

OMB Number
 Expiration Date
 Burden: .5 hours

EIA-757

Natural Gas Processing Plant Survey

Schedule A: Baseline Report

NOTICE: This report is **mandatory** under the Federal Energy Administration Act of 1974 (Public Law 93-275). Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For further information concerning sanctions and data protections see the provision on sanctions and the provision concerning the confidentiality of information in the instructions. **Title 18 USC 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.**

Part 1. Plant Identification

EIA ID Number:		DATE (mmddy):	
Plant Name:			
Address 1:			
Address 2:			
City:	State:	County:	ZIP:
Owner Companies (Top 3):			
Operator Company:			

Part 2. Submission Information

A completed form must be filed by <DATE>.
Forms may be submitted using one of the following methods:
Email:
Fax:
Secure File Transfer:
Mail To:

Part 3. Contacts

Primary Processing Plant Contact	
Name:	
Title:	
Company:	
Primary Phone:	Ext:
Secondary Phone:	Ext:
Fax:	
Email:	

Secondary Contact	
Name:	
Title:	
Company:	
Primary Phone:	Ext:
Secondary Phone:	Ext:
Fax:	
Email:	

Part 4. Baseline Pipeline Connection Data	
Please list all primary pipelines connected to the plant. <i>(Please check all that apply.)</i>	
Name:	
Capacity (List amount and check units):	<input type="checkbox"/> MMcf/day <input type="checkbox"/> Bbls/day
Pipeline Type:	<input type="checkbox"/> Entering <input type="checkbox"/> Wet Gas <input type="checkbox"/> Gas <input type="checkbox"/> Liquids <input type="checkbox"/> Exiting <input type="checkbox"/> Wet Gas <input type="checkbox"/> Gas <input type="checkbox"/> Liquids
If exiting, is the pipeline able to accept raw, unprocessed gas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	
Capacity (List amount and check units):	<input type="checkbox"/> MMcf/day <input type="checkbox"/> Bbls/day
Pipeline Type:	<input type="checkbox"/> Entering <input type="checkbox"/> Wet Gas <input type="checkbox"/> Gas <input type="checkbox"/> Liquids <input type="checkbox"/> Exiting <input type="checkbox"/> Wet Gas <input type="checkbox"/> Gas <input type="checkbox"/> Liquids
If exiting, is the pipeline able to accept raw, unprocessed gas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	
Capacity (List amount and check units):	<input type="checkbox"/> MMcf/day <input type="checkbox"/> Bbls/day
Pipeline Type:	<input type="checkbox"/> Entering <input type="checkbox"/> Wet Gas <input type="checkbox"/> Gas <input type="checkbox"/> Liquids <input type="checkbox"/> Exiting <input type="checkbox"/> Wet Gas <input type="checkbox"/> Gas <input type="checkbox"/> Liquids
If exiting, is the pipeline able to accept raw, unprocessed gas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	
Capacity (List amount and check units):	<input type="checkbox"/> MMcf/day <input type="checkbox"/> Bbls/day
Pipeline Type:	<input type="checkbox"/> Entering <input type="checkbox"/> Wet Gas <input type="checkbox"/> Gas <input type="checkbox"/> Liquids <input type="checkbox"/> Exiting <input type="checkbox"/> Wet Gas <input type="checkbox"/> Gas <input type="checkbox"/> Liquids
If exiting, is the pipeline able to accept raw, unprocessed gas? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	
Capacity (List amount and check units):	<input type="checkbox"/> MMcf/day <input type="checkbox"/> Bbls/day
Pipeline Type:	<input type="checkbox"/> Entering <input type="checkbox"/> Wet Gas <input type="checkbox"/> Gas <input type="checkbox"/> Liquids <input type="checkbox"/> Exiting <input type="checkbox"/> Wet Gas <input type="checkbox"/> Gas <input type="checkbox"/> Liquids
If downstream (exiting), is the pipeline able to accept raw gas? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 5. Baseline Plant Operational Status

What is the plant's **annual average** total plant capacity?
(Please enter the inlet capacity level at which the plant is able to operate.)

MMcf/day

What is the **annual average** natural gas flow at the plant inlet?

MMcf/day

What is the average annual **Btu content** of natural gas at the plant inlet?

