

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	<p><b>ANNUAL REPORT FOR CALENDAR YEAR 2018 NATURAL OR OTHER GAS TRANSMISSION and GATHERING SYSTEMS</b></p>	<p><b>Initial Date Submitted</b></p>	<p><b>03/12/2019</b></p>
		<p><b>Report Submission Type</b></p>	<p><b>INITIAL</b></p>
		<p><b>Date Submitted</b></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 42 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><b>20190598 - 35943</b></p>
<p>1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)</p> <p style="text-align: center;"><b>39370</b></p>	<p>2. NAME OF OPERATOR:</p> <p style="text-align: center;"><b>NORTHWEST GAS PROCESSING, LLC</b></p>		
<p>3. RESERVED</p>	<p>4. HEADQUARTERS ADDRESS:</p> <p><b>15021 KATY FREEWAY 4TH FLOOR</b> Street Address</p> <p><b>HOUSTON</b> City</p> <p>State: <b>TX</b> Zip Code: <b>77094</b></p>		
<p>5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: <i>(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.)</i></p> <p><b>Natural Gas</b></p>			
<p>6. RESERVED</p>			
<p>7. FOR THE DESIGNATED "COMMODITY GROUP", THE PIPELINES AND/OR PIPELINE FACILITIES INCLUDED WITHIN THIS OPID ARE: <i>(Select one or both)</i></p> <p style="padding-left: 40px;">INTERstate pipeline – List all of the States and OSC portions in which INTERstate pipelines and/or pipeline facilities included under this OPID exist. etc.</p> <p style="padding-left: 40px;">INTRAstate pipeline – List all of the States in which INTRAstate pipelines and or pipeline facilities included under this OPID exist. <b>IDAHO</b> etc.</p>			
<p>8. RESERVED</p>			

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

PART B – TRANSMISSION PIPELINE HCA MILES	
	Number of HCA Miles
<b>Onshore</b>	0
<b>Offshore</b>	0
<b>Total Miles</b>	0

PART C - VOLUME TRANSPORTED IN TRANSMISSION PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludes Transmission lines of Gas Distribution systems)	<input type="checkbox"/> Check this box and do not complete PART C if this report only includes gathering pipelines or transmission lines of gas distribution systems.	
	Onshore	Offshore
Natural Gas		
Propane Gas		
Synthetic Gas		
Hydrogen Gas		
Landfill Gas		
Other Gas - Name:		

PART D - MILES OF STEEL PIPE BY CORROSION PROTECTION										
	Steel Cathodically protected		Steel Cathodically unprotected		Cast Iron	Wrought Iron	Plastic	Composite <sup>1</sup>	Other	Total Miles
	Bare	Coated	Bare	Coated						
<b>Transmission</b>										
Onshore	0	0	0	0	0	0	0	0	0	0
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	0	0	0	0	0	0	0	0	0
<b>Gathering</b>										
Onshore Type A	0	11.2	0	0	0	0	0	0	0	11.2
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	11.2	0	0	0	0	0	0	0	11.2
<b>Total Miles</b>	0	11.2	0	0	0	0	0	0	0	11.2

<sup>1</sup>Use 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 pipeline facilities included within this OPID and multiple times as needed for the designated Commodity Group for each State in which INTRAsate 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.**

<b>PARTs F and G</b>
<b>The data reported in these PARTs applies to: (select only one)</b>
<input type="checkbox"/> Interstate pipelines/pipeline facilities <input type="checkbox"/> Intrastate pipelines/pipeline facilities in the State of (complete for each State)

