



CRITICAL DESIGNATION EXCEPTION APPLICATION

1. Operator Name		2. P-5 Organization No. (If applicable)	
3. Operator Address	4. City	5. State	6. Zip Code
FACILITIES FOR WHICH OPERATOR IS REQUESTING AN EXCEPTION (Section 4, S.B.3, 87th Regular Session) (Check box for each type of facility listed on Form CI-X Attachment)			
<input type="checkbox"/> Gas wells producing >15 Mcf/day ¹ and <250 Mcf/day <input type="checkbox"/> Oil leases producing >50 Mcf/day ² and <250 Mcf/day in casinghead gas <input type="checkbox"/> Natural gas pipelines and pipeline facilities that do not directly serve local distribution companies or electric generation <input type="checkbox"/> Saltwater disposal wells and pipelines that do not support a facility listed under §3.65(e)(1)-(7))			
CERTIFICATION THAT NONE OF THE FACILITIES ON THE CI-X ATTACHMENT ARE LISTED IN §3.65(e).			
1. Is any facility included on the CI-X Attachment a facility included on the Electricity Supply Chain Map (see §3.65(e)(1))? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Is any facility included on the CI-X Attachment a gas well or oil lease producing gas or casinghead gas in excess of 250 Mcf/day averaged from the six most recently filed monthly production reports (see §3.65(e)(2))? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is any facility included on the CI-X Attachment a natural gas processing plant (see §3.65(e)(3))? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Is any facility included on the CI-X Attachment a natural gas pipeline or pipeline facility that directly serves LCDs or electric generation (see §3.65(e)(4))? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Is any facility included on the CI-X Attachment an LDC pipeline or pipeline facility (see §3.65(e)(5))? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is any facility included on the CI-X Attachment an underground natural gas storage facility (see §3.65(e)(6))? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Is any facility included on the CI-X Attachment a natural gas liquids storage and transportation facility (see §3.65(e)(7))? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Is any facility included on the CI-X Attachment a saltwater disposal facility, including a saltwater disposal pipeline, which supports a facility in §3.65(e)(1)-(7) (see §3.65(e)(8))? <input type="checkbox"/> Yes <input type="checkbox"/> No			
JUSTIFICATION.			
<input type="checkbox"/> Check box to certify that a reasonable basis and justification, including objective evidence, has been provided in accordance with §3.65(f) in support of this Form CI-X exception application for each facility for which the operator is requesting an exception.			
CONFIDENTIAL INFORMATION.			
<input type="checkbox"/> Check box if confidential information is included on the CI-X Attachment.			
CERTIFICATION. By signing this Form CI-X, I certify that all statements on this form, the CI-X Attachment, and the attached written justification are true and correct and I acknowledge responsibility for the regulatory compliance of all listed facilities on this form and 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 _____	

CI-X Form – Critical Designation Exception Application / For Office Use Only

Exception Received Date	Review Completion Date	Name of RRC Employee for Intake
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¹ Gas wells producing gas ≤15 Mcf/day are not designated critical in §3.65(b).² Oil leases producing casinghead gas ≤50 Mcf/day are not designated critical in §3.65(b).