



**ANNUAL REPORT OF NATURAL AND SUPPLEMENTAL GAS SUPPLY & DISPOSITION
FORM EIA-176**

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 the sanctions and the provisions concerning the confidentiality of information submitted on this form, see 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. RESPONDENT IDENTIFICATION DATA **PART 2. SUBMISSION INFORMATION**

REPORT PERIOD: Year:

EIA ID NUMBER:

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

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

Company Name: _____

Operations in (State): _____

Contact Name: _____

Phone No.: _____ Ext: _____

Fax No.: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ - _____

Email address: _____

A completed form must be filed by March 1

Form may be submitted using one of the following methods:

Mail to: EIA-176
U. S. Department of Energy
Oil & Gas Survey
Ben Franklin Station
P.O. Box 279
Washington, DC 20044-0279

Email: OOG.SURVEYS@eia.gov

Fax: (202) 586-1076

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

Questions? Call: (877) 800-5261

PART 3. COMPANY CHARACTERISTICS

A. Type of Operations (check all that apply)

1.	Distribution company - investor owned	8.	Storage operator
2.	Distribution company - municipally owned	9.	Synthetic natural gas (SNG) plant operator
3.	Distribution company - privately owned	10.	Producer
4.	Distribution company - cooperative	11.	Gatherer
5.	Distribution company - other ownership	12.	Liquefied natural gas (LNG) peak facility operator
6.	Interstate pipeline (FERC regulated)	13.	Liquefied natural gas (LNG) marine terminal
7.	Intrastate pipeline	14.	Other (specify)

B. Vehicles Powered by Alternative Fuels

1. Does your company's vehicle fleet include vehicles powered by alternative fuels? Yes No

2. If yes, how many vehicles in your company's fleet are powered by alternative fuels?

C. Customer Choice Program

If there is a Customer Choice program available in your service territory, enter the number of customers currently eligible for and participating in the Customer Choice program at the end of the calendar year.

Eligible	Participating
<input type="text"/>	<input type="text"/>
Residential	Residential
<input type="text"/>	<input type="text"/>
Commercial	Commercial

D. Sales/Acquisitions

1. Did your distribution territory increase or decrease in size in the report State due to acquisition or sale this year? If Yes, please describe the sale or acquisition in the Comments box below. Yes No

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



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REPORT PERIOD:	Year: 2 0							COMPANY NAME:		Resubmission	
EIA ID NUMBER:	1	7	6					<input style="width: 150px;" type="text"/>		<input type="checkbox"/>	

PART 4. NATURAL AND SUPPLEMENTAL GAS SUPPLY FOR THE REPORT STATE

ITEM DESCRIPTION	VOLUME (Mcf @ 14.73 psia and 60° F)	NOTES*	
		E	F
1.0 If you are a producer, report production within the report State of:			
1.1 Natural gas** (if reporting natural gas production, lease use data should also be reported on line 15.0)			
1.2 Synthetic natural gas (SNG)			
2.0 If you are a storage operator, report operations within the report State of:			
2.1 Underground storage withdrawals			
2.2 Liquefied natural gas (LNG) storage withdrawals (peaking facilities only)			
2.3 Above ground storage withdrawals			
3.0 If you are an interstate pipeline company or other company receiving physical custody at State lines or U.S. borders, report receipts			
From Company ▼ In neighboring State or Country ▼			
From Company ▼ In neighboring State or Country ▼			
From Company ▼ In neighboring State or Country ▼			
From Company ▼ In neighboring State or Country ▼			
4.0 If you are a distributor, report receipts at city gates within the report State			
5.0 Report any other receipts of natural gas within the report State (excluding Federal Offshore) ..			
6.0 Supplemental gaseous fuels supplies (Specify type) ▼			
7.0 Total supply within report State (sum of all items in lines 1.0 through 6.0)			

PART 5. LIQUEFIED NATURAL GAS (LNG) STORAGE INVENTORY

8.0 If you operate a LNG facility, report LNG inventory as of December 31 of the report year			
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*Check **E** if data reported are an estimate; check **F** if you are providing a footnote in Part 7 for this data item.
 **If reporting Natural Gas Production (1.1), data should also be reported on lease use (15.0).



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REPORT PERIOD:	Year: 2 0 <input type="text"/>	COMPANY NAME: <input style="width:90%;" type="text"/>	Resubmission <input type="checkbox"/>
EIA ID NUMBER:	1 7 6 <input type="text"/>	<input style="width:200px;" type="text"/>	<input type="checkbox"/>

PART 6. NATURAL AND SUPPLEMENTAL GAS DISPOSITION FOR THE REPORT STATE

9.0 Heat content of gas delivered to consumers (Btu/cf)

ITEM DESCRIPTION	NUMBER OF CUSTOMERS	VOLUME (Mcf @ 14.73 psia and 60° F)	REVENUE (including taxes) (whole dollars)	NOTES*	
				E	F
10.0 Deliveries of natural gas that you do own to end-use consumers within the report State <i>(for assistance in determining proper categorization of customers, see page 3 of instructions)</i>					
10.1 Residential					
10.2 Commercial					
10.3 Industrial					
10.4 Electric power					
10.5 Vehicle fuel					
10.6 Other (not included in above categories) _____ (Specify type)					
11.0 Deliveries of natural gas that you do not own to end-use consumers within the report State <i>(for assistance in determining proper categorization of customers, see page 3 of instructions)</i>					
11.1 Residential					
11.2 Commercial					
11.3 Industrial					
11.4 Electric power					
11.5 Vehicle fuel					
11.6 Other (not included in above categories) _____ (Specify type)					

*Check **E** if data reported are an estimate; check **F** if you are providing a footnote in Part 7 for this data item.

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REPORT PERIOD: Year:	2	0			COMPANY NAME:		Resubmission
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PART 6. NATURAL AND SUPPLEMENTAL GAS DISPOSITION FOR THE REPORT STATE (continued)

ITEM DESCRIPTION	VOLUME (Mcf @ 14.73 psia and 60° F)	NOTES*	
		E	F
12.0 Natural gas consumed in your operations:			
12.1 Space heat of your facilities			
12.2 New pipeline fill			
12.3 Pipeline distribution or storage compressor use			
12.4 Other (Specify type): ▼			
13.0 If you are a storage operator, report operations within the State:			
13.1 Underground storage injections (including new fields)			
13.2 Liquefied natural gas (LNG) storage injections (peaking facilities only)			
13.3 Above ground storage injections			
14.0 If you are an interstate pipeline company or other company moving gas across or to State lines or U.S. borders, report volumes transported. (See instructions if additional lines are needed.)			
To Company ▼ In neighboring State or Country ▼			
To Company ▼ In neighboring State or Country ▼			
To Company ▼ In neighboring State or Country ▼			
To Company ▼ In neighboring State or Country ▼			
15.0 Lease use (reported by producers only)			
16.0 Returned to oil and/or gas reservoirs, used for repressuring, reinjection (reported by producers only)			
17.0 Losses from leaks, damage, accidents, migration and/or blow down within the report State:			
18.0 Other disposition within the report State (not included above):			
18.1 To distribution companies			
18.2 To other pipelines in the report State			
18.3 To storage operators in the report State			
18.4 To other (specify type) ▼			
▼			
19.0 Total disposition (sum of all items 10.1 through 18.4)			
20.0 Difference between gas supply (+) and disposition (-) (Part 4 line 7.0 minus Part 6 line 19.0) (this value may be a negative number)			

*Check **E** if data reported are an estimate; check **F** if you are providing a footnote in Part 7 for this data item.

