1.	Reservoir name (chosen by operator): Kione L1
C2.	Year reservoir placed in storage service: 2002
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.	Text identifying the indicator well: 22HZ
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the indicator well: 1626
RESERVOIR OR GEOLOGIC STORAGE FORMATION DEPTH	
C5.	Approximate Maximum Depth (feet): 3040
C6.	Approximate Minimum Depth (feet): 2900
WELLS	
C7.	Number of Injection and/or Withdraw Wells: 7
C8.	Number of Monitoring and/or Observation Wells: 1
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: 0
C12.	Number of Wells with subsurface safety valves: 4
WELLS GAS FLOW	
C13.	Number of Wells with gas flow only through production tubing: 3
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: 4
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: 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 Mechanical Integrity Tests (MIT) during the calendar year: 3
C22.	Number of Wells with Logged for Corrosion/wall loss MIT during the calendar year: 8
C23.	Number of Wells with MIT other than "Pressure Test" and "Logged for Corrosion/wall loss" during the calendar year*: 8

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.

* Describe other MIT: Temperature & Noise Log	
RESERVOIR 2: Kione U2/U1	
C1.	Reservoir name (chosen by operator): Kione U2/U1
C2.	Year reservoir placed in storage service: 2007
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.	Text identifying the indicator well: 26HZ
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the indicator well: 1444
RESERVOIR OR GEOLOGIC STORAGE FORMATION DEPTH	
C5.	Approximate Maximum Depth (feet): 2770
C6.	Approximate Minimum Depth (feet): 2490
WELLS	
C7.	Number of Injection and/or Withdraw Wells: 5
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: 0
WELL SAFETY VALVES	
C11.	Number of Wells with surface safety valves: 0
C12.	Number of Wells with subsurface safety valves: 3
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: 3
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: 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: 7
C23.	Number of Wells with MIT other than "Pressure Test" and "Logged for Corrosion/wall loss" during the calendar year*: 7 * Describe other MIT: Temperature & Noise Log
RESERVOIR 3: Kione L4	
C1.	Reservoir name (chosen by operator): Kione L4
C2.	Year reservoir placed in storage service: 1998

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.

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.	Text identifying the indicator well: 16HZ
C4b.	Maximum surface pressure (pounds per square inch gauge (psig)) at the indicator well: 1638
RESERVOIR OR GEOLOGIC STORAGE FORMATION DEPTH	
C5.	Approximate Maximum Depth (feet): 3400
C6.	Approximate Minimum Depth (feet): 3190
WELLS	
C7.	Number of Injection and/or Withdraw Wells: 5
C8.	Number of Monitoring and/or Observation Wells: 1
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: 0
C12.	Number of Wells with subsurface safety valves: 3
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: 3
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: 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: 2
C22.	Number of Wells with Logged for Corrosion/wall loss MIT during the calendar year: 6
C23.	Number of Wells with MIT other than "Pressure Test" and "Logged for Corrosion/wall loss" during the calendar year*: 6 * Describe other MIT: Temperature & Noise Log

PART D – CONTACT INFORMATION	
D1.	Name of person submitting report: Darwin Smolinski
D2.	Title of person in D1: Gas Storage Engineer
D3.	Work e-mail address of person in D1: darwin.smolinski@rockpointgs.com
D4.	Work phone number of person in D1: (403)513-8698

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.

- D5. Name of person to contact with questions about this report: **Darwin Smolinski**
- D6. Title of person in D5: **Gas Storage Engineer**
- D7. Email address of person in D5: **darwin.smolinski@rockpointgs.com**
- D8. Phone number of person in D5: **(403)513-8698**