



STATE OF LOUISIANA
ANNUAL REPORT FOR CALENDAR YEAR 20__
GAS TRANSMISSION & GATHERING SYSTEMS

INITIAL REPORT
 SUPPLEMENTAL REPORT

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 Office of Pipeline Safety Web Page at <http://ops.dot.gov>.

PART A - OPERATOR INFORMATION

DOT USE ONLY

1. NAME AND COMPANY OR ESTABLISHMENT _____

2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED

Number & Street _____

City & County _____

State & Zip Code _____

3. STATE IN WHICH SYSTEM OPERATES: / ___ / ___ / (provide a **separate** report for each state in which system operates)

4. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER

_____ / _____ / _____ / _____ / _____

5. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT

Number & Street _____

City & County _____

State & Zip Code _____

PART B - SYSTEM DESCRIPTION

Report miles of pipeline in system at end of year.

1. GENERAL - MILES OF PIPELINE IN THE SYSTEM AT END OF YEAR THAT ARE JURISDICTIONAL TO OPS

	STEEL				CAST IRON WROUGHT IRON PIPE	PLASTIC PIPE	OTHER PIPE	TOTAL
	CATHODICALLY PROTECTED		UNPROTECTED					
	BARE	COATED	BARE	COATED				
TRANSMISSION ONSHORE								
OFFSHORE								
GATHERING ONSHORE								
OFFSHORE								
SYSTEM TOTALS								

2. MILES OF PIPE BY NOMINAL SIZE

	UNKNOWN	4" OR LESS	OVER 4" THRU 10"	OVER 10" THRU 20"	OVER 20" THRU 28"	OVER 28"	TOTAL
TRANSMISSION ONSHORE							
OFFSHORE							
GATHERING ONSHORE							
OFFSHORE							
SYSTEM TOTALS							

3. MILES OF PIPE BY DECADE OF INSTALLATION

	UNKNOWN	PRE- 1940	1940- 1949	1950- 1959	1960- 1969	1970- 1979	1980- 1989	1990- 1999	2000- 2009	TOTAL
TRANSMISSION ONSHORE										
OFFSHORE										
GATHERING ONSHORE										
OFFSHORE										
SYSTEM TOTALS										

4. MILES OF PIPE BY CLASS LOCATION

	CLASS 1	CLASS 2	CLASS 3	CLASS 4	TOTAL
TRANSMISSION ONSHORE					
OFFSHORE		N/A	N/A	N/A	
GATHERING ONSHORE					
OFFSHORE		N/A	N/A	N/A	
SYSTEM TOTALS					

PART C – TOTAL LEAKS ELIMINATED/REPAIRED DURING YEAR

PART D - TOTAL NUMBER OF LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

CAUSE OF LEAK	TRANSMISSION		GATHERING	
	ONSHORE	OFFSHORE	ONSHORE	OFFSHORE
CORROSION				
NATURAL FORCES				
EXCAVATION				
OTHER OUTSIDE FORCE DAMAGE				
MATERIAL AND WELDS				
EQUIPMENT AND OPERATIONS				
OTHER				

1. TRANSMISSION
 ONSHORE _____
 OFFSHORE _____
 OUTER CONTINENTAL SHELF _____

2. GATHERING
 ONSHORE _____
 OFFSHORE _____
 OUTER CONTINENTAL SHELF _____

PART E - NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

1. TRANSMISSION _____

2. GATHERING _____

PART F - PREPARER AND AUTHORIZED SIGNATURE

 (type or print) Preparer's Name and Title

 Area Code and Telephone Number

 Preparer's E-mail Address

 Area Code and Facsimile Number

 Name and Title of Person Signing

 Area Code and Telephone Number

 Authorized Signature

 (type or print) Name and Title

 Date