Btu/Mcf

Which functions is the plant **able** to perform? *(Please check all that apply.)*

Dehydration	<input type="checkbox"/>
Contamination Removal (i.e.: CO ₂ , N ₂ , H ₂ S, Hg, ...)	<input type="checkbox"/>
NGL Extraction	<input type="checkbox"/>
Fractionation	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>

Which functions does the plant **actually** perform? *(Please check all that apply.)*

Dehydration	<input type="checkbox"/>
Contamination Removal (i.e.: CO ₂ , N ₂ , H ₂ S, Hg, ...)	<input type="checkbox"/>
NGL Extraction	<input type="checkbox"/>
Fractionation	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>

What is the **storage capacity** at the plant?

Dry natural gas	<input style="width: 100px; height: 20px;" type="text"/>	MMcf/day
Natural Gas Liquids	<input style="width: 100px; height: 20px;" type="text"/>	Bbls/day

OMB# 1905-New
 Expiration:
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Natural Gas Processing Plant Survey

Schedule B: Emergency Status Report

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Part 1. Plant Identification

EIA ID Number:		DATE (mmddy):	
Plant Name:			
Address 1:			
Address 2:			
City:	State:	County:	ZIP:
Owner Companies (Top 3):			
Operator Company:			

Part 2. Submission Information

A completed form must be filed by <DATE>.			
Forms may be submitted using one of the following methods:			
Phone:			
Email:			
Fax:			
Secure File Transfer:			

Part 3. Contacts

Primary Contact			
Name:			
Title:			
Company:			
Primary Phone:		Ext:	
Secondary Phone:		Ext.	
Fax:			
Email:			

Secondary Contact	
Name:	
Title:	
Company:	
Primary Phone:	Ext:
Secondary Phone:	Ext:
Fax:	
Email:	

Part 4. Current Post-Emergency Plant Operational Status	
What is the plant's current total capacity? <i>(Please enter the inlet capacity level at which the plant is able to operate.)</i>	
<input style="width: 80px; height: 25px;" type="text"/>	MMcf/day
What is the current daily natural gas flow at the plant inlet?	
<input style="width: 80px; height: 25px;" type="text"/>	MMcf/day
Which functions is the plant able to perform currently ? <i>(Please check all that apply.)</i>	
Dehydration	<input type="checkbox"/>
Contamination Removal (for example: CO ₂ , N ₂ , H ₂ S, Hg, ...)	<input type="checkbox"/>
NGL Extraction	<input type="checkbox"/>
Fractionation	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>
Which functions is the plant actually performing currently ? <i>(Please check all that apply.)</i>	
Dehydration	<input type="checkbox"/>
Contamination Removal (for example: CO ₂ , N ₂ , H ₂ S, Hg, ...)	<input type="checkbox"/>
NGL Extraction	<input type="checkbox"/>
Fractionation	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>

What is the current storage level at the plant?		
Natural Gas	<input type="text"/>	MMcf
Natural Gas Liquids	<input type="text"/>	Bbls
If the plant is partially or totally unable to operate, is there an alternate means of transporting the gas to market? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain the alternate means (for example, raw natural gas is able to bypass plant, or upstream natural gas can be rerouted to another processing facility):		

Part 5. Current Plant Operating Constraints	
Which of the following internal constraints currently apply? (Please check all that apply.)	
Building Infrastructure (including plant/facility, buildings)	<input type="checkbox"/>
Employee or operator availability, or access to plant	<input type="checkbox"/>
Damage to equipment (electronic, operational)	<input type="checkbox"/>
Communications (for example, SCADA, interpersonal devices)	<input type="checkbox"/>
Debris or foreign matter	<input type="checkbox"/>
Flooding	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>
None	<input type="checkbox"/>
Which of the following external constraints currently apply? (Please check all that apply.)	
Upstream supply	<input type="checkbox"/>
Downstream infrastructure	<input type="checkbox"/>
Downstream demand	<input type="checkbox"/>
Power source (for example, electricity):	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>
None	<input type="checkbox"/>

Please explain your answers, if applicable:

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Part 6. Current Estimate of Plant Restoration

(Please complete this only if you checked constraints in Part 5).

What is the expected restoration time for fully restoring, the plant dehydration function?
(The time frame is relative to the date of this survey response).

Up to 2 weeks	<input type="checkbox"/>
More than 2 weeks and up to 1 month	<input type="checkbox"/>
More than 1 month and up to 2 months	<input type="checkbox"/>
More than 2 months and up to 3 months	<input type="checkbox"/>
More than 3 months and up to 4 months	<input type="checkbox"/>
More than 4 months and up to 6 months	<input type="checkbox"/>
More than 6 months and up to one year	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>

Please explain the reasons for the expected time frames for fully restoring, at least, the dehydration function.

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