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Item : Questionnaire M I21351 - 2007 ECONOMIC CENSUS : Oil and Gas Field Services - Consolidated

Media: PAPER /LETTER (8 1/2 X 11)

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No errors ☺

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No warnings ☺

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**DUE DATE**  
**FEBRUARY 12, 2008**

Mail your completed form to:  
U.S. CENSUS BUREAU  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

M I-21351

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?  
Visit [www.census.gov/econhelp](http://www.census.gov/econhelp)

Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

-OR-

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

(Please correct any errors in this mailing address.)

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

† Use blue or black ballpoint pen. † Please center numbers in their respective boxes. Examples:  
 † Do not use pencil or felt-tip pen. † Do not put slashes through 0 or 7.  0 1 2 3 4 5 6 7 8 9  
 † Place an "X" inside the box.

The reporting unit for this form is an oil and gas field service establishment. An oil and gas field service establishment represents all nationwide oil and gas field support activities performed for operators of oil and gas field properties under your current Employer Identification Number (EIN) on a fee or contract basis.

Oil and gas field service activities include drilling, exploration, and other support services performed in the United States and adjoining offshore areas.

Form ore exam ples and further clarification, see information sheet(s).

21351010

1 - 4 Not Applicable.

HOW TO REPORT DOLLAR FIGURES



Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

Report

If a value is "0" (or less than \$500.00):

Report

Mark "X" if None

2007		
\$ Bil.	M il.	Thou.
	1 0 2 6	

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Exclude nonoperating income such as royalties, interest, dividends, or the sale of fixed assets.)

Mark "X" if None

2007		
\$ Bil.	M il.	Thou.

A. Total value of products shipped and other receipts (Report detail in 22.) . . . 0100

B. Value of products exported (This is a breakout of the value reported on line A.)

Report the value of products shipped for export. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. . . . 0130

6 Not Applicable.

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**7** EMPLOYMENT AND PAYROLL

Include:

† Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 2.

Exclude:

† Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.  
 † Temporary staffing obtained from a staffing service.  
 † Subcontractors and their employees.

For further clarification, see information sheet(s).

A. Number of employees

- 1. Number of production, development, and exploration workers for pay period including March 12 . . . . . 0325
- 2. Number of other employees for pay period including March 12 . . . . . 0336
- 3. TOTAL (Add lines A1 and A2) . . . . . 0320

2007	
Mark "X" if None	Number
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

- 1. Annual payroll
  - a. Production, development, and exploration workers . . . . . 0304
  - b. All other employees . . . . . 0305
  - c. TOTAL (Add lines B1a and B1b) . . . . . 0300
- 2. First quarter payroll (January-March, 2007) . . . . . 0310

Mark "X" if None	2007		
	\$ Bil.	Mil.	Thou.
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

C. Number of hours worked by production, development, and exploration workers (Annual hours worked by production, development, and exploration workers reported on line A1.) . . . . . 0200

Mark "X" if None	2007
	Hours
	Thou.
<input type="checkbox"/>	

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CONTINUE WITH 7 ON PAGE 4

**7** EMPLOYMENT AND PAYROLL - Continued

D. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law.

Mark "X" if None

2007		
\$ Bil.	M il.	Thou.

1. Health insurance - Insurance premiums on hospitals, medical plans, and single service plans such as dental, vision, and prescription drug plans. Include premium equivalents for self-insured plans and fees paid to third party administrators (TPAs). Do not include employee contributions. . . . 0333

2. Pension plans

a. Defined benefit pension plans - Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees. . . . 0335

b. Defined contribution plans - Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profit sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs) . . . . 0337

3. Other - Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare) . . . . 0339

4. TOTAL (Add lines D1 through D3) . . . . 0220

**8** Not Applicable.

**9** INVENTORIES

(Report inventories at cost or market using generally accepted accounting practices.)

A. Did this establishment own inventories, regardless of where held, at the end of 2007 and/or 2006?

0486  Yes - Go to line B

0487  No - Go to 10

B. Report inventories for products owned by this establishment as of December 31.

Mark "X" if None

End of 2007		
\$ Bil.	M il.	Thou.

Mark "X" if None

End of 2006		
\$ Bil.	M il.	Thou.

