



ACKNOWLEDGEMENT OF CRITICAL CUSTOMER/CRITICAL GAS SUPPLIER DESIGNATION

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

ACKNOWLEDGED CRITICAL FACILITIES

(Check box for each type of facility acknowledged on Form CI-D Attachment)

- Gas wells producing >15 Mcf/day (§3.65(b)(1)(A))
- Oil leases producing >50 Mcf/day in casinghead gas (§3.65(b)(1)(B))
- Gas processing plants (§3.65(b)(1)(C))
- Natural gas pipelines and pipeline facilities (§3.65(b)(1)(D))
- Local distribution company pipelines and pipeline facilities (§3.65(b)(1)(E))
- Underground natural gas storage facilities (§3.65(b)(1)(F))
- Natural gas liquids transportation and storage facilities (§3.65(b)(1)(G))
- Saltwater disposal facilities and pipelines (§3.65(b)(1)(H))

CONFIDENTIAL INFORMATION.

- Check box if confidential information is included on the CI-D Attachment.

CERTIFICATION. By signing this Form CI-D, I certify that all statements on this form and the 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 customer as defined in §3.65(b)(2) to provide the Form CI-D and CI-D Attachment to its electric utility/utilities. Designation as a critical customer does not guarantee the uninterrupted delivery of electric service to your facilities.

CERTIFICATION: CRITICAL CUSTOMERS ONLY. By signing and submitting this Form CI-D, I certify that I, a critical customer as defined in §3.65(b)(2), have provided the Form CI-D and CI-D Attachment to the electric entities providing service to my acknowledged facilities as identified on the CI-D Attachment. I certify the information has been 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
-------------------------------	------------------------	---------------------------------