



Form CI-D Online Filing Instructions

The Railroad Commission of Texas (RRC) requires oil and gas operators to file the Form CI-D, *Acknowledgement of Critical Customer/Critical Gas Supplier Designation* online.

These are instructions on how to file the form and related attachments online using the RRC Online System at <https://webapps.rrc.texas.gov/security/login.do>.

The deadlines for submissions are March 1st and September 1st of each year.

Hard copy form submissions are no longer accepted.

RRC Online System

To file the Form CI-D using the RRC Online System, your organization's designated Security Administrator must add the "External CID Filer" filing right to each user's RRC Online System account.

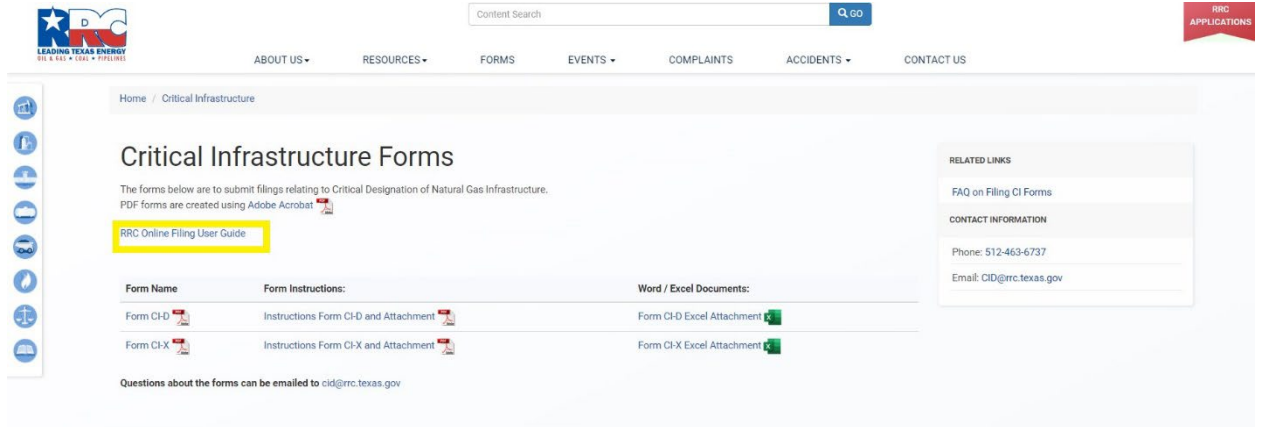
If your organization needs to set up security administrator rights to file online, view the instructions on RRC website at <https://www.rrc.texas.gov/forms/online-filing-at-rrc/>.

If you are uncertain whether your organization has a security administrator, email the RRC at rrconline-security@rrc.texas.gov.

Downloading Related Excel Attachments

1. Visit the RRC website the <https://www.rrc.texas.gov/> and click "Forms" in the top menu.

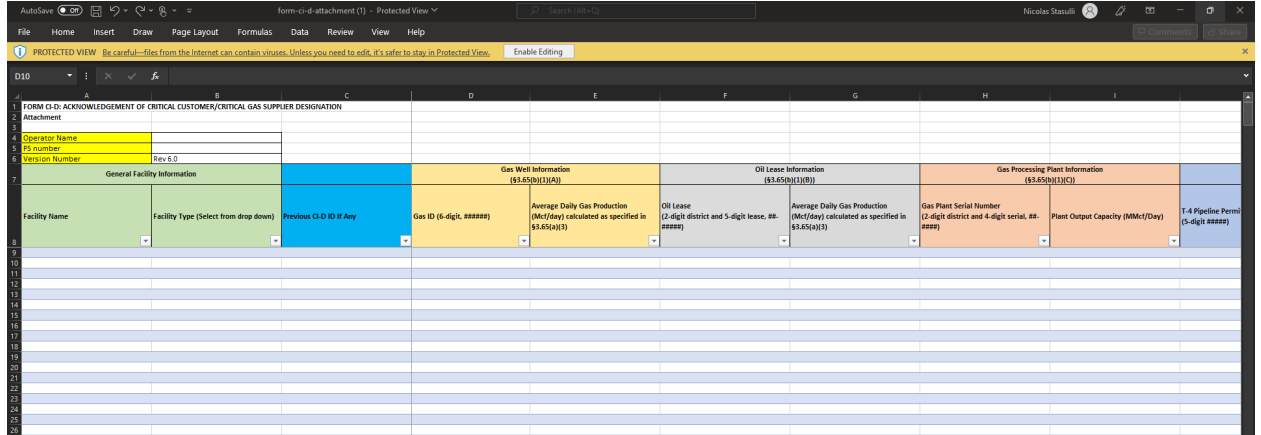
- Then click “Critical Infrastructure” to access the Critical Infrastructure Forms webpage.