1. Total inventories before Last-in, First-out (LIFO) adjustment (if any) (Add lines B1 and B2) . . . 0460

0470

2. LIFO reserve (if any) . . . . 0466

0476

3. Total inventories after LIFO adjustment value (Line B1 minus line B2) . . . . 0468

0469

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**10** INVENTORIES BY VALUATION METHOD

Report how much of the inventory reported in **9**, line B1 for 2007 is subject to the following valuation methods.

	Mark "X" if None	2007		
		\$ Bil.	Mill.	Thou.
A. LIFO valuation method before adjustment . . . . . 0244	<input type="checkbox"/>			
B. Any valuation method - Specify method <b>7</b> 0895 <input type="text"/> 0494	<input type="checkbox"/>			
C. TOTAL (Add lines A and B. Total should equal <b>9</b> , line B1.) . . . . . 0490	<input type="checkbox"/>			

**11** and **12** Not Applicable.

**13** ASSETS, CAPITAL EXPENDITURES, RETIREMENTS, AND DEPRECIATION

(See information sheet(s) on how to report leasing arrangements.)

	Mark "X" if None	2007		
		\$ Bil.	Mill.	Thou.
A. Gross value of depreciable assets (acquisition cost) at the beginning of the year . . . . . 0500	<input type="checkbox"/>			
B. Capital expenditures for new and used buildings, structures, machinery, and equipment depreciable assets (Exclude land.) . . . . . 0520	<input type="checkbox"/>			
C. Total retirements and disposition of depreciable assets for the year (Gross value of assets sold, retired, scrapped, destroyed, etc.) . . . . . 0510	<input type="checkbox"/>			
D. Gross value of depreciable assets at the end of the year (Add lines A and B minus C) . . . . . 0505	<input type="checkbox"/>			
E. Depreciation charges for the year . . . . . 0540	<input type="checkbox"/>			

**14** RENTAL PAYMENTS

	Mark "X" if None	2007		
		\$ Bil.	Mill.	Thou.
A. Rental payments for buildings and other structures (include land.) . . . . . 0551	<input type="checkbox"/>			
B. Rental payments for machinery and equipment . . . . . 0552	<input type="checkbox"/>			
C. TOTAL (Add lines A and B) . . . . . 0550	<input type="checkbox"/>			

**15** Not Applicable.

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**16** SELECTED EXPENSES

A. Selected production related costs

(Include costs incurred in mining process such as supplies, resales, contract work, fuels, and electricity.)

- 1. Cost of supplies used, minerals received for preparation, purchased machinery installed, materials, parts, containers, packaging, etc. (Report detail in **17**) . . . . . 0421
- 2. Cost of products bought and sold as such without further processing (Report sales in **22**.) . . . . . 0426
- 3. Cost of purchased fuels consumed for heat, power, or the generation of electricity . . . . . 0430
- 4. Cost of purchased electricity (Report quantity on line B1.) . . . . . 0425
- 5. Cost of work done for you by others on your materials . . . . . 0424
- 6. TOTAL (Add lines A1 through A5) . . . . . 0420

Mark "X" if None

2007		
\$ Bil.	M il.	Thou.

B. Quantity of Electricity

- 1. Purchased electricity (Quantity comparable to cost reported on line A4.) . . . 0436
- 2. Generated electricity (Gross less generating station use.) . . . . . 0437
- 3. Electricity sold or transferred to other establishments (Include on lines B1 or B2.) . . . . . 0438

Mark "X" if None

2007		
Kilowatt hours		
Bil.	M il.	Thou.

CONTINUE WITH **16** ON PAGE 7

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

16 SELECTED EXPENSES - Continued

C. Other operating expenses paid by this establishment

Mark "X" if None

			2007		
			\$ Bil.	M il.	Thou.
1. Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. (Include all charges for payroll, benefits and services.) . . . . . 0176	<input type="checkbox"/>				
2. Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). (Report packaged software on line C3.) . . . . . 0444	<input type="checkbox"/>				
3. Expensed purchases of software - Purchases of prepackaged, custom coded or vendor customized software. (Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.) . . . . . 0188	<input type="checkbox"/>				
4. Data processing and other purchased computer services (Include computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone.) . . . . . 0198	<input type="checkbox"/>				
5. Purchased communication services - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online) and other wired and wireless communication services . . . . . 0402	<input type="checkbox"/>				
6. Purchased repairs and maintenance to buildings and/or machinery and equipment (Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.) . . . . . 0394	<input type="checkbox"/>				
7. Water, sewer, refuse removal, and other utility payments (Include the costs of hazardous waste removal.) . . . . . 0407	<input type="checkbox"/>				
8. Purchased advertising and promotional services (Include marketing and public relations services.) . . . . . 0405	<input type="checkbox"/>				
9. Purchased professional and technical services (Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services.) . . . . . 0216	<input type="checkbox"/>				
10. Governmental taxes and license fees - Payments to government agencies for taxes and licenses. (Include business and property taxes. Exclude income taxes.) . . . . . 0396	<input type="checkbox"/>				
11. All other operating expenses - All other operating expenses not reported elsewhere. (Exclude purchases of merchandise for resale and nonoperating expenses.) - Specify <u>7</u>	<input type="checkbox"/>				
0897 <input type="text" value=""/>		0397	<input type="checkbox"/>		
12. TOTAL (Add lines C1 through C11) . . . . . 0449	<input type="checkbox"/>				