<b>PART F - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION</b>	
<b>1. MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS</b>	
a. Corrosion or metal loss tools	
b. Dent or deformation tools	
c. Crack or long seam defect detection tools	
d. Any other internal inspection tools, specify other tools:	
1. Internal Inspection Tools - Other	
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d )	
<b>2. ACTIONS TAKEN IN CALENDAR YEAR BASED ON IN-LINE INSPECTIONS</b>	
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 and outside of an HCA Segment.	
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)]	
<b>3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING</b>	
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 and outside of an HCA Segment.	
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN AN HCA SEGMENT.	
d. Total number of pressure test leaks (less than complete wall failure but including escape of test medium) repaired in calendar year WITHIN AN HCA SEGMENT.	
<b>4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods)</b>	
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, both within an HCA Segment and outside of an HCA 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)]	
<b>5. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON OTHER INSPECTION TECHNIQUES</b>	
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, both within an HCA Segment and outside of an HCA 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)]	
<b>6. TOTAL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN IN CALENDAR YEAR</b>	
a. Total mileage inspected in calendar year. (Lines 1.e + 3.a + 4.a.1 + 4.a.2 + 4.a.3 + 5.a)	
b. Total number of anomalies repaired in calendar year both within an HCA Segment and outside of an HCA Segment. (Lines 2.b + 3.b + 4.b.1 + 4.b.2 + 4.b.3 + 5.b)	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c.1 + 2.c.2 + 2.c.3 + 2.c.4 + 3.c + 3.d + 4.c.1 + 4.c.2 + 4.c.3 + 4.c.4 + 5.c.1 + 5.c.2 + 5.c.3 + 5.c.4)	
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:	
<b>PART G— MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Segment miles ONLY)</b>	
a. Baseline assessment miles completed during the calendar year.	
b. Reassessment miles completed during the calendar year.	
c. Total assessment and reassessment miles completed during the calendar year.	

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

<b>PARTs H, I, J, K, L, M, P, Q, and R</b>									
<b>The data reported in these PARTs applies to: (select only one)</b>									
<b>INTRASTATE pipelines/pipeline facilities IDAHO</b>									
<b>PART H - MILES OF TRANSMISSION PIPE BY NOMINAL PIPE SIZE (NPS)</b>									
<b>Onshore</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	Total Miles of Onshore Pipe – Transmission								
<b>Offshore</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	Total Miles of Offshore Pipe – Transmission								
<b>PART I - MILES OF GATHERING PIPE BY NOMINAL PIPE SIZE (NPS)</b>									
<b>Onshore Type A</b>	NPS 4 or less	6	8	10	12	14	16	18	20
	0	0	0	0	11.2	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	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;								
11.2	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	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	Total Miles of Offshore Pipe – Gathering								

**PART J – MILES OF PIPE BY DECADE INSTALLED**

Decade Pipe Installed	Unknown	Pre-40	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979
<b>Transmission</b>						
Onshore	0	0	0	0	0	0
Offshore						
Subtotal Transmission	0	0	0	0	0	0
<b>Gathering</b>						
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
<b>Total Miles</b>	0	0	0	0	0	0
Decade Pipe Installed	1980 - 1989	1990 - 1999	2000 - 2009	2010 - 2019	Total Miles	
<b>Transmission</b>						
Onshore	0	0	0	0	0	
Offshore						
Subtotal Transmission	0	0	0	0	0	
<b>Gathering</b>						

Onshore Type A	0	0	0	11.2		11.2
Onshore Type B	0	0	0	0		0
Offshore						
Subtotal Gathering	0	0	0	11.2		11.2
<b>Total Miles</b>	0	0	0	11.2		11.2

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	0	0	0	
Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS	0	0	0	0	0	
Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS	0	0	0	0	0	
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	
<b>Onshore Totals</b>	0	0	0	0	0	
<b>OFFSHORE</b>	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					
<b>Offshore Total</b>	0					0
<b>Total Miles</b>	0					0

PART L - MILES OF PIPE BY CLASS LOCATION						
	Class Location				Total Class Location Miles	HCA Miles in the IMP Program
	Class 1	Class 2	Class 3	Class 4		
<b>Transmission</b>						
Onshore	0	0	0	0	0	
Offshore	0	0	0	0	0	
Subtotal Transmission	0	0	0	0	0	
<b>Gathering</b>						

Onshore Type A	0	11.2	0	0	11.2	
Onshore Type B	0	0	0	0	0	
Offshore	0	0	0	0	0	
Subtotal Gathering	0	11.2	0	0	11.2	
<b>Total Miles</b>	0	11.2	0	0	11.2	

