Form Approved XXXXXX XXX Image: Second States of Analysis Image: Second				
RESPONDENT INFORMATION 1.0 Does this report reflect active natural gas processir Months covered by this report: through 2.0 Submission Status: Original Ame	ng at the facility for the <u>entire</u> year? 2012 ended	Yes No No Explain in 7.0 Comments below.		
EIA ID NUMBER: Submit completed form by April 19, 2013 via: 3.1 Plant Name: 3.1 Plant Name:				
	Origin Codes on page 6 <u>https://signo</u>	ansfer: n.eia.gov/upload/noticeoog.jsp_		
3.3 Operating Co. Name: 3.4 Room / Suite Number: Street / PO Box:	Email: OOG.SU Fax: 202-586-1	RVEYS@eia.gov 076		
City: State: Zip Code:	Ben Fran	artment of Energy, EIA klin Station		
3.5 Operating Co. Contact Name: PO Box 279 Washington DC 20044-0279				
Phone No.: :		Questions? Call the EIA-64A Coordinator		
Fax No.:		1-800-879-1470		
Email Address: between 9:00 a.m. and 4:30 p.m. Eastern Time				
ORIGIN OF NATURAL GAS RECEIVED AND NATURAL GAS LIQUIDS PRODUCED				
Line Area of Origin Code	Natural Gas Received Millions of Cubic Feet (MMCF)	Natural Gas Liquids Production Thousands of Barrels (MBIs)		

Line	Area of Origin Code	Millions of Cubic Feet (MMCF)	Thousands of Barrels (MBIs)
	(A)	(B)	(C)
4.1			
4.2			
4.3			
4.4			
4.5			
4.6			
4.7			
4.8	TOTAL		
5.0	Gas Shrinkage Resulting from Natural Gas Liquids Extracted (MMCF)		
6.0	Natural Gas Used as Fuel in Processing (MMCF)		
7.0	Comments: Identify any unusual aspects of your operations during the report month. (To start a new line, use alt + enter.)		