Form Approved
OMB No. 2137-0614
Expires: 01/31/2014

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 2013 HAZARDOUS LIQUID PIPELINE SYSTEMS**	**Initial Date Submitted**	**06/09/2014**
		Report Submission Type	**INITIAL**
		Date Submitted	

Important: Please read the separate instructions for completing this form before you begin.

PART A - OPERATOR INFORMATION	DOT USE ONLY	**20140731** - **12739**

1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)

32232

2. NAME OF COMPANY OR ESTABLISHMENT:

WTG GAS PROCESSING, L.P.

IF SUBSIDIARY, NAME OF PARENT:

West Texas Gas

3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:

Name: **Ray Reed**

Title: **Director of Integrity Management**

Email Address: **rreed@wtghugoton.com**

Telephone Number: **(806) 358-1321**

4. HEADQUARTERS ADDRESS:

WTG GAS PROCESSING, LP
Company Name
211 NORTH COLORADO, **MIDLAND**
Street Address
State: **TX** Zip Code: **79701**

(432) 682-6311
Telephone Number

5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: *(Select Commodity Group based on the predominant commodity carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)*

HVL

6. CHARACTERIZE THE PIPELINES AND/OR PIPELINE FACILITIES COVERED BY THIS OPID AND COMMODITY GROUP WITH RESPECT TO COMPLIANCE WITH PHMSA'S INTEGRITY MANAGEMENT PROGRAM REGULATIONS (49 CFR 195.452). *(Select only one)*

Portions of SOME or ALL of the pipelines and/or pipeline facilities covered by this OPID and Commodity Group are included in an Integrity Management Program subject to 49 CFR 195. If this box is checked, complete all PARTs of this form in accordance with PART A, Question 8.

7. FOR THE DESIGNATED COMMODITY GROUP, THE PIPELINES AND/OR PIPELINE FACILITIES INCLUDED WITHIN THIS OPID ARE: *(Select one or both)*

INTERstate pipeline **à** List all of the States in which INTERstate pipelines and/or pipeline facilities included under this OPID exist: etc.

INTRAstate pipeline **à** List all of the States in which INTRAstate pipelines and/or pipeline facilities included under this OPID exist: **TEXAS** etc.

8. DOES THIS REPORT REPRESENT A CHANGE FROM LAST YEAR'S FINAL REPORTED NUMBERS FOR ONE OR MORE OF THE FOLLOWING PARTs: PART B, D, E, H, I, J, K, L, or M? *(For calendar year 2010 reporting or if this is a first-time Report for an operator or OPID, Commodity Group(s), or pipelines and/or pipeline facilities, select the first box only. For subsequent years' reporting, select either No or one or both of the Yes choices.)*

☐ This report is FOR CALENDAR YEAR 2010 reporting or is a FIRST-TIME REPORT and, therefore, the remaining choices in this Question 8 do not apply. Complete all remaining PARTS of this form as applicable.

☐ NO, there are NO CHANGES from last year's final reported information for PARTs B, D, E, H, I, J, K, L, or M. Complete PARTs A, C, and N, along with PARTs F, G, and O when applicable.

☑ YES, this report represents a CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION for one or more of PARTs B, D, E, H, I, J, K, L, or M due to corrected information; however, the pipelines and/or pipeline facilities and operations are the same as those which were covered under last year's report. Complete PARTs A, C, and N, along with only those other PARTs which changed (including PARTs B, F, G, L, and O when applicable).

☐ YES, this report represents a CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION for PARTs B, D, E, H, I, J, K, L, or M because of one or more of the following change(s) in pipelines and/or pipeline facilities and/or operations from those which were covered under last year's report. Complete PARTs A, C, and N, along with only those other PARTs which changed (including PARTs B, F, G, L, and O when applicable). (Select all reasons for these changes from the following list)

- ☐ Merger of companies and/or operations, acquisition of pipelines and/or pipeline facilities
- ☐ Divestiture of pipelines and/or pipeline facilities
- ☐ New construction or new installation of pipelines and/or pipeline facilities
- ☐ Conversion of service, change in commodity transported, or change in MOP (maximum operating pressure)
- ☑ Abandonment of existing pipelines and/or pipeline facilities
- ☐ Change in HCA's identified, pipeline facilities or segments that could affect HCAs, or other changes to Operator's Integrity Management Program
- ☐ Change in OPID
- Other false – Describe:

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For the designated Commodity Group, complete PARTs B, C, D, and E one time for all pipelines and/or pipeline facilities – both INTERstate and INTRAstate - included within this OPID.

