

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration

# ANNUAL REPORT FOR CALENDAR YEAR 2011 NATURAL OR OTHER GAS TRANSMISSION and GATHERING SYSTEMS

Report Submission Type

INITIAL

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 22 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.

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

PART A - OPERATOR INFORMATION	DOT USE ONLY	20120944 - 25538				
OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)  15007	2. NAME OF COMPANY OR ESTABLISHMENT:  PACIFIC GAS & ELECTRIC CO					
	IF SUBSIDIARY, NAME OF PARENT: PG&E Corporation					
3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:	4. HEADQUARTERS ADDRESS:					
Name: Laurence Deniston	Pacific Gas & Electric Co. Company Name					
Title: Sr. Program Manager	77 Beale Street, San	Francisco				
Email Address: Icd1@pge.com	Street Address State: CA Zip Code: 94105					
Telephone Number: (925) 974-4313	(800) 743-5000 Telephone Number					

5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: (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.)

### **Natural Gas**

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 192 Subpart O).

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

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

Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed \$100,000 for each violation for each day the violation continues up to a maximum of \$1,000,000 as provided in 49 USC 60122.

FOLLOW Commod	S THIS REPORT REPRESENT A CHANGE FROM LAST YEAR'S FINAL REPORTED NUMBERS FOR ONE OR MORE OF THE /ING PARTs: PART B, D, E, H, I, J, K, or L? (For calendar year 2010 reporting or if this is a first-time Report for an operator or OPID, lity Group(s), or pipelines and/or pipeline facilities, select the first box only. For subsequent years' reporting, select either No or one or ne Yes choices.)
	This report is <b>FOR CALENDAR YEAR 2010</b> reporting <b>or is a FIRST-TIME REPORT</b> and, therefore, <i>the remaining choices in this Question 8 do not apply.</i> Complete all remaining PARTS of this form as applicable
	NO, there are <b>NO CHANGES</b> from last year's final reported information for PARTs B, D, E, H, I, J, K, or L. Complete PARTs A, C, M, and N, along with PARTs F, G, and O when applicable.
	YES, this report represents a <b>CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION</b> for one or more of PARTs B, D, E, H, I, J, K, or L <i>due to corrected information</i> ; 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, M, and N, along with only those other PARTs which changed (including PARTs B, F, G, and O when applicable).
~	YES, this report represents a <b>CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION</b> for PARTs B, D, E, H, I, J, K, or L because of one or more of the following <i>change(s) in pipelines and/or pipeline facilities and/or operations</i> from those which were covered under last year's report. Complete PARTs A, C, M, and N, along with only those other PARTs which changed (including PARTs B, F, G, 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 to service, change in commodity transported, or c change in MAOP (maximum allowable operating pressure) Abandonment of existing pipelines and/or pipeline facilities Change in HCA's identified, HCA Segments, or other changes to Operator's Integrity Management Program Change in OPID Other – Describe: , false

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 – TRANSMISSION PIPELINE HCA MILES					
	Number of HCA Miles in the IMP Program				
Onshore	1040				
Offshore	0				
Total Miles	1040				

PART C - VOLUME TRANSPORTED IN TRANSMISSION PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludesTransmission lines of Gas Distribution systems)		Check this box and proceed to PART D without completing this PART C if this report only includes gathering pipelines or transmission lines of gas distribution systems.				
		Onshore	Offshore			
Natural Gas	744415					
Propane Gas		0				
Synthetic Gas		0				
Hydrogen Gas		0				
Other Gas - Name: N		0				

PART D - MILES OF STEEL PIPE BY CORROSION PROTECTION								
	Cathodica	Ily protected	Cathodically	Total Miles				
	Bare	Coated	Bare	Coated	Total Miles			
Transmission								
Onshore	8.7	5734.3	0	0	5743			
Offshore	0	0	0	0	0			
Subtotal Transmission	8.7	5734.3	0	0	5743			
Gathering								
Onshore Type A	0	4.5	0	0	4.5			
Onshore Type B	0	0	0	0	0			
Offshore	0	0	0	0	0			
Subtotal Gathering	0	4.5	0	0	4.5			
Total Miles	8.7	5738.8	0	0	5747.5			