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**17** DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES

Report:

Delivered cost of individual items listed below. Delivered cost is the amount paid or payable after discounts and including freight and other direct charges incurred by the establishment in acquiring the materials. The figures reported should represent the total purchase cost of supplies, materials received for preparation, machinery installed, etc., actually used or processed during 2007. Include purchases, interplant transfers, and withdrawals from inventories. If the data are not available from your records, reasonable estimates are acceptable.

Include:

Items listed below whether charged to current or capital accounts.

Cost of items for which less than \$25,000 worth was used in "All other supplies," line 11.

Supplies purchased by this establishment for use by companies performing subcontract work at this establishment.

Exclude:

Associated labor costs of the kind reported in **7** and **16**, line A5.

Payments made for subcontract services performed, including payments for supplies and equipment furnished by the contractor incidental to this work.

Line No.	Machinery installed and supplies used	Census material code	Purchased from others or received from other establishments of this company		
			Cost, including delivery cost (freight-in)		
			\$ Bil.	M il.	Thou.
	0634	0630	0631		
1	Machinery, purchased and installed (including mobile bading, transportation, and other equipment installed at the operation) (including charges to both current and capital accounts.) . . . . .	333000 07			
2	Parts and attachments for mining, mineral preparation, construction, and conveying machinery and equipment . . . . .	333000 09			
	Supplies used				
3	Lubricating oils and greases (including hydraulic oils) . . . . .	324191 00			
4	Explosive materials (including ammonium nitrate) and blasting accessories . . . . .	325920 01			
5	Drilling fluids (drilling mud, drilling mud materials, mud thinners, thickeners, and purifiers) . . . . .	325998 03			
6	Industrial chemicals (chemical reagents, calcium chloride, acidizing materials, etc.) (excluding explosive materials, blasting accessories, and drilling fluids) . . . . .	325000 74			
7	Cement . . . . .	327310 01			
8	Steel shapes and forms (excluding castings and forgings) such as plates, sheets, strip, piling, bars, rails, wheels, track accessories, pipe, tubing, wire, wire products, and structural shapes . . . . .	331000 52			
9	Drill bits and reamers . . . . .	333515 06			
10	Measuring and controlling instruments and devices (seismometers, surveying and plotting instruments, etc.) . . . . .	334519 00			
11	All other supplies (Specify the three principal types of supplies included here.) ↴	009700 98			
12	TOTAL (Should equal total reported in <b>16</b> , line A1) . . . . .	771000 00			

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**18** FUELS USED

Line No.	Kind of fuel (Report total delivered cost, not cost per unit. Fuels received from other establishments of your company should be included at estimated market value.)	Census fuel code	Unit of measure for quantities	2007 consumption		
				Quantity	Cost, including delivery cost (freight-in)	
					\$ Mil.	Thou.
0643		0640	0645	0642	0641	
1	Coal (bituminous, subbituminous, lignite, and anthracite)	212110 03	short tons			
2	Fuel oil Distillate (light) grade numbers 1, 2, 4, and light diesel fuel	324110 17	barrels			
3	Residual (heavy) grade numbers 5 and 6 and heavy diesel fuel	324110 19				
4	Gas (natural, manufactured, and mixed)	211110 15	million ft <sup>3</sup>			
5	Gasoline	324110 15	1000 gal			
6	Other fuels (liquefied petroleum gas, coke, wood, and other) (Specify.)	009600 18				
7	TOTAL (Should equal total reported in 16, line A3)	007720 00				

**19** - **21** Not Applicable.

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Report total amounts received or due you for oil and gas field contract work during 2007.