- You can create a folder on your computer as a repository for the forms.
- Download the associated CI-D excel attachment and save it to the folder.

Completing the Related Excel Spreadsheet

- Open your excel spreadsheet and enable editing when prompted. **Do not change any of the header information in row 8 because it will cause the RRC Online System to not read your file correctly when filing online.**



- In Cell B4, enter the organization’s Operator Name.

	A	B	
1	FORM CI-D: ACKNOWLEDGEMENT OF CRITICAL CUSTOMER/CRITICAL GAS SUPPLIER DESIGNATION Attachment		
2			
3			
4	Operator Name		
5	P5 number		
6	Version Number	Rev 6.0	
7	General Facility Information		Previous CI-D ID
8	Facility Name	Facility Type (Select from drop down)	
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			

- In Cell B5, enter the organization's P5 number.
- Next, begin to apply your general facility information starting in cell A9. **Do not skip rows, because all designations must be in sequential order.**
- In Column A, enter the organization's Facility Name, which is the name of the facility on file with the RRC under the Operator Name and P-5 number also in Column A.

	A	B	C	D	E
1	FORM CI-D: ACKNOWLEDGEMENT OF CRITICAL CUSTOMER/CRITICAL GAS SUPPLIER DESIGNATION Attachment				
2					
3					
4	Operator Name				
5	P5 number				
6	Version Number	Rev 6.0			
7	General Facility Information			Gas Well Information (\$3.65(b)(1)(A))	
8	Facility Name	Facility Type (Select from drop down)	Previous CI-D ID If Any	Gas ID (6-digit, #####)	Average Daily Gas Prod (Mcf/day) calculated as \$3.65(a)(3)
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					

- In Column B, select the facility type from the drop-down menu.

FORM CI-D: ACKNOWLEDGEMENT OF CRITICAL CUSTOMER/CRITICAL GAS SUPPLIER DESIGNATION

Attachment

Operator Name			
PS number			
Version Number	Rev 6.0		
General Facility Information			
Facility Name	Facility Type (Select from drop down)	Previous CI-D ID If Any	Gas
	<ul style="list-style-type: none"> Gas Well >15 Mcf/day Oil Lease >50 Mcf/day Natural Gas Processing Plant Natural Gas Pipeline (Control Center) Natural Gas Pipeline (Meter Station) Natural Gas Pipeline (Regulator Station) Local Distribution Company (Compressor Stati 		

7. In Column C, enter the previous CI-D identification number if approved previously.
8. In Columns D through R, complete the fields that apply to the facility type chosen in Column B. **Please follow the formatting requirements within each of the column headers.**
 - a. If in Column B the facility is listed as a Gas Well, complete the Gas Well information in Columns D-E.

B	C	D	E
CRITICAL CUSTOMER/CRITICAL GAS SUPPLIER DESIGNATION			
	Rev 6.0		
Facility Information	Previous CI-D ID If Any	Gas Well Information (\$3.65(b)(1)(A))	
Facility Type (Select from drop down)	Previous CI-D ID If Any	Gas ID (6-digit, #####)	Average Daily Gas Production (Mcf/day) calculated as specified in §3.65(a)(3)
Gas Well >15 Mcf/day		123456	50
Oil Lease >50 Mcf/day			
Natural Gas Processing Plant			
Natural Gas Pipeline (Compressor Station)			
Local Distribution Company (Compressor Station)			
Underground Natural Gas Storage Facility			
Natural Gas Liquids Storage Facility			
Saltwater Disposal Wells			

- b. If in Column B the facility is listed as an Oil Lease, complete the Oil Lease information in Columns F-G.