PART E - MILES OF non-	PART E - MILES OF non-STEEL PIPE BY TYPE AND LOCATION									
	Cast Iron Pipe	Wrought Iron Pipe	Plastic Pipe	Other Pipe	Total Miles					
Transmission										
Onshore	0	.8	0	0	.8					
Offshore	0	0	0	0	0					
Subtotal Transmission	0	.8	0	0	.8					
Gathering										
Onshore Type A	0	0	0	0	0					
Onshore Type B	0	0	0	0	0					
Offshore	0	0	0	0	0					
Subtotal Gathering	0	0	0	0	0					
Total Miles	0	.8	0	0	.8					

For the designated Commodity Group, complete PARTs F and G one time for all INTERstate pipelines and/or pipeline facilities included within this OPID and multiple times as needed for the designated Commodity Group for each State in which INTRAstate pipelines and/or pipeline facilities 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: (select only one)

T F - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION	
RASTATE pipelines/pipeline facilities CALIFORNIA	
MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
a. Corrosion or metal loss tools	147
b. Dent or deformation tools	147
c. Crack or long seam defect detection tools	11.4
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)	305.4
. ACTIONS TAKEN IN CALENDAR YEAR BASED ON IN-LINE INSPECTIONS	
<ul> <li>Based on ILI data, total number of anomalies excavated in calendar year because they met the operator's criteria for excavation.</li> </ul>	40
<ul> <li>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.</li> </ul>	27
c. Total number of conditions repaired WITHIN AN HCA SEGMENT meeting the definition of:	1
1. "Immediate repair conditions" [192.933(d)(1)]	1
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
a. Total mileage inspected by pressure testing in calendar year.	0
<ul> <li>Total number of pressure test failures (ruptures and leaks) repaired in calendar year, both within an HCA Segment and outside of an HCA Segment.</li> </ul>	0
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN AN HCA SEGMENT.	0
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.	0
4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods)	
a. Total mileage inspected by each DA method in calendar year.	132.5
1. ECDA	126.6
2. ICDA	1.6
3. SCCDA	4.3
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.	3
1. ECDA	3
2. ICDA	0
3. SCCDA	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	3
1. "Immediate repair conditions" [192.933(d)(1)]	1
2. "One-year conditions" [192.933(d)(2)]	0

	Expires: 01/13/2014
3. "Monitored conditions" [192.933(d)(3)]	2
4. Other "Scheduled conditions" [192.933(c)]	0
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 an HCA Segment and outside of an HCA Segment.	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
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.1 + 4.a.2 + 4.a.3 + 5.a)	437.9
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)	30
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)	4
ART G-MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Seg NLY)	gment miles
a. Baseline assessment miles completed during the calendar year.	86.5
b. Reassessment miles completed during the calendar year.	72.1
c. Total assessment and reassessment miles completed during the calendar year.	158.6

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	d M										
		hese PARTs s/pipeline fa			plies to:							
PART H - N	IILES OF TI	RANSMISSI	ON PIPE B	Y NOMINA	L PIPE SIZE	E (NPS)						
	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"			
	378.5	443.4	596.8	404.6	764.7	.1	385.3	59.9	223.4			
	22"	24"	26"	28"	30"	32"	34"	36"	38"			
Onshore	65.4	309.3	138.9	0	108.4	19	1023.8	521	0			
Offshore	40"	42"	44"	46"	48"	50"	52"	54"	56"			
	0	301.3	0	0	0	0	0	0	0			
	58" and over	over 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 - 0;							
5743.8		of Onshore Pip	e – Transmissi	ion								
	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"			
	22"	24"	26"	28"	30"	32"	34"	36"	38"			
	40"	101		10"	400	70"		- 411	-0.V			
Offshore	40"	42"	44"	46"	48"	50"	52"	54"	56"			
	58" and over		zes and Miles	(Size – Miles;)	:							
	Total Miles	of Offshore Pipe	e – Transmissi	ion								