Include the value of materials incidental to the service, such as: cement, casing and wellhead equipment, acidizing and fracturing fluids, etc., with the receipts for the individual services.

Exclude receipts for work performed prior to 2007.

Line No.	Description	Census product code	Unit of measure for quantities	Quantity	Amount received or due		
					\$ Bil.	Mil.	Thou.
0734		0730	0736	0732	0731		
1	Work performed Exploration services, excluding mapping and surveying services	213112 1100					
2	Well surveying and well logging	213112 3215					
3	Drilling oil and gas wells, including drilling in, spudding in or tailing in	213111 0441	1000 ft				
4	Directional drilling control	213111 0341					
5	Reworking wells	213111 0551					
6	Running, cutting, and pulling casings, tubes, or rods	213112 3431					
7	Cementing wells	213112 3111					

CONTINUE WITH 22 ON PAGE 10

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22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Line No.	Description	Census product code	Unit of measure for quantities	Quantity	Amount received or due		
					\$ Bil.	M il.	Thou.
0734		0730	0736	0732	0731		
	Work performed - Continued						
8	Perforating well casing . . . . .	213112 3551					
9	Hydraulic fracturing . . . . .	213112 3321					
10	Installing production equipment, including wellhead fittings, pumps, and engines . . . . .	213112 3561					
11	Pumping wells but not operating leases . . . . .	213112 3581					
12	Oil and gas field machine-shop work . . . . .	332710 0100					
13	Other repair and maintenance (Specify kind.) ↴ [Blank]	213112 3593					
14	All other oil and gas field services (Specify kind.) ↴ [Blank]	213112 3595					
15	Hauling minerals and mine equipment beyond mine property . . . . .	999830 1000					
16	Other miscellaneous receipts (including receipts for repair work, etc.) (Specify kind.) ↴ [Blank]	999809 8000					
	Products						
17	Crude petroleum, including lease condensate (Report volumes corrected to 60 degrees F.) Shipped . . . . .	211111 1111	1000 bbl				
18	From stripper well leases (included in line 17) . . . . .	211111 1121					
19	Natural gas (Adjust volume to a pressure base of 14.73 pounds absolute at 60 degrees F.) Shipped to consumers (domestic, commercial, and industrial, including own refineries), distributors, transmission companies, and natural gas liquids plants operated by your company and operated by others, less any volume of residue gas returned to you for field or lease operations . . . . .	211111 3100	m il ft				
20	All other products made in this establishment - Specify and report each product with sales value of \$50,000 or more that cannot be assigned to one of the "listed products and services". For all remaining products, write "Other" and report a single total value. [Blank]	18					
21	[Blank]	26					

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Line No.	Description	Census product code	Unit of measure for quantities	Quantity	Amount received or due		
					\$ Bil.	Mill.	Thou.
		0734	0730	0736	0732	0731	
22		34					
23	Resales - Sales of products bought and sold without further manufacture, processing, or assembly (The cost of such items should be reported in <b>16</b> , line A2.) . . . . .	999890 0000					
24	TOTAL (Should equal <b>5</b> , line A) . . . . .	770000 0000					

**23** - **25** Not Applicable.

**26** SPECIAL INQUIRIES

LEASES OPERATED

Did you operate oil and gas field leases for your own account or for others during 2007?

8811  Yes - Go to line 1

8812  No - Go to **28**

Specify state **7**

1.

2.

3.

4.

5. TOTAL (Add lines 1 through 4.)

(Report totals in **22**, lines 22 and 24.) . . . . .

2007	
Production quantities for leases which you operated	
Thousand barrels of oil	Million cubic feet of gas

**27** Not Applicable.

**28** LOCATIONS OF OPERATION

A. Complete the Pre-identified Locations of Operation supplement (See attached pages for **28A**.)

B. Complete the Additional Locations of Operation supplement (See attached pages for **28B**.)

C. Number of locations

Include:

† All locations in operation or temporarily inactive in **28A**.

† All locations added in **28B**.

Exclude:

† All locations that have ceased operation or were sold.

Total number of locations currently in operation . . . . . 6070

Mark "X" if None

2007
Number

**29** Not Applicable.

21351119

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

**30** CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes

No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report

Title

Telephone	Area code	Number	Extension	Fax	Area code	Number
		-				-

Internet e-mail address

Date completed

Month Day Year

Thank you for completing your 2007 ECONOMIC CENSUS form .

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

21351127