INSTRUCTIONS

Form CI-X, Critical Customer/Critical Gas Supplier 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 prepared to operate in a weather emergency and, therefore, the facility's operator seeks an exception under §3.65(d).

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

When to File: In the year 2022, the Form CI-X 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-X must be filed bi-annually by March 1st and September 1st of each year.

Where and What to File: An operator files one CI-X exception application and its required fee. The operator shall complete the Form CI-X attachment and list all of the facilities that need an exception. Because these facilities are not prepared to operate in a weather emergency, they will not be designated critical customers. The Form CI-X and attachment shall be filed through RRC Online. The fee shall be paid to the Commission at the time the first Form CI-X is filed.

Detailed Instructions

Item 1. Provide 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

Facilities that are NOT prepared to operate **Section**

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

Certification **Section**

Read certification and complete signature section.

Form CI-X Attachment

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

Cell 4B**:** Insert Operator Name. Name must match ***Item 1*** from the Form CI-X.
Cell 5B**:** Insert Operator P-5 Number. Number must match ***Item 2*** from the Form CI-X.

- 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 or enter "N/A."
- 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).

FORM CI-X
Eff. 12/21

CRITICAL CUSTOMER/CRITICAL GAS SUPPLIER DESIGNATION EXCEPTION APPLICATION

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

FACILITIES THAT ARE **NOT** PREPARED TO OPERATE DURING A WEATHER EMERGENCY (Section 4, S.B.3, 87th Regular Session)
(check box for each type of unprepared facility listed on Form CI-X 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-X, 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 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