

Source: CURRENT; layout IN SYNC as of 15-Feb-2007 15:40:32

Item : Questionnaire M I21102 -2007 ECONOMIC CENSUS :NaturalGas Liquid Extraction

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

Status:UNLOCKED (DRAFT)

User: WILSO056

EMR: EQCPRD /6.05.16.13.33.55

GDS: 0.3.62.206

Date: 15-Feb-2007 15:28:22

---

No errors ☺

---

No warnings ☺

---



<p style="text-align: center;"><b>DUE DATE</b> <b>FEBRUARY 12, 2008</b></p> <p>Mail your completed form to: U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47134-0001</p> <p>Please read the accompanying information sheet(s) before answering the questions.</p> <p>Need help or have questions about filling out this form? Visit <a href="http://www.census.gov/econhelp">www.census.gov/econhelp</a></p> <p>Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.</p> <p style="text-align: center;">-OR-</p> <p>Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.</p>	<p style="text-align: center;">M I-21102</p> <p style="text-align: right;">(Please correct any errors in this mailing address.)</p>
--	---

**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 establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

**1 EMPLOYER IDENTIFICATION NUMBER**  
 Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  Yes - Go to **2**      0022  No - Enter current EIN (9 digits) → 0025  -

**2 PHYSICAL LOCATION**  
 A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031  Yes - Go to line B  
 0032  No - Enter physical location →

0035 Number and street		
0036 City, town, village, etc.	0037 State	0038 ZIP Code

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041  Yes      0042  No      0043  No legal boundaries      0044  Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046  City, village, or borough      0047  Town or township      0048  Other      0024  Do not know

21102017

**3 OPERATIONAL STATUS**

Which of the following best describes this establishment's operational status at the end of 2007?  
(Mark "X" only ONE box.)

- 0011  In operation
- 0016  Under construction, development, or exploration
- 0013  Temporarily or seasonally inactive
- 0014  Ceased operation - Give date at right
- 0015  Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

0018	Month	Day	Year

6030 Name of new owner or operator	6061 EIN (9 digits)	
6031 Mailing address (Number and street, P.O. Box, etc.)		
6032 City, town, village, etc.	6033 State	6034 ZIP Code

**4 MONTHS IN OPERATION**

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 30.) . . . . . 0002

HOW TO REPORT DOLLAR FIGURES		Dollar figures should be rounded to thousands of dollars.	Mark "X" if None	2007		
		If a figure is \$1,025,628.79:	Report <input type="checkbox"/>	\$ Bil.	Mil.	Thou.
		If a value is "0" (or less than \$500.00):	Report <input checked="" type="checkbox"/>		1	0

**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. Mil. 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.**

21102025

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 1.

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

2007			
Mark "X" if None	\$ 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

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

CONTINUE WITH 7 ON PAGE 4

21102033

**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 program, 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 finished products and supplies 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. Finished products and work-in-process . . . . 0461

0471

2. Supplies, parts, fuels, etc. . . . 0462

0472

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

0470

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

0476

5. Total inventories after LIFO adjustment value (Line B3 minus line B4) . . . . 0468

0469

21102041

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 B3 for 2007 is subject to the following valuation methods.

	Mark "X" if None	2007		
		\$ Bil.	M il.	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 B3.) . . . . . 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.	M il.	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.	M il.	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.

21102058



**16** SELECTED EXPENSES

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

A. Selected production related costs

	Mark "X" if None	2007		
		\$ Bil.	M il.	Thou.
1. Cost of supplies used, minerals received for preparation, and purchased machinery installed (Report detail in 17.) . . . . .	<input type="checkbox"/>			
0421				
2. Cost of products bought and sold as such without further processing (Report sales in 22.) . . . . .	<input type="checkbox"/>			
0426				
3. Cost of purchased fuels consumed for heat, power, or the generation of electricity (Report detail in 18.) . . . . .	<input type="checkbox"/>			
0430				
4. Cost of purchased electricity (Report quantity on line B1.) . . . . .	<input type="checkbox"/>			
0425				
5. Cost of work done for you by others on your materials . . . . .	<input type="checkbox"/>			
0424				
6. TOTAL (Add lines A1 through A5) . . . . .	<input type="checkbox"/>			
0420				

B. Quantity of Electricity

	Mark "X" if None	2007	
		Kilowatt hours	
		M il.	Thou.
1. Purchased electricity (Quantity comparable to cost reported on line A4.) . . . . .	<input type="checkbox"/>		
0436			
2. Generated electricity (Gross less generating station use) . . . . .	<input type="checkbox"/>		
0437			
3. Electricity sold or transferred to other establishments (Include on lines B1 or B2.)	<input type="checkbox"/>		
0438			

C. Other expenses paid by this establishment

Include:

† Expenses normally considered as non-production related costs purchased from other companies.

Exclude

† Cost of mining activities subcontracted to others and reported in 16, line A5.

† Salaries paid to employees of this establishment for performing these services.

	Mark "X" if None	2007	
		\$ M il.	Thou.
1. Purchased communication services (telephone, Internet, connectivity, online services, FAX, cellular phones, etc.) . . . . .	<input type="checkbox"/>		
0402			
2. Purchased legal services . . . . .	<input type="checkbox"/>		
0403			
3. Purchased accounting, auditing, and bookkeeping services . . . . .	<input type="checkbox"/>		
0404			
4. Purchased advertising and promotional services (advertising, marketing, promotional, or public relations services) . . . . .	<input type="checkbox"/>		
0405			
5. All other expenses paid by this establishment (Exclude labor costs, depreciation, rental payments, mineral property expenses, and any other expenses reported on this form. Also exclude loan interest, income taxes, and sales and excise taxes.)	<input type="checkbox"/>		
0397			
6. TOTAL (Add lines C1 through C5) . . . . .	<input type="checkbox"/>		
0449			

21102066

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

**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, minerals 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.

Quantities in the unit of measure specified.