A		B		F		G	
IRM CI-D: ACKNOWLEDGEMENT OF CRITICAL CUSTOMER/CRITICAL GAS SUPPLI							
Attachment							
Generator Name							
Number							
Revision Number		Rev 6.0					
General Facility Information				Oil Lease Information (\$3.65(b)(1)(B))			
Facility Name	Facility Type (Select from drop down)	Oil Lease (2-digit district and 5-digit lease, ##-####)	Average Daily Gas Production (Mcf/day) calculated as specified in §3.65(d)(3)				
	Gas Well >15 Mcf/day						
	Oil Lease >50 Mcf/day	02-12345	50				
	Natural Gas Processing Plant						
	Natural Gas Pipeline (Compressor St						
	Local Distribution Company (Compre						
	Underground Natural Gas Storage Fa						
	Natural Gas Liquids Storage Facility						
	Saltwater Disposal Wells						

- c. If in Column B the facility is listed as a Natural Gas Processing Plant, complete the Gas Processing Plant Information in Columns H-I.

A		B		H		I	
D: ACKNOWLEDGEMENT OF CRITICAL CUSTOMER/CRITICAL GAS SUPPLI							
nt							
Name							
Number		Rev 6.0					
General Facility Information				Gas Processing Plant Information (\$3.65(b)(1)(C))			
Facility Name	Facility Type (Select from drop down)	Gas Plant Serial Number (2-digit district and 4-digit serial, ##-####)	Plant Output Capacity (MMcf/Day)				
	Gas Well >15 Mcf/day						
	Oil Lease >50 Mcf/day						
	Natural Gas Processing Plant	02-1234	50				
	Natural Gas Pipeline (Compressor St						
	Local Distribution Company (Compre						
	Underground Natural Gas Storage Fa						
	Natural Gas Liquids Storage Facility						
	Saltwater Disposal Wells						

- d. If in Column B the facility is listed as a Natural Gas Pipeline, (either as a Compressor Station, Control Center, Meter Station, or Regulator Station) complete the Pipeline Information in Columns J-L.

Rev 6.0		Pipeline Information (\$3.65(b)(1)(D))	
Facility Information	T-4 Pipeline Permit Number (5-digit #####)	Does this pipeline directly serve a natural gas electric generation facility?	Does this pipeline directly serve a Local Distribution Company or a city gate? Select from Drop down
Gas Well >15 Mcf/day			
Oil Lease >50 Mcf/day			
Natural Gas Processing Plant			
Natural Gas Pipeline (Compressor St	12345	No	City Gate
Local Distribution Company (Compre			
Underground Natural Gas Storage Fa			
Natural Gas Liquids Storage Facility			
Saltwater Disposal Wells			

- e. If in Column B the facility is listed as a Local Distribution Company, also known as an LDC, (either as a Compressor Station, Control Center, Meter Station, or Regulator Station) complete the LDC Information fields in Columns M-N.

Rev 6.0		LDC Information (\$3.65(b)(1)(E))	
Facility Information	RRC Regulated Entity ID (System ID) (6-digit, #####)	Does the local distribution company directly serve a natural gas electric generation facility? Select from Drop down	
Gas Well >15 Mcf/day			
Oil Lease >50 Mcf/day			
Natural Gas Processing Plant			
Natural Gas Pipeline (Compressor St			
Local Distribution Company (Compre	123456	No	
Underground Natural Gas Storage Fa			
Natural Gas Liquids Storage Facility			
Saltwater Disposal Wells			

- f. If in Column B the facility is listed as an Underground Natural Gas Storage Facility, also known as UNGS, complete the UNGS fields in Column O.

B	O
CRITICAL CUSTOMER/CRITICAL GAS SUPPLY	
Rev 6.0	
Facility Information	UNGS Information (\$3.65(b)(1)(F))
Facility Type (Select from drop down)	UIC Number (9-digit, #####)
Gas Well >15 Mcf/day	
Oil Lease >50 Mcf/day	
Natural Gas Processing Plant	
Natural Gas Pipeline (Compressor Station)	
Local Distribution Company (Compressor Station)	
Underground Natural Gas Storage Facility	123456789
Natural Gas Liquids Storage Facility	
Saltwater Disposal Wells	

- g. If in Column B the facility is listed as a Natural Gas Liquids Storage Facility, also known as an NGL Storage, complete the NGL Storage Information in Column P.

