

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	<p><b>ANNUAL REPORT FOR CALENDAR YEAR 2017 LIQUEFIED NATURAL GAS (LNG) FACILITIES</b></p>	<p><b>Initial Date Submitted</b></p> <p style="text-align: center;">02/20/2018</p>
		<p><b>Report Submission Type</b></p> <p style="text-align: center;">SUPPLEMENTAL</p>
		<p><b>Date Submitted</b></p> <p style="text-align: center;">05/31/2018</p>
<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 12 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>		
<p><b>PART A - OPERATOR INFORMATION</b></p>		<p>DOT USE ONLY</p> <p style="text-align: center;">20180451 - 00838</p>
<p>1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)</p> <p style="text-align: center;"><b>8160</b></p>	<p>2. NAME OF COMPANY OR ESTABLISHMENT:</p> <p style="text-align: center;"><b>INTERMOUNTAIN GAS CO</b></p> <p>IF SUBSIDIARY, NAME OF PARENT:</p> <p style="text-align: center;"><b>MDU Resources Group, Inc.</b></p>	
<p>3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:</p> <p>Name: <b>Craig Chapin</b></p> <p>Title: <b>Director - Engineering Services</b></p> <p>Email Address: <b>craig.chapin@intgas.com</b></p> <p>Telephone Number: <b>(208)377-6142</b></p>	<p>4. HEADQUARTERS ADDRESS:</p> <p><b>555 SOUTH COLE ROAD, BOISE</b> Street Address</p> <p>State: <b>ID</b> Zip Code: <b>83709</b></p> <p><b>(208)377-6000</b> Telephone Number</p>	
<p>5. RESERVED</p>		

**PART B - PLANT DESCRIPTION, TYPE, AND FUNCTION**

Name, ID, and Status, should be EXACTLY THE SAME as NPMS fields LNG\_NM, LNG\_ID, and STATUS\_CD. Location must match the location submitted to NPMS. The LNG Facility ID (LNG\_ID in NPMS) is a unique ID for a specific facility and is assigned by the Operator.

Use the following key to complete the Descriptive table(s) below:

**Status Codes**

I In Service  
B Abandoned  
R Retired

**LNG Source**

T Truck  
R Railroad  
M Ship/Barge  
L Liquefaction

**Type of LNG Plant**

BL Base Load  
PS Peak Shaving  
SA Satellite  
MT Mobile/Temporary  
OT Other: Describe

**Function of LNG Plant**

MI Marine Terminal - Import  
ME Marine Terminal - Export  
MB Marine Terminal - Both  
SL Storage w/ Liquefaction  
SN Storage w/o Liquefaction  
SB Storage w/ Both  
SU Stranded Utility  
VF Vehicular Fuel  
NR Nitrogen Rejection Unit  
OT Other: Describe

LNG Plant	
<b>Name of LNG Plant</b>	REXBURG SATELLITE LNG FACILITY
<b>NPMS LNG ID</b>	REXBURG LNG
<b>Location of Plant</b> For a fixed LNG Plant, provide the State (e.g., TX); for a Mobile/Temporary facility, provide the Zip Code where it is typically stored.	ID
<b>Zip code</b>	83440
<b>Plant Status</b>	I
<b>Date Put In Service</b>	11/15/2006
<b>Process</b>	
Maximum Liquefaction Rate (MMCF/D)	0
Number of Vaporizers	1
Maximum Vaporization Capacity (MMCF/D)	19
<b>LNG Source</b>	T
<b>Interstate or Intrastate</b>	Intrastate
<b>LNG Storage</b>	
Number of LNG Tanks	1
Total Capacity (Bbls)	1666
<b>Type of LNG Plant</b>	SA
<b>Function of LNG Plant</b>	SN
<b>Inspection UNIT ID (DOT INTERNAL USE ONLY)</b>	88929
LNG Plant	
<b>Name of LNG Plant</b>	NAMPA LNG PLANT
<b>NPMS LNG ID</b>	
<b>Location of Plant</b> For a fixed LNG Plant, provide the State (e.g., TX); for a Mobile/Temporary facility, provide the Zip Code where it is typically stored.	ID
<b>Zip code</b>	83687
<b>Plant Status</b>	I
<b>Date Put In Service</b>	12/15/1974
<b>Process</b>	
Maximum Liquefaction Rate (MMCF/D)	4
Number of Vaporizers	3
Maximum Vaporization Capacity (MMCF/D)	60
<b>LNG Source</b>	L
<b>Interstate or Intrastate</b>	Intrastate
<b>LNG Storage</b>	
Number of LNG Tanks	1
Total Capacity (Bbls)	175000
<b>Type of LNG Plant</b>	PS
<b>Function of LNG Plant</b>	SL
<b>Inspection UNIT ID (DOT INTERNAL USE ONLY)</b>	88929

**For each LNG Plant listed above (that is, for each column completed above), complete PARTs C and D.**

<b>LNG Plant</b>	<b>NAMPA LNG PLANT</b>
Any leaks?	No
Any other events?	No

<b>LNG Plant</b>	<b>REXBURG SATELLITE LNG FACILITY</b>
Any leaks?	No
Any other events?	No

**IF PARTS C and/or D DO NOT PRINT BELOW FOR ANY PLANT LISTED ABOVE, IT IS BECAUSE THE OPERATOR HAS REPORTED THAT THERE ARE NO LEAKS OR OTHER EVENTS TO REPORT FOR THAT FACILITY**

PART E - PREPARER SIGNATURE	
<b>Craig Chapin</b>	<b>(208)377-6142</b>
Preparer's Name	Telephone Number
<b>Director - Engineering Services</b>	Facsimile Number
Preparer's Title	
<b>craig.chapin@intgas.com</b>	
Preparer's E-mail Address	