PART I - MI	LES OF	GATHERING I	PIPE BY NOM	INAL PIP	E SIZI	E (NF	'S)			·	
	NPS 4	n.	8"	10"	12	"	14"	16"		18"	20"
	or les 4.1	.4	0	0	0		0	0		0	0
	22"	24"	26"	28"	30		32"	34"		36"	38"
Onshore	0	0	0	0	0		0	0		0	0
Type A	40"	42"	44"	46"	48	"	50"	52"	54"	56"	58" and over
	0	0	0	0	0		0	0	0	0	0
	Addition	nal Sizes and Miles	(Size – Miles;): 0	- 0; 0 - 0; 0 -	- 0; 0 - 0	); 0 - 0	; 0 - 0; 0 - 0	; 0 - 0; 0 - 0;			
4.5	Total Mi	iles of Onshore Typ	e A Pipe – Gathe	ring							
	NPS 4 or les	n.	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"
Onshore	0	0	0	0	0		0	0		0	0
Type B	40"	42"	44"	46"	48		50"	52"	54"	56"	58" and over
	0	0	0	0	0		0	0	0	0	0
	Addition	nal 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 Mi	iles of Onshore Typ	e B Pipe – Gathe	ring							
	NPS <sup>2</sup> or les	6"	8"	10"	12	"	14"	16"		18"	20"
	22"	24"	26"	28"	30	"	32"	34"		36"	38"
Offshore	40"	42"	44"	46"	48	"	50"	52"	54"	56"	58" and over
	Addition	nal Sizes and Miles	(Size – Miles;): -	; -; -; -;	-;-;-	; -; -	;				
	Total M	iles of Offshore Pip	e – Gathering								
PART J – M	IILES OI	F PIPE BY DEC	CADE INSTAL	LED							
Decade Pipe Installed		Pre-40 or Unknown	1940 - 1949	1950 - 1	959	1960	0 - 1969	1970 - 1	979	198	0 - 1989
Transmissi	on										
Onshore		289.1	410.6	1960.	.6	1	170.4	339.7	,	Ę	534.9
Offshore											
Subtotal Tran	smission	289.1	410.6	1960.	.6	1	170.4	339.7		į	534.9
Gathering					1						
Onshore T	уре А	0	0	0			0	1.7			.8
Onshore T	уре В	0	0	0			0	0			0
Offshore											
Subtotal G	Sathering	0	0	0			0	1.7			.8

Total Miles	289.1	410.6	1960.6	1170.4	341.4	535.7
Decade Pipe Installed	1990 - 1999	2000 - 2009	2010 - 2019			Total Miles
Transmission						
Onshore	784.2	208.8	45.5			5743.8
Offshore						
Subtotal Transmission	784.2	208.8	45.5			5743.8
Gathering						
Onshore Type A	2	0	0			4.5
Onshore Type B	0	0	0			0
Offshore						
Subtotal Gathering	2	0	0			4.5
Total Miles	786.2	208.8	45.5			5748.3