B	P
CRITICAL CUSTOMER/CRITICAL GAS SUPPLY	
Rev 6.0	
Facility Information	NGL Storage Information (\$3.65(b)(1)(G))
Facility Type (Select from drop down)	UIC number (9-digit, #####)
Gas Well >15 Mcf/day	
Oil Lease >50 Mcf/day	
Natural Gas Processing Plant	
Natural Gas Pipeline (Compressor Station)	
Local Distribution Company (Compressor Station)	
Underground Natural Gas Storage Facility	
Natural Gas Liquids Storage Facility	123456789
Saltwater Disposal Wells	

- h. If in Column B the facility is listed as a Saltwater Disposal Well, also known as a SWD Well, complete the SWD Well Information field in Columns Q-R.

B	Q	R
TICAL CUSTOMER/CRITICAL GAS SUPP		
ev 6.0		
Information	SWD Well Information (\$3.65(b)(1(H)))	
Facility Type (Select from drop down)	UIC number (9-digit, #####)	Does the SWD Well serve one or more Tier 1 facilities in load-shed guidance issued by the PUCT? Select from Drop down
Gas Well >15 Mcf/day		
Oil Lease >50 Mcf/day		
Natural Gas Processing Plant		
Natural Gas Pipeline (Compressor St		
Local Distribution Company (Compre		
Underground Natural Gas Storage Fa		
Natural Gas Liquids Storage Facility		
Wastewater Disposal Wells	123456789	No

9. In Columns S-Y, enter the facility location information. If there is no service line address, include the nearest lease/county road to the facility. Include the city, state, zip code, and Latitude/Longitude information for each facility. **The Latitude/Longitude should be in NAD 83 format and decimal format.**

S	T	U	V	W	X	Y
Facility Location Information						
Facility Service Address Line 1 Number	Facility Service Address Line 2 Street	Facility Service City	Facility Service State (select from Drop down)	Facility Service Zip Code	Latitude, (NAD 83 or Decimal format e.g. -97.743057)	Longitude, (NAD 83 or Decimal format e.g. -97.743057)

10. Complete every column under On-Site Contact Information (Columns Z-AC) for each facility listed. The onsite contact(s) listed must be available to meet for field site visits.

Z	AA	AB	AC
On-Site Contact Information (Must be completed for Submission)			
On-Site Contact First Name	On-Site Contact Last Name	On-Site Contact Phone Number (###-###-####)	On-Site Contact Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Complete the Emergency Contact Information for each facility listed in Columns AD-AG. **The emergency contact must be the same identified point of contact listed on the Emergency Operations Plan (EOP) your organization submitted to the RRC.**

AD	AE	AF	AG
Emergency Contact Information (Must be completed for Submission)			
Emergency Contact First Name	Emergency Contact Last Name	Emergency Contact Phone Number (###-###-####)	Emergency Contact Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Under the Backup Generation Capabilities section (Columns AH-AM), answer if the facility for that individual designation has back up power generation. If the answered is “yes”, answer the rest of the backup generation capabilities columns for that facility. If answered is “no”, move on to the Electric Utility Information fields.

AH	AI	AJ	AK	AL	AM
Back Up Generation Capabilities					
Does the facility have back-up generation? Select from Drop down	If the facility has back-up generation, how long does the back-up generation last (in hours)?	If the facility has back-up generation, what is the capacity (KW)?	If there is a battery back-up, what is the capacity (KW)?	Is there utility dual feed capability? Select from Drop down	How long does it take to start operations after a power outage (in hours)?

