

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: The operator of a facility listed in § 3.65(b) if the facility does not have an approved Form CI-X exception application on file with the Commission.

Reason to File: To acknowledge critical designation of facilities under §3.65(b) and certify that critical customer information (defined in §3.65(a)(3)) described on Commission Table CCI has or will be provided to the facility's electric utility pursuant to §3.65(e).

When to File: In the year 2022, the Form CI-D shall be filed prior to January 15, 2022 then updated if necessary and refiled prior to September 1, 2022. Beginning in 2023, the Form CI-D must be filed bi-annually by March 1st and September 1st of each year.

Where and What to File: Each operator files one Form CI-D. The operator shall complete the Form CI-D attachment and list all of the facilities that the operator is acknowledging as critical. These are the facilities for which "critical customer information" shall be provided by the operator to the facility's electric utility. The Form CI-D and attachment shall be filed through the RRC Online System.

Detailed Instructions

Item 1. Provide 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.

Acknowledged Critical Facilities Section

Check the box for each type of facility that is listed on Form CI-D Attachment.

Certification Section

Read certification and complete signature section.

Important Notice Section

Section 3.65(e) requires an operator who submits Form CI-D to provide critical customer information to its electric utility. The critical customer information is listed on Commission Table CCI. The critical customer information on Table CCI must be provided by the operator for each facility listed on the Form CI-D attachment. The information shall be provided before filing Form CI-D or within five business days of filing Form CI-D.

Certification Section (Bottom of Form)

Read certification and complete signature section.

An operator filing Form CI-D must certify that it has complied with §3.65(e) by providing the critical customer information listed on Commission Table CCI to the facility's electric utility.

Form CI-D Attachment

An operator who files Form CI-D must complete the Form CI-D attachment.

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.

- In 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.
- Note: The "updated date" is the most recent date the attachment is updated and filed with the Commission.
- Utilize drop-down selections where available (e.g., Columns C, D, I, J, and L).
- If information requested in a cell does not apply to the facility, leave the cell blank.
- Column P – "Other facility information." In this column, identify other facilities under the jurisdiction of the Commission the operation of which is necessary to operate any of the facilities listed in §3.65(b)(1)-(7) (i.e., the facilities listed in the drop-down in Column D). The operator should include in this cell any facilities for which critical customer information is provided as instructed on the Table CCI.



ACKNOWLEDGEMENT OF CRITICAL CUSTOMER/CRITICAL GAS SUPPLIER DESIGNATION

RAILROAD COMMISSION OF TEXAS
Critical Infrastructure Division
P.O. Box 12967, Austin, Texas
78711-2967
Email –(tbd)

1. Operator Name		2. P-5 Organization No. (If applicable)	
3. Operator Address	4. City	5. State	6. Zip

ACKNOWLEDGED CRITICAL FACILITIES
(check box for each type of facility acknowledged on Form CI-D attachment)

Producing gas wells (§3.65(b)(1))

Oil wells producing casinghead gas (§3.65(b)(1))

Natural gas processing plants (§3.65(b)(2))

Natural gas pipelines (§3.65(b)(3))

Local distribution companies (§3.65(b)(4))

Natural gas storage facilities (§3.65(b)(5))

Natural gas liquids transportation and storage facilities (§3.65(b)(6))

Saltwater disposal wells (§3.65(b)(7))

Other (§3.65(b)(8))

CERTIFICATION. - By signing this Form CI-D, I certify that all statements on this form and associated attachment are true and correct and I acknowledge responsibility for the regulatory compliance of all listed facilities on this form and associated attachment. I declare, under penalties prescribed in Tex. Nat. Res. Code § 91.143, that I am authorized to sign this form; that this form was prepared by me, or under my supervision and direction; and that the statements made are true and correct, and complete to the best of my knowledge.

Signature _____ Name (print) _____ Phone _____

Title _____ Contact (if different) _____ Phone _____ Date _____

IMPORTANT NOTICE: It is the sole responsibility of each critical natural gas designee to provide the Critical Customer Information as listed on Table CCI and defined in § 3.65(a)(3) to its electric utility/utilities.

CERTIFICATION - By signing and submitting this Form CI-D, I certify that I have provided, or will within five business days of submitting this form provide, the Critical Customer Information as listed on Table CCI and defined in §3.65(a)(3) to the electric entities providing service to my acknowledged facilities as identified on the attachment. I certify the information has or will be provided as required in 16 Tex. Admin. Code § 25.52 and 16 Tex. Admin. Code § 3.65.

Signature _____ Name (print) _____ Phone _____

Title _____ Contact (if different) _____ Phone _____ Date _____

CI-D Form – Critical Infrastructure Designation / For Office Use Only

Acknowledgement Received Date	Review Completion Date	Name of RRC Employee for Intake
-------------------------------	------------------------	---------------------------------