

INSTRUCTIONS

Form CI-X, Critical Designation Exception Application

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 is not listed in §3.65(e) and the facility can demonstrate with objective evidence a reasonable basis and justification in support of the application.

Reason to File: To apply for an exception to critical designation when a facility is listed in §3.65(b) and is not listed in §3.65(e).

When to File: In the year 2022, the Form CI-X shall be filed by January 15, 2022, then updated and refiled by either September 1, 2022 or 30 days following the date the map is produced by the Texas Electricity Supply Chain Security and Mapping Committee, whichever is later. Beginning in 2023, the Form CI-X must be filed bi-annually by March 1 and September 1 of each year.

Where and What to File: Each Operator files one Form CI-X. The Operator shall complete the Form CI-X Attachment and pay the required \$150 filing fee. The Operator shall complete the Form CI-X Attachment and list all of the facilities for which the Operator is requesting an exception. The Form CI-X and CI-X Attachment shall be filed through the RRC Online System. The fee shall be paid to the Commission at the time the first Form CI-X is filed. If a new electronic system or portal is developed for the filing of CI-X information, these instructions will be updated, and operators will be notified. To request an RRC Online login, please call the RRC's help desk at (512) 463-7229 or email rconline-security@rrc.texas.gov. If you are unable to use RRC Online, you may email your Form CI-X and CI-X Attachment to FormCIX@rrc.texas.gov.

I. Detailed Instructions for Form CI-X

Item 1. Insert Name of Operator completing Form CI-X.

Item 2. Insert P-5 Organization Number of Operator completing Form CI-X.

Items 3-6. Insert address of Operator completing Form CI-X.

Acknowledged Critical Facilities Section

Check the box for each type of facility that is listed on Form CI-X Attachment. If the Operator is including facility types on the CI-X Attachment for which there is no corresponding check box in this section, then that facility is not eligible for an exception.

Certification That None of the Facilities on the CI-X Attachment Are Listed In §3.65(e) Section

Check the box Yes or No for each of the eight questions to confirm whether any of the listed facilities on the accompanied Form CI-X Attachment are not eligible for an exception pursuant to §3.65(e). If the Operator answers "yes" to any question for any of its facilities, then those facilities are not eligible for an exception.

Justification Section

Attach to Form CI-X a written justification in accordance with §3.65(f) in support of the Form CI-X exception application.

Confidential Information Section

Check box if the Operator is providing information that it requests to be confidential by law on the CI-X Attachment.

Certification Section

Read the certification and complete signature section.

(Remainder of page left blank)

II. Detailed Instructions: Form CI-X Attachment

An Operator who files Form CI-X must complete the Form CI-X Attachment.

- Utilize drop-down selections where available (e.g., Columns C and D).
- If information requested in a cell does not apply to the facility, leave the cell blank.

- **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.
- **Row 9:** Begin listing the facilities operated by the Operator for which the Operator seeks an exception.
 - List each facility on its own row and fill out the corresponding columns.
- **Column A:** The “updated date” is the most recent date the attachment is updated and filed with the Commission.
- **Column B:** If the Operator is listing a facility that has previously received an exception from the Commission, provide the date that the exception was approved.
- **Column C:** Provide the Operator’s name of the facility.
- **Column D:** Choose the county in which the facility is located from the drop-down menu.
- **Column E:** Choose the type of facility being designated as critical from the drop-down menu.
- **Column F:** If a gas well, provide the RRC gas ID number (6-digit).
- **Column G:** If an oil lease, provide the RRC oil lease number (7-digit).
- **Column H:** If a pipeline or pipeline facility, provide the RRC T-4 number (5-digit).
- **Column I:** If a saltwater disposal well, including pipelines, provide the RRC UIC number (9-digit).
- **Columns J-P:** Provide the requested facility service address information and the latitude and longitude number. If no facility service address, provide the latitude and longitude number.