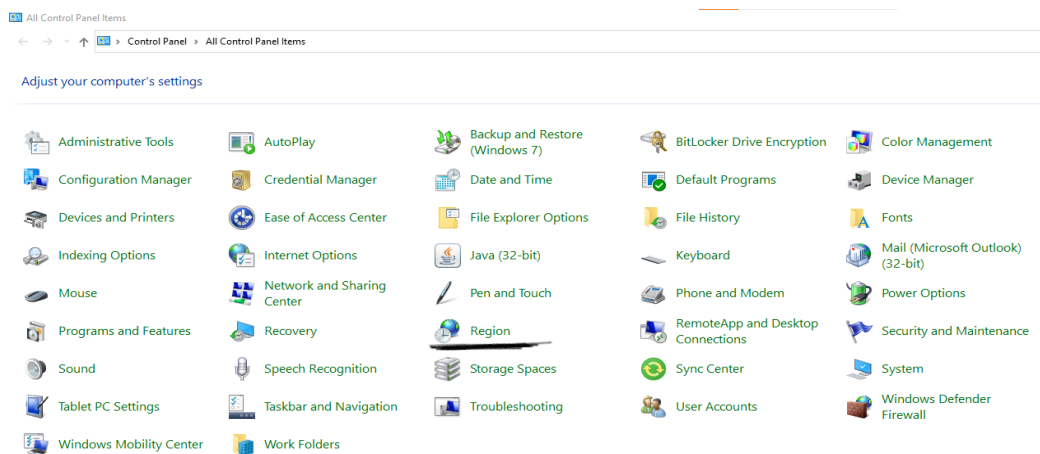
13. The Electric Utility Information fields (Columns AN-AV) only applies to critical customers. Critical customers is defined as those who have facilities that require electricity to operate. There are two different sections under the Electric Utility Information fields competitive areas (Columns AN-AR) and non-competitive areas (AS-AV). A competitive area is defined as a deregulated utility provider whereas a non-competitive area is defined as a regulated utility provider.

- a. If in a competitive area, use the drop-down menu in Column AN to select the utility provider and complete Columns AN-AR.
- b. If in a non-competitive area enter the utility provider in Column AS and complete Columns AS-AU.

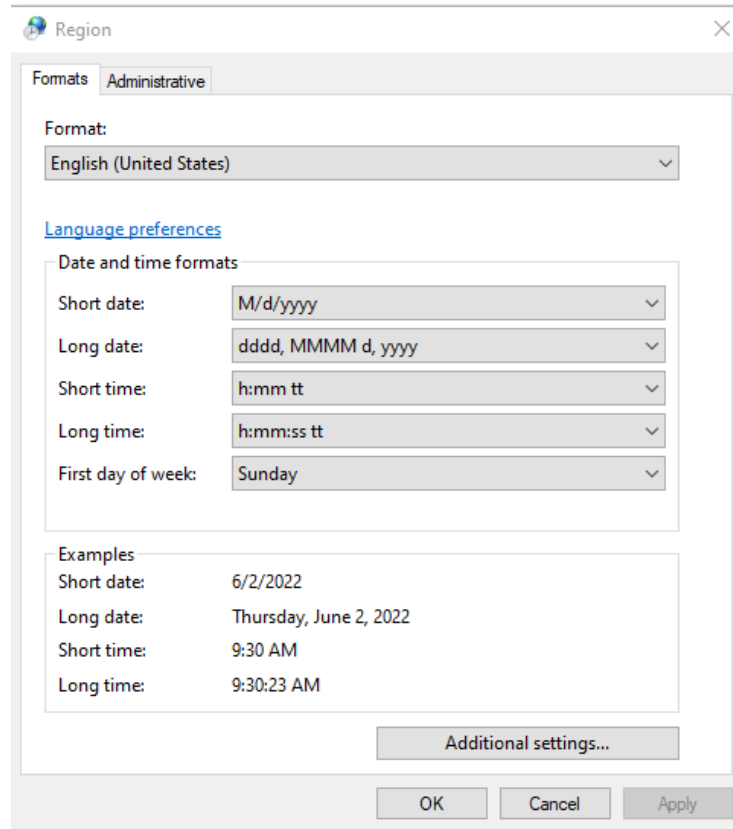
14. Save the Excel file.