ONOUGE		Total Miles			
ONSHORE	Class I	Class 2	Class 3	Class 4	
Less than 20% SMYS	297.7	54.3	357.4	1.1	710.5
Greater than or equal to 20% SMYS but less than 30% SMYS	418.5	105.8	620.4	0	1144.7
Greater than or equal to 30% SMYS but less than or equal to 40% SMYS	334.6	77.1	350.7	.4	762.8
Greater than 40% SMYS but less than or equal to 50% SMYS	611.6	87.3	260.2	0	959.1
Greater than 50% SMYS but less than or equal to 60% SMYS	542.1	48.3	63.6	0	654
Greater than 60% SMYS but less than or equal to 72% SMYS	1480.2	31.7	0	0	1511.9
Greater than 72% SMYS but less than or equal to 80% SMYS	0	0	0	0	0
Greater than 80% SMYS	0	0	0	0	0
Unknown percent of SMYS	0	0	0	0	0
All Non-Steel pipe	0	0	.8	0	.8
Onshore Totals	3684.7	404.5	1653.1	1.5	5743.8
OFFSHORE	Class I				
Less than or equal to 50% SMYS					
Greater than 50% SMYS but less than or equal to 72% SMYS					
Offshore Total					
Total Miles	3684.7				5743.8

# PART L - MILES OF PIPE BY CLASS LOCATION

	Class L	Total Class Location	HCA Miles in the		
Class I	Class 2	Class 3	Class 4	Miles	IMP Program

Transmission						
Onshore	3684.7	404.5	1653.1	1.5	5743.8	1040
Offshore	0	0	0	0	0	
Subtotal Transmission	3684.7	404.5	1653.1	1.5	5743.8	
Gathering						
Onshore Type A	0	4.5	0	0	4.5	
Onshore Type B	0	0	0	0	0	
Offshore	0	0	0	0	0	
Subtotal Gathering	0	4.5	0	0	4.5	
Total Miles	3684.7	409	1653.1	1.5	5748.3	1040

## PART M - INCIDENTS, FAILURES, LEAKS, AND REPAIRS

PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; INCIDENTS & FAILURES IN HCA SEGMENTS IN CALENDAR YEAR

	Transmission Incidents, Leaks, and Failures						Gathering Leaks		
	Incidents	Leaks				Failures	Onshore		Offshore
	in HCA Segments	Onshore Leaks		Offshore Leaks		in HCA Segments	Leaks		Leaks
Cause		HCA	Non-HCA	HCA	Non-HCA	Segments	Type A	Type B	
External Corrosion	0	1	5	0	0	0	0	0	0
Internal Corrosion	0	0	2	0	0	0	0	0	0
Stress Corrosion Cracking	0	0	0	0	0	0	0	0	0
Manufacturing	0	0	0	0	0	0	0	0	0
Construction	0	3	9	0	0	0	0	0	0
Equipment	0	4	20	0	0	3	0	0	0
Incorrect Operations	1	0	0	0	0	0	0	0	0
	TI	nird Party	Damage/N	1echanic	al Damage				
Excavation Damage	1	0	3	0	0	0	0	0	0
Previous Damage (due to Excavation Activity)	0	0	0	0	0	0	0	0	0
Vandalism (includes all Intentional Damage)	0	0	0	0	0	0	0	0	0
Weather Related/Other Outs	side Force								
Natural Force Damage (all)	0	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	0
Other	1	3	22	0	0	1	0	0	0
Total	3	11	61	0	0	4	0	0	0

## PART M2 - KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

Transmission	0	Gathering	0				
PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR							
Transmission Gathering							
Ovelvere		Onshore Type A	0				
Onshore	2	Onshore Type B	0				
OCS	0	OCS	0				
Subtotal Transmission	2	Subtotal Gathering	0				
Total	tal 2						

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 192.

PART N - PREPARER SIGNATURE (applicable to all PARTs A - M)	
Laurence Deniston	<b>(925) 974-4313</b> Telephone Number
Preparer's Name(type or print)	
Sr. Program Manager	Facsimile Number
Preparer's Title	
Icd1@pge.com	
Preparer's E-mail Address	

PART O - CERTIFYING SIGNATURE (applicable only to PARTs B, F, G, and M1)		
Nickolas Stavropolous	(415) 973-2020	
Senior Executive Officer's signature certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)	Telephone Number	
Nickolas Stavropolous		
Senior Executive Officer's name certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)		
Executive Vice President Gas Operations		
Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)		
N1SL@pge.com		
Senior Executive Officer's E-mail Address		