

## INSTRUCTIONS

### Form CI-D, Acknowledgment of Critical Customer/Critical Gas Supplier Designation

**Reference:** Statewide Rule 65 (16 Texas Administrative Code §3.65), *Critical Designation of Natural Gas Infrastructure*.

**Who Files:** All Operators of facilities that are considered **Critical Gas Suppliers** as defined in §3.65(b)(1). A Critical Gas Supplier is any of the following facilities:

- (A) gas wells producing gas in excess of 15 Mcf/day;
- (B) oil leases producing casinghead gas in excess of 50 Mcf/day;
- (C) gas processing plants;
- (D) natural gas pipelines and pipeline facilities including associated compressor stations and control centers;
- (E) local distribution company pipelines and pipeline facilities including associated compressor stations and control centers;
- (F) underground natural gas storage facilities;
- (G) natural gas liquids transportation and storage facilities; and
- (H) saltwater disposal facilities including saltwater disposal pipelines.

Any facility that is on the electricity supply chain map must be designated as critical regardless of whether it is listed above (see §3.65(c)(2)).

An Operator that has one or more facilities on the list above must file a Form CI-D if the facility does not have an approved Form CI-X exception application on file with the Commission.

**Reason to File:** For (1) **Critical Gas Suppliers** (§3.65(b)(1)) to acknowledge critical designation of facilities under §3.65(b); and (2) **Critical Customers** (§3.65(b)(2)) to certify that critical customer information (defined in §3.65(a)(2)) has been provided to the facility's electric utility pursuant to §3.65(g).

Critical Customers as defined in §3.65(b)(2) are Critical Gas Suppliers for whom delivery of electricity from an electric entity is essential to the ability of such gas supplier to operate. If any Critical Gas Supplier also utilizes electricity from a third-party electric entity to operate, the Critical Gas Supplier is considered a Critical Customer.

**When to File:** The Form CI-D must be filed bi-annually by March 1 and September 1 of each year.

**Where and What to File:** Each Operator of a facility listed in §3.65(b) must complete and file one Form CI-D and Form CI-D Attachment. The Operator shall complete the Form CI-D Attachment and list all of its facilities that the Operator is acknowledging as critical. The Form CI-D and CI-D Attachment shall be filed through the RRC Online System. If a new electronic system or portal is developed for the filing of CI-D information, these form instructions will be updated, and operators will be notified. To request an RRC Online login, please call the RRC's help desk at (512) 463-7229 or email [rconline-security@rrc.texas.gov](mailto:rconline-security@rrc.texas.gov).

### I. Detailed Instructions for Form CI-D

Note: Provide one Form CI-D per operator. Specific facility information will be listed by the Operator on the Form CI-D Attachment.

**Item 1.** Insert Name of Operator completing Form CI-D.

**Item 2.** Insert P-5 Organization Number of Operator completing Form CI-D.

**Items 3-6.** Insert address of Operator completing Form CI-D.

#### **Item 7. Acknowledged Critical Facilities Section**

Check the box for each type of facility that is listed on Form CI-D Attachment. For example, if an operator is listing one gas well, two oil leases, and three gas processing plants on the Form CI-D Attachment, the Operator will check

the corresponding box for each type of facility.

**Item 8. Confidential Information Section**

Check the box if the Operator is providing information that it requests to be confidential by law on the CI-D Attachment. See §3.65(h).

**Item 9. Critical Gas Supplier Certification Section**

Read the certification and complete signature section.

**Important Notice Section**

**Section 3.65(g) requires an Operator who meets the definition of critical customer in §3.65(b)(2) to provide the Form CI-D and CI-D Attachment (critical customer information) to its electric utility/utilities. Designation as a critical customer does not guarantee the uninterrupted delivery of electric service to your facilities.**

**Item 10. Critical Customer Certification Section (Critical Customers Only) (Bottom of Form)**

Read certification and complete signature section.

An Operator that meets the definition of critical customer as defined in §3.65(b)(2) filing Form CI-D must certify that it has complied with §3.65(g) by providing the **Form CI-D and CI-D Attachment** (critical customer information) to the facility's electric utility/utilities. If the Operator is not a critical customer, the Operator need not complete Form CI-D's second certification.

**II. Detailed Instructions: Form CI-D Attachment**

An Operator who files Form CI-D must complete the Form CI-D Attachment.