15. Now convert the Excel file into a pipe delimited csv file.

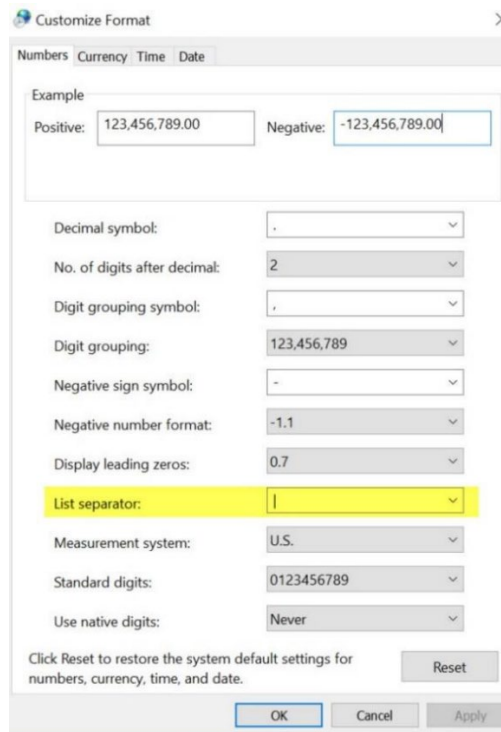
16. Open your Windows Control Panel and click on "Region".

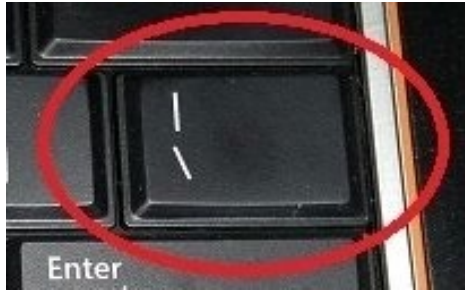


17. After the sub window pop ups, click on "Additional settings..." near the bottom.



18. After another sub window pops up, change the comma to a Pipe key | under List Separator.

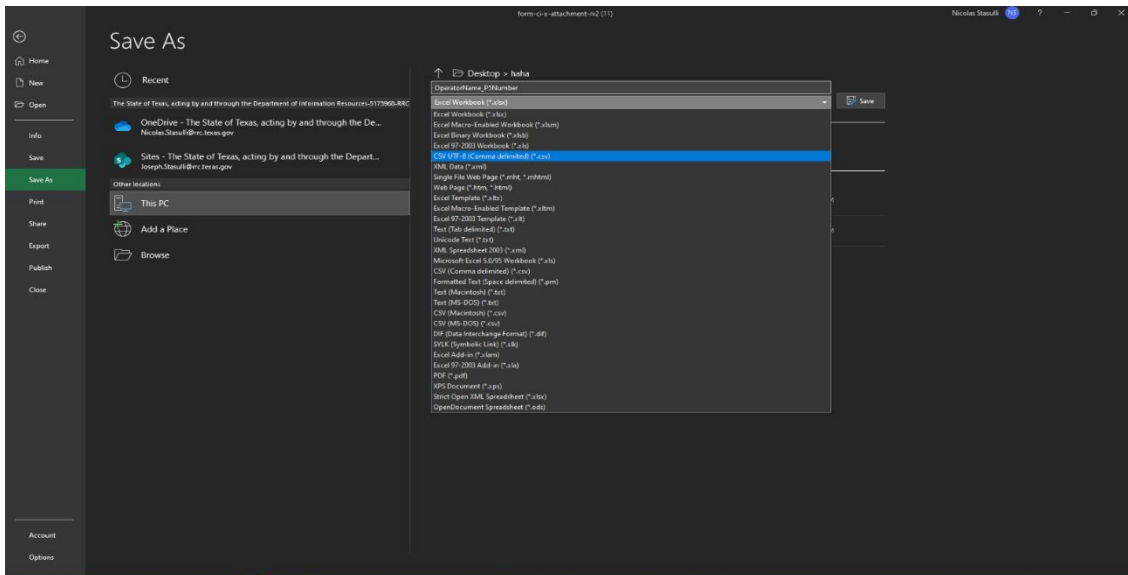




19. Click “Apply” and “OK”.

20. Reopen the saved Excel spreadsheet.

21. Under “File”, select “Save As” and change the file type to a comma-separated values or CSV file.



22. Save the CSV file to your folder to create a CSV format duplicate of the Excel spreadsheet.

Uploading the Form CI-D and Related Attachment

1. Access the RRC Online System at page <https://webapps.rrc.texas.gov/security/login.do>.

RR ONLINE SYSTEM Choose an Application

Log In
Log in to access the RRC Online System.