PART B - MILES OF PIPE BY LOCATION

	Total Segment Miles That Could Affect HCAs
Onshore	1.37
Offshore	
Total Miles	**1.37**

PART C - VOLUME TRANSPORTED IN BARREL-MILES *(include Commodities within this Commodity Group that are not predominant)*

	Onshore	Offshore
Crude Oil		
Refined and/or Petroleum Product (non-HVL)		
HVL	2686238	
CO_2		
Fuel Grade Ethanol (dedicated system)		

PART D - MILES OF STEEL PIPE BY CORROSION PROTECTION

	Cathodically protected		Cathodically unprotected		
	Bare	Coated	Bare	Coated	Total Miles
Onshore	0	50.82	0	0	**50.82**
Offshore	0	0	0	0	**0**
Total Miles	**0**	**50.82**	**0**	**0**	**50.82**

PART E - MILES OF ELECTRIC RESISTANCE WELDED (ERW) PIPE BY WELD TYPE AND DECADE						
Decade Pipe Installed	Pre-40 or Unknown	1940 -1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
High Frequency	0	0	12.31	0	36.21	0
Low Frequency and DC	0	0	0	0	0	0
Total Miles	**0**	**0**	**12.31**	**0**	**36.21**	**0**
Decade Pipe Installed	1990 - 1999	2000 – 2009	2010 - 2019			Total Miles
High Frequency	2.3	0	0			**50.82**
Low Frequency and DC	0	0	0			**0**
Total Miles	**2.3**	**0**	**0**			**50.82**

For the designated Commodity Group, complete PARTs F and G <u>one time for all INTERstate pipelines</u> <u>and/or pipeline facilities</u> included within this OPID and multiple times as needed for the designated Commodity Group <u>for each State in which INTRAstate pipelines and/or pipeline facilities</u> included within this OPID exist. Each time these sections are completed, designate the State to which the data applies for INTRAstate pipelines and/or pipeline facilities, or that it applies to all INTERstate pipelines included within this Commodity Group and OPID.

PARTs F and G
The data reported in these PARTs F and G applies to:

PART F - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION **INTRASTATE** pipelines/pipeline facilities in the State: **TEXAS**	
1. MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
a. Corrosion or metal loss tools	0
b. Dent or deformation tools	0
c. Crack or long seam defect detection tools	0
d. Any other internal inspection tools	0
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	**0**
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.	0
b. Total number of anomalies repaired in calendar year that were identified by ILI based on the operator's criteria, both within a segment that could affect an HCA and outside of a segment that could affect an HCA.	0
c. Total number of conditions repaired WITHIN A SEGMENT THAT COULD AFFECT AN HCA meeting the definition of:	**0**
1. "Immediate repair conditions" [195.452(h)(4)(i)]	0
2. "60-day condition" [195.452(h)(4)(ii)]	0
3. "180-day condition" [195.452(h)(4)(iii)]	0
3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
a. Total mileage inspected by pressure testing in calendar year.	0
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.	0
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN A SEGMENT THAT COULD AFFECT AN HCA.	0
d. Total number of pressure test leaks (less than complete wall failure but including escape of test medium) repaired in calendar year WITHIN A SEGMENT THAT COULD AFFECT AN HCA.	0
4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON ECDA (EXTERNAL COROSION DIRECT ASSESSMENT)	
a. Total mileage inspected by ECDA in calendar year.	0
b. Total number of anomalies identified by ECDA and repaired in calendar year based on the operator's criteria, both within a segment that could affect an HCA and outside of a segment that could affect an HCA.	0
c. Total number of conditions repaired in calendar year WITHIN A SEGMENT THAT COULD AFFECT AN HCA meeting the definition of:	**0**
1. "Immediate repair conditions" [195.452(h)(4)(i)]	0
2. "60-day condition" [195.452(h)(4)(ii)]	0
3. "180-day condition" [195.452(h)(4)(iii)]	0

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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.	0
b. Total number of anomalies identified by other inspection techniques and repaired in calendar year based on the operator's criteria, both within a segment that could affect an HCA and outside of a segment that could affect an HCA.	0
c. Total number of conditions repaired in calendar year WITHIN A SEGMENT THAT COULD AFFECT AN HCA meeting the definition of:	**0**
1. "Immediate repair conditions" [195.452(h)(4)(i)]	0
2. "60-day condition" [195.452(h)(4)(ii)]	0
3. "180-day condition" [195.452(h)(4)(iii)]	0
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 + 5.a)	**0**
b. Total number of anomalies repaired in calendar year both within a segment that could affect an HCA and outside of a segment that could affect an HCA. (Lines 2.b + 3.b + 4.b. + 5.b)	**0**
c. Total number of conditions repaired in calendar year WITHIN A SEGMENT THAT COULD AFFECT AN HCA. (Lines 2.c.1 + 2.c.2 + 2.c.3 + 3.c + 3.d + 4.c.1 + 4.c.2 + 4.c.3 + 5.c.1 + 5.c.2 + 5.c.3)	**0**

PART G– MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (Segment miles that could affect HCAs ONLY)	
a. Baseline assessment miles completed during the calendar year.	**0**
b. Reassessment miles completed during the calendar year.	**0**
c. Total assessment and reassessment miles completed during the calendar year.	**0**

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For the designated Commodity Group, complete PARTs H, I, J, K, L, and M 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.

