



OMB No. 1905-0206
 Expiration Date: 03/31/2011
 Version No.: 2008.01
 Burden: 0.5 hours

**NATURAL GAS PROCESSING PLANT SURVEY
 FORM EIA-757
 Schedule A: Baseline Report**

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 DATA | PART 2. SUBMISSION INFORMATION |
|-----------------------------------|--------------------------------|
|-----------------------------------|--------------------------------|

DATE: - -

EIA ID NUMBER:

If this is a resubmission, enter an "X" in the box:

If any Plant Identification Data has changed since the last report, enter an "X" in the box:

Plant Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____

County: _____ Zip: _____ - _____

Owner Companies (Top Three):

1 _____

2 _____

3 _____

Operator Company: _____

Form may be submitted using one of the following methods:

Email: OGEIA-757@eia.doe.gov

Fax: **(202) 586-2849**

Secure File Transfer:
<https://signon.eia.doe.gov/upload/notice757.jsp>

Questions? Call: (877) 800-5261

| PART 3. CONTACTS | |
|------------------|--|
|------------------|--|

Processing Plant Operations Manager:

Contact Name: _____

Title: _____

Company: _____

Primary Phone No.: _____ - _____ - _____ Ext: _____

Secondary Phone No.: _____ - _____ - _____ Ext: _____

Fax Number.: _____ - _____ - _____

Email address: _____

Secondary Processing Plant Contact:

Contact Name: _____

Title: _____

Company: _____

Primary Phone No.: _____ - _____ - _____ Ext: _____

Secondary Phone No. _____ - _____ - _____ Ext: _____

Fax Number.: _____ - _____ - _____

Email address: _____

Comments: (To separate one comment from another, press ALT+ENTER)

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DATE:

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EIA ID NUMBER:

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Resubmission

PART 4. BASELINE PIPELINE CONNECTION DATA

Please list all primary pipelines connected to the plant. *(Please check all that apply.)*

Name: _____

Capacity (list amount and check units): _____ MMcf/Day Bbls/Day

Pipeline Type: Entering Wet Gas Gas Liquids
 Exiting Wet Gas Gas Liquids

If exiting, is the pipeline able to accept raw, unprocessed gas? Yes No

Name: _____

Capacity (list amount and check units): _____ MMcf/Day Bbls/Day

Pipeline Type: Entering Wet Gas Gas Liquids
 Exiting Wet Gas Gas Liquids

If exiting, is the pipeline able to accept raw, unprocessed gas? Yes No

Name: _____

Capacity (list amount and check units): _____ MMcf/Day Bbls/Day

Pipeline Type: Entering Wet Gas Gas Liquids
 Exiting Wet Gas Gas Liquids

If exiting, is the pipeline able to accept raw, unprocessed gas? Yes No

Name: _____

Capacity (list amount and check units): _____ MMcf/Day Bbls/Day

Pipeline Type: Entering Wet Gas Gas Liquids
 Exiting Wet Gas Gas Liquids

If exiting, is the pipeline able to accept raw, unprocessed gas? Yes No

Name: _____

Capacity (list amount and check units): _____ MMcf/Day Bbls/Day

Pipeline Type: Entering Wet Gas Gas Liquids
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If exiting, is the pipeline able to accept raw, unprocessed gas? Yes No



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Resubmission

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
- Contamination Removal (i.e.: CO2, N2, H2S, Hg, ...)
- NGL Extraction
- Fractionation
- Other (please describe): _____

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

- Dehydration
- Contamination Removal (i.e.: CO2, N2, H2S, Hg, ...)
- NGL Extraction
- Fractionation
- Other (please describe): _____

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

Dry Natural Gas **MMcf**

Natural Gas Liquids **Bbls**



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**NATURAL GAS PROCESSING PLANT SURVEY
FORM EIA-757
Schedule B: Emergency Status Report**

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Processing Plant Operations Manager:

Contact Name: _____

Title: _____

Company: _____

Primary Phone No.: _____ - _____ - _____ Ext: _____

Secondary Phone No.: _____ - _____ - _____ Ext: _____

Fax Number.: _____ - _____ - _____

Email address: _____

Secondary Processing Plant Contact:

Contact Name: _____

Title: _____

Company: _____

Primary Phone No.: _____ - _____ - _____ Ext: _____

Secondary Phone No. _____ - _____ - _____ Ext: _____

Fax Number.: _____ - _____ - _____

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 FORM EIA-757**

Schedule B: Emergency Status Report

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| | | | | | | | | | | | | | | |

PART 4. CURRENT POST-EMERGENCY PLANT OPERATIONAL STATUS

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

MMcf/Day

What is the **current** daily natural gas flow at the plant inlet?

MMcf/Day

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

| | | |
|--|--|--------------------------|
| Dehydration | | <input type="checkbox"/> |
| Contamination Removal (for example, CO2, N2, H2S, 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**? *(Please check all that apply.)*

| | | |
|--|--|--------------------------|
| Dehydration | | <input type="checkbox"/> |
| Contamination Removal (for example, CO2, N2, H2S, 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 style="width:150px; height:20px;" type="text"/> | MMcf |
| Natural Gas Liquids | <input style="width:150px; height:20px;" type="text"/> | Bbls |

If the plant is **partially or totally unable** to operate, is there an alternate means of transporting the gas to market?

Yes **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):



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| | | | | | | | | | | | | | |

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:

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 two 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.