User ID:
Password: [Forgot Password?](#) OR [Forgot User Id?](#)

The RRC Online System allows authorized entities to electronically file certain forms with the Railroad Commission online or through EDI. Forms processed through this system are ones containing data that has been migrated from the Commission's mainframe to an open system environment. Through the RRC Online System, forms can be filed online over the Internet using a web browser, or data files can be uploaded through the application.

How to Obtain a User ID:
To utilize the Online Filing system, you must have a User ID that is assigned to you by your company's Designated Security Administrator. A company or individual may designate a Security Administrator by completing the Security Administrator Designation (SAD) form and mailing it to the RRC. When the SAD form is processed, the Security Administrator will receive a User ID and a temporary initial password. The Security Administrator will be able to log into the RRC Online System using their assigned User ID and create User IDs for users within their company. They will also be able to assign certain electronic filing rights for those accounts, and perform account maintenance activities (such as resetting passwords) when needed.

If you are uncertain whether your company has a security administrator, please email the Commission at rrc-online-security@rrc.texas.gov.

1. [Read](#) the requirements for participating in online filing.
2. [Print](#) the SAD form.
3. Complete and sign the form then mail it to the RRC, following instructions on Page 2 of the form. When the form is processed, the designated security administrator will receive a User ID and temporary password by email.
4. The security administrator will log into the system and assign User IDs and filing rights.

[Disclaimer](#) | [RRC Online Home](#) | [RRC Home](#) | [Contact](#)

2. Log in using your organization's filer account.
3. Click "Critical Infrastructure Designation (CID/CIX)" under "Main Application".

RR ONLINE SYSTEM Home [General Help](#) [About](#)

Welcome to the RRC Online System

Main Application

- [Account Administration](#)
- [Critical Infrastructure Designation \(CID/CIX\)](#)

Internal Applications

- [Remittance Mgmt System](#)

New password rules are now in effect for Internal RRC users:

Passwords will expire after 90 days.
Three grace logins are allowed after password expiration.
After a password is changed, it may not be changed again for 24 hours.
A message will display above when your password is about to expire.

New password must meet the following requirements:

- 1) Have a minimum length of 8 characters.
- 2) Have at least one upper or lower case letter AND Have at least one numeric (0-9) OR special character (For example: !, \$, #, %,)

[Disclaimer](#) | [RRC Online Home](#) | [RRC Home](#) | [Contact](#)

4. Click "Critical Infrastructure Designation (CID/CIX)" under "Main Application".

Railroad Commission of Texas

Critical Infrastructure Designation

Submission Date From: Submission Date To:

(Displaying 1 - 20 of 134373)

Application Id	Facility Name	Well Type	Upload Type	Application Status	Filing Status	Operator Name	Operator Number	Submission Date	Reviewed Date
333730	Barton 347	Oil Lease >50 Mc/Day	CID	Payment Not Required	Submitted	E2 OPERATING LLC	238475	05/31/2022	
333729	RP Sherrod 281	Oil Lease >50 Mc/Day	CID	Payment Not Required	Submitted	E2 OPERATING LLC	238475	05/31/2022	
333728	PATSY	Oil Lease >50 Mc/Day	CID	Payment Not Required	Submitted	LEEKUS OIL LLC	495350	05/28/2022	
333719	STELLA MAE	Oil Lease >50 Mc/Day	CID	Payment Not Required	Submitted	LEEKUS OIL LLC	495350	05/28/2022	
333718	GREGORY	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	LEEKUS OIL LLC	495350	05/28/2022	
333717	BERNICE	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	LEEKUS OIL LLC	495350	05/28/2022	
333716	SCHOENEMANN UNIT	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	LEEKUS OIL LLC	495350	05/28/2022	
333715	LEE	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	LEEKUS OIL LLC	495350	05/28/2022	
333714	FRAZDER UNIT	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	LEEKUS OIL LLC	495350	05/28/2022	
333713	PECAN CREEK UNIT	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	LEEKUS OIL LLC	495350	05/28/2022	
333712	Eliott	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	WHITT OIL & GAS, INC.	921159	05/27/2022	
333707	L.G. RUST	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	MLB OPERATING SERVICES, LLC	518523	06/27/2022	
333706	Donald	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	ALLEN, C. L. (OOIE)	013639	05/27/2022	
333705	Probandt	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	FORTUNE ENERGY, INC.	278757	05/27/2022	
333704	University 14.A.#2	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	FORTUNE ENERGY, INC.	278757	05/27/2022	
333703	University 14.#2	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	FORTUNE ENERGY, INC.	278757	05/27/2022	
333702	University 11.#1	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	FORTUNE ENERGY, INC.	278757	05/27/2022	
333701	University 7.#1	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	FORTUNE ENERGY, INC.	278757	05/27/2022	
333700	University 14.A.#1	Gas Well >15 Mc/Day	CID	Payment Not Required	Submitted	FORTUNE ENERGY, INC.	278757	06/27/2022	