Estimated value of gas produced by your company or processed on a contract basis as though actually purchased.

Residue gas after processing in **22**. See instruction sheets for description of items to be reported on line 1 below.

Include:

The producer's realization from all products contained in the gas delivered. Estimate, if necessary.

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 9.

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

Exclude:

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

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

Line No.	Materials received and processed, machinery installed, and supplies used	Census material code	Unit of measure for quantities	Purchased from others, received from other establishments of this company, or received for custom mineral processing			
				Quantity	Cost, including delivery cost (freight-in)		
					\$ Bil.	M il.	Thou.
	0634	0630	0636	0633	0631		
1	Natural gas processed (Adjust all volumes to a pressure base of 14.73 pounds absolute at 60 degrees Fahrenheit.) Gas received from all sources (including fields or leases operated by your company and those operated by others.) . . . . .	211110 11	↑ m il ft ↓				
2	Liquids processed Natural gas liquids received for further processing . . . . .	211112 01	↑ 1000 bbl ↓				
3	Crude petroleum (including condensate) received for processing . . . . .	211111 05					
4	Machinery, purchased and installed (including mobile loading, transportation, and other equipment installed at the operation) (including charges to both current and capital accounts.) . . .	333000 07					
5	Parts and attachments for mining, mineral preparation, construction, and conveying machinery and equipment . . . . .	333000 09					
6	Supplies used Lubricating oils and greases (including hydraulic oils) . . . . .	324191 00					
7	Industrial organic chemicals (including ethylene glycol and fluorinated hydrocarbon gases) . . .	325100 93					

21102074

CONTINUE WITH **17** ON PAGE 8



17 DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES - Continued							
Line No.	Materials received and processed, machinery installed, and supplies used	Census material code	Unit of measure for quantities	Purchased from others, received from other establishments of this company, or received for custom mineral processing			
				Quantity	Cost, including delivery cost (freight-in)		
					\$ Bil.	M il.	Thou.
0634		0630	0636	0633	0631		
8	Supplies used - Continued 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	All other supplies (Specify the three principal types of supplies included here.) ↴	009700 98					
10	TOTAL (Should equal total reported in 16, line A1)	771000 00					

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)	
					\$ M il.	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	bbls			
3	Residual (heavy) grade numbers 5 and 6 and heavy diesel fuel . . . . .	324110 19				
4	Gas (natural, manufactured, and mixed) . . . . .	211110 15	m cf			
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				
8	RESIDUE GAS produced and used at this establishment for heat or power . . . . .	211110 29	m cf			

21102082



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

**19** TYPE OF OPERATION  
 (include production, development, and exploration operations.)  
 (Mark "X" the ONE box for which you received the most receipts.)

- Type of Plant
- 0600 434  Naturalgasoline
  - 436  Cycle-condensate
  - 438  Fractionating

**20** and **21** Not Applicable.

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

Report net total values f.o.b. plant after discounts and allowances and exclusive of freight charges and excise taxes.

Include:

All products produced or physically shipped from this establishment in 2007.

Products shipped on consignment, whether or not sold at the end of 2007.

Products transferred to other establishments of your company (such as petroleum refineries, other manufacturing establishments, or separate sales branches).

Estimate the total (100%) value of products recovered from gas and from liquids processed under contract using known prices within the general area.

For residue gas shipped on Line 1 include:

All residue gas delivered (sold and/or returned), even though some gas may have been processed with the producer retaining title to and actually selling the gas.

All gas used at your other company operations, returned to supplying producer, or delivered to other companies.

Exclude gas used for fuel at this plant, gas vented or burned in flares, or losses.

Line No.	Description	Census product code	Unit of measure for quantities	Quantity of production	Shipments and interplant transfers				
					Quantity	Value, f.o.b. establishment			
						\$ Bil.	M il.	Thou.	
0734		0730	0736	0733	0732	0731			
1	Residue gas shipped (Adjust volume to a pressure base of 14.73 pounds absolute at 60 degrees F.) (Read instructions for residue gas shipped.)	211112 3100	m il ft <sup>3</sup>						
2	Naturalgas liquids		↑ 1000 bbl ↓						
	Ethane (C <sub>2</sub> ) (at least 80 percent purity) . . . . .	211112 1451							
3	Propane (C <sub>3</sub> ) (at least 80 percent purity) . . . . .	211112 1221							
4	Butane (C <sub>4</sub> ) (at least 80 percent purity) . . . . .	211112 1331							
5	Gas mixtures (C <sub>2</sub> , C <sub>3</sub> , and C <sub>4</sub> ) . . .	211112 1461							
6	Isopentane and naturalgasoline . . .	211112 1111							
7	Plant condensate . . . . .	211112 1441							
8	Other naturalgas liquids (including raw or unfractionated naturalgas liquid streams with less than 80 percent purity) (Specify kind.) ↴	211112 1491							

21102090

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued								
Line No.	Description	Census product code	Unit of measure for quantities	Quantity of production	Shipments and interplant transfers			
					Quantity	Value, f.o.b. establishment		
						\$ Bil.	M il.	Thou.
0734		0730	0736	0733	0732	0731		
9	Recovered elemental sulfur from natural gas . . . . .	211112 4100						
	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.							
10		18						
11		26						
12		34						
	Amount received or due for work or services performed for other establishments, excluding amount received for processing gas on contract (Specify kind of work below.) ↴							
13		213112 W YW T						
14	TO T A L (Should equal 5, line A) . . .	770000 0000						

23 - 29 Not Applicable.

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.

21102108