PARTs H, I, J, K, L and M

The data reported in these PARTs H, I, J, K, L and M applies to:

INTRASTATE pipelines/pipeline facilities in the State of: TEXAS

PART H - MILES OF PIPE BY NOMINAL PIPE SIZE (NPS)

Onshore

NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
0	50.82	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"	50"	52"	54"	56"
0	0	0	0	0	0	0	0	0

58" and over	Other Pipe Sizes Not Listed
0	

Additional Sizes and Miles (Size – Miles ;): - ; - ; - ; - ; - ; - ; - ; - ; - ;

50.82 Total Miles of Onshore Pipe

Offshore

NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
22"	24"	26"	28"	30"	32"	34"	36"	38"
40"	42"	44"	46"	48"	50"	52"	54"	56"

58" and over	Other Pipe Sizes Not Listed

Additional Sizes and Miles (Size – Miles ;): - ; - ; - ; - ; - ; - ; - ; - ; - ;

Total Miles of Offshore Pipe

PART I – MILES OF PIPE BY DECADE INSTALLED

Pre-20 or Unknown	1920 - 1929	1930 - 1939	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
				12.31		36.21	

1990 - 1999	2000 - 2009	2010 - 2019					Total Miles

2.3				**50.82**

PART J – MILES OF PIPE BY SPECIFIED MINIMUM YIELD STRENGTH

	Pipeline Segments Subject to ALL 49 CFR 195 Requirements			Rural Low-Stress Pipeline Segments Subject ONLY to Subpart B of 49 CFR 195	Total Miles
	Onshore		Offshore		
Steel Pipe - Operating at greater than 20% SMYS	50.82				**50.82**
	Non-Rural Onshore	Rural Onshore	Offshore		
Steel Pipe - Operating at less than or equal to 20% SMYS					
Steel Pipe - Operating at an unknown stress level					
Non-Steel Pipe - Operating at greater than 125 psig					
Non-Steel Pipe - Operating at less than or greater than 125 psig					
Total Miles	**50.82**				**50.82**

PART K – MILES OF REGULATED GATHERING LINES

	Non-Rural Onshore	Rural Onshore	Offshore	Total Miles
Steel Pipe - Operating at greater than 20% SMYS		0		**0**
Steel Pipe - Operating at less than or equal to 20% SMYS				
Non-Steel Pipe - Operating at greater than 125 psig				
Non-Steel Pipe - Operating at less than or equal to 125 psig				
Total Miles		**0**		**0**

PART L – TOTAL SEGMENT MILES THAT COULD AFFECT HCAs

	BY TYPE OF HCA					**NOT BY TYPE**
	POPULATION AREAS		USAs		COMMERCAILLY NAVIGABLE WATERWAYS	TOTAL SEGMENT MILES THAT COULD AFFECT HCA'S
	High Population	Other Population	Drinking Water	Ecological Resource		
Onshore	.47	.9	0	0	0	**1.37**
Offshore						

PART M – BREAKOUT TANKS

Commodity Group	Total Number of Tanks Less than or equal to 50,000 Bbls	Total Number of Tanks 50,001 to 100,000 Bbls	Total Number of Tanks 100,001 to 150,000 Bbls	Total Number of Tanks Over 150,000 Bbls	Total Number of Tanks
Crude Oil					
Refined and/or Petroleum Product (non-HVL)					
HVL	0	0	0	0	**0**
CO2					
Fuel Grade Ethanol (dedicated system)					

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 portion(s) of the pipelines and/or pipeline facilities covered under this Commodity Group and OPID are included in an Integrity Management Program subject to 49 CFR 195.

PART N - PREPARER SIGNATURE (applicable to all PARTs A - M)

Ray Reed
Preparer's Name(type or print)

(806)358-1321
Telephone Number

Director of Integrity Management
Preparer's Title

(806)354-0797
Facsimile Number

rreed@westtexasgas.com
Preparer's E-mail Address

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

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

(432)682-4349
Telephone Number

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

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

rhatchet@westtexasgas.com
Senior Executive Officer's E-mail Address