- Utilize drop-down selections where available.
- If information requested in a cell does not apply to the facility, leave the cell blank.
- **Cell 4B:** Insert Operator Name. Name must match **Item 1** from the Form CI-D.
- **Cell 5B:** Insert Operator P-5 Number. Number must match **Item 2** from the Form CI-D.
- **Row 9:** Begin listing the facilities operated by the Operator which the Operator acknowledges are critical (see §3.65(b)).
  - List each facility on its own row and fill out the corresponding columns.
  - If information in a column does not apply to the facility, leave the cell blank.
- **Column A:** Provide the Operator's name of the facility.
- **Column B:** Choose the type of facility being designated as critical from the drop-down menu. A pipeline or LDC can choose the specific type of pipeline/LDC facility being designated.
- **Column C:** Provide identification number assigned to your previous CI-D filing, if applicable.
- **Columns D and E:** If a gas well subject to §3.65(b), provide the RRC gas ID number (6-digit) and the average daily gas production for the well from the six most-recently filed production reports (Mcf/day). Wells without six months of production reports shall average the production from the well's production reports on file with the Commission or use the production volume from the well's initial potential test or deliverability test if the well has not yet filed a production report.
- **Columns F and G:** If an oil lease subject to §3.65(b), provide the RRC oil lease number (7-digit, consisting of the 2-digit district number and 5-digit lease number) and the average daily gas production for the lease from the six most-recently filed production reports (Mcf/day). Wells without six months of production

reports shall average the production from the well's production reports on file with the Commission or use the production volume from the well's initial potential test or deliverability test if the well has not yet filed a production report.

- **Columns H and I:** If a gas processing plant subject to §3.65(b), provide the RRC Gas plant serial number (9-digit) and the plant output capacity (MMcf/day).
- **Columns J, K, L:** If a pipeline or pipeline facility subject to §3.65(b), provide the RRC T-4 number (5-digit) associated with the specific type of pipeline facility being selected. Additionally, using the drop-down menus, answer whether the pipeline directly serves a natural gas electric generation facility or directly services and LDC or a city gate.
- **Columns M and N:** If an LDC pipeline or an LDC pipeline facility subject to §3.65(b), provide the RRC regulated entity ID (system ID) (6-digit) associated with the specific LDC facility being selected. Additionally, using the drop-down menu, answer whether the LDC directly serves a natural gas electric generation facility.
- **Column O:** If an underground natural gas storage facility, provide the RRC UIC number (9-digit).
- **Column P:** If a natural gas liquids storage facility, provide the RRC UIC number (9-digit).
- **Columns Q and R:** If a saltwater disposal well, including pipelines, provide the RRC UIC number (9-digit) and answer whether the SWD serves one or more Tier 1 facilities listed in load-shed guidance issued by the Public Utility Commission of Texas (PUCT) here:  
<https://www.puc.texas.gov/industry/electric/cng/documents/Critical%20Natural%20Gas%20Guidance.pdf>
- **Columns S-Y:** Provide the requested facility service address information and the latitude and longitude number. If no facility service address exists, you must provide the latitude and longitude number.
- **Columns Z-AC:** Provide the requested on-site contact information.
- **Columns AD-AG:** Provide the requested emergency contact information.
- **Columns AH-AM:** Provide the requested answers regarding the facility's back-up generation capabilities.
- **Columns AN-AR:**
  - If a Critical Gas Supplier only (§3.65(b)(1)), leave columns blank.
  - If a Critical Customer (§3.65(b)(2)) with a facility served by an electric utility in a competitive area, provide the requested information. .
  - **Column AN:** Select the electric utility name for facilities served by any of the following: AEP, CenterPoint, Nueces Electric Cooperative, Oncor, or TNMP. If any of the previously-listed five electric utilities do not provide electric service to the facility, then leave Columns AN-AR blank.
  - **Column AO:** Fill in the name of the Retail Electric Provider that bills the Operator for service at the particular facility. This will be the entity listed on the bill (the provider of electricity and the entity that bills for service may not always be the same in every instance). Please double-check the entity that bills the facility before entering the information.
  - **Column AP:** Enter the ESI-ID number associated with the facility
  - **Column AQ:** Enter the Customer Name associated with the ESI-ID.
  - **Column AR:** Enter the Dispatch Asset Code if the facility is currently part of ERCOT's Load Resources Program.
- **Columns AS-AV:**
  - If a Critical Gas Supplier only (§3.65(b)(1)), leave columns blank.
  - If a Critical Customer (§3.65(b)(2)) with a facility served by an electric utility in a non-competitive area (e.g., Fully Integrated Utilities, including municipally owned utilities and transmission or distribution electric cooperatives), provide the requested information.
  - **Column AS:** Enter the name of the electric utility that bills the facility for service.
  - **Column AR:** Enter the account number provided by the electric utility that bills the facility for service.
  - **Column AU:** Enter the Customer Name associated with the electric utility that bills the facility for service.
  - **Column AV:** Enter the Non-Settlement ESI-ID if the facility is currently part of, or applying to be part of, ERCOT's Load Resources Program.