**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	Non-HCA	HCA	Non-HCA				
External Corrosion	0	0	0	0	0	0	0	0
Internal Corrosion	0	0	0	0	0	0	0	0
Stress Corrosion Cracking	0	0	0	0	0	0	0	0
Manufacturing	0	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0	0
Equipment	0	0	0	0	0	0	0	0
Incorrect Operations	0	0	0	0	0	0	0	0
<b>Third Party Damage/Mechanical Damage</b>								
Excavation Damage	0	0	0	0	0	0	0	0
Previous Damage (due to Excavation Activity)	0	0	0	0	0	0	0	0
Vandalism (includes all Intentional Damage)	0	0	0	0	0	0	0	0
<b>Weather Related/Other Outside Force</b>								
Natural Force Damage (all)	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
Other	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

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

Transmission	Gathering
<b>PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR</b>	
Transmission	Gathering
Onshore	Onshore Type A
	Onshore Type B
OCS	OCS
Subtotal Transmission	Subtotal Gathering
Total	



<b>PART P - MILES OF PIPE BY MATERIAL AND CORROSION PROTECTION STATUS</b>										
	Steel Cathodically protected		Steel Cathodically unprotected		Cast Iron	Wrought Iron	Plastic	Composite <sup>1</sup>	Other <sup>2</sup>	Total Miles
	Bare	Coated	Bare	Coated						
<b>Transmission</b>										
Onshore	0	0	0	0	0	0	0	0	0	0
Offshore	0	0	0	0	0	0	0	0	0	0
Subtotal Transmission	0	0	0	0	0	0	0	0	0	0
<b>Gathering</b>										
Onshore Type A	0	11.2	0	0	0	0	0	0	0	11.2
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	11.2	0	0	0	0	0	0	0	11.2
<b>Total Miles</b>	0	11.2	0	0	0	0	0	0	0	11.2

<sup>1</sup>Use of Composite pipe requires PHMSA Special Permit or waiver from a State

<sup>2</sup>specify Other material(s):

**Part Q - Gas Transmission Miles by §192.619 MAOP Determination Method**

	(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 <sup>1</sup> Total	Other Incomplete Records
Class 1 (in HCA)														
Class 1 (not in HCA)														
Class 2 (in HCA)														
Class 2 (not in HCA)														
Class 3 (in HCA)														
Class 3 (not in HCA)														
Class 4 (in HCA)														
Class 4 (not in HCA)														
Total														
Grand Total														
Sum of Total row for all "Incomplete Records" columns														

<sup>1</sup>Specify Other method(s):

Class 1 (in HCA)		Class 1 (not in HCA)	
Class 2 (in HCA)		Class 2 (not in HCA)	
Class 3 (in HCA)		Class 3 (not in HCA)	
Class 4 (in HCA)		Class 4 (not in HCA)	

<b>Part R – Gas Transmission Miles by Pressure Test (PT) Range and Internal Inspection</b>						
	PT ≥ 1.25 MAOP		1.25 MAOP > PT ≥ 1.1 MAOP		PT < 1.1 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						
Class 2 in HCA						
Class 3 in HCA						
Class 4 in HCA						
in HCA subTotal						
Class 1 not in HCA						
Class 2 not in HCA						
Class 3 not in HCA						
Class 4 not in HCA						
not in HCA subTotal						
Total						
PT ≥ 1.25 MAOP Total				Total Miles Internal Inspection ABLE		
1.25 MAOP > PT ≥ 1.1 MAOP Total				Total Miles Internal Inspection NOT ABLE		
PT < 1.1 or No PT Total				Grand Total		
Grand Total						

**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**

**Kristyn Christie**

Preparer's Name(type or print)

**agent**

Preparer's Title

**kristyn@thecompgroup.com**

Preparer's E-mail Address

**(936) 447-6100**

Telephone Number

**PART O - CERTIFYING SIGNATURE (applicable only to PARTs B, F, G, and M1)**

Telephone Number

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

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

Senior Executive Officer's E-mail Address