5. Select the Filing Session from the drop-down menu under "Filing Session – Required".

Critical Infrastructure Designation

Filing Session – Required

Select Filing Session

You must select the filing session for this upload. Verify you are selecting the correct filing session or you will be flagged as noncompliant for the current filing session.

Acknowledged Critical Facilities

- 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 Pipeline and Pipeline Facilities (§3.65(b)(1)(D))
- Local Distribution 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 > 15 Mcf/day (§3.65(b)(1)(H))

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

Upload Attachments

Upload the CI-D or CI-X form depending on which upload you are performing.
Upload the xls,xlsx or csv spreadsheet(s) CI-D or CI-X form depending on which upload you are performing.
It is no longer necessary to attach the PDF, the data is captured in the application.

Choose Upload File

Attachment List

Attachment Name	Attachment Size	Attachment Type
No Attachments found.		

Next

6. Next, check off the facilities listed on the Excel spreadsheet under the “Acknowledged Critical Facilities” section. **There is a box that can be checked if the submission contains confidential information.**
7. Now upload the original Excel file in XLSX format containing facility information. Hit next after completing this step.
8. The next page will reference an Electronic Data Interchange (EDI) upload. This is referring to the CSV file created by converting the original excel file. Click “Choose EDI .csv Upload file” and upload the CSV version of the Excel spreadsheet and click “Next”.

Critical Infrastructure Designation

Attachments Upload Forms Submit

Operator Information

Operator Name Operator Number

Address 1 Address 2

City State Zipcode

Operator Phone Email

Filing Representative

Name Contact Phone

Email

Filing Information

Upload EDI Files

Select an EDI file for your company to upload. Prior to upload, CSV file must be saved in pipe | delimited format. This may take a while for large files, please be patient.
After you upload your data, you must continue to the next page and Submit before your applications are considered complete.

Choose EDI .csv Upload File

Delete Current EDI Uploads

Submitted EDI Uploads for this session

Filename	Submitted By	Submitted Date
No Current Uploads found.		

9. On the final page of the upload process, enter the submission date, check the “Certify” box and click the “Submit” button.

Certify and Submit

I declare under penalties prescribed in THRC §91.143 that I am authorized to make this application, that this application was prepared by me or under my supervision and direction, and that data and facts stated herein are true, correct and complete, to the best of my knowledge.

- To verify the form uploaded correctly, visit the dashboard and search for the submission using organization's P-5 number. If it shows a form submission and the facility count is correct, the form was successfully uploaded/submitted.

Additional Resources

For additional online filing instructions, reference the RRC Online Filing User Guide linked to the Critical Infrastructure Forms webpage.

Home / Critical Infrastructure

Critical Infrastructure Forms

The forms below are to submit filings relating to Critical Designation of Natural Gas Infrastructure. PDF forms are created using Adobe Acrobat.

[RRC Online Filing User Guide](#)

Form Name	Form Instructions:	Word / Excel Documents:
Form CI-D	Instructions Form CI-D and Attachment	Form CI-D Excel Attachment
Form CI-X	Instructions Form CI-X and Attachment	Form CI-X Excel Attachment

Questions about the forms can be emailed to cid@rrc.texas.gov

RELATED LINKS
[FAQ on Filing CI Forms](#)

CONTACT INFORMATION
 Phone: 512-463-6737
 Email: CID@rrc.texas.gov

Questions

If you have questions regarding these instructions, contact the RRC's Critical Infrastructure Division at CID@rrc.texas.gov or 512-463-6737.