

OMB No. 1905-0175 Expiration Date: 12/31/2020

> Product No.: 2020.01 Burden: 12.0 hours

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

This report is mandatory under 15 U.S.C. §772. 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. 18 U.S.C. §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					
		A completed form must be filed by March 1					
REPORT PERIOD: Year: 2 0	Form may be submitted using one of the following methods:						
EIA ID NUMBER: 1 7 6	Secure File Transfer:						
If this is a resubmission, enter an "X" in the box:	https://signon.eia.doe.gov/upload/noticeoog.jsp						
If any Respondent Identification Data has changed since the las	st report	The EIA-176 can also be submitted via an Electronic Filing System, which can be downloaded here:					
enter an "X" in the box:		http://www.eia.gov/survey/form/eia_176/efs176.cfm					
		Fax: (202) 586-1076					
Company Name:		Mail to: EIA-176 (EI-25)					
Operations in (State):		U. S. Department of Energy					
Contact Name:		Oil & Gas Survey					
Phone No.: Ext:		Ben Franklin Station					
Fax No.:	_	P.O. Box 279					
Address 1:		Washington, DC 20044-0279					
Address 2:		_					
		— Questions? Call: (877) 800-5261					
City: State: Zip:		Questions? Cail. (677) 600-5261					
Email address:		_					
PART 3. COMPANY CHARACTERISTICS							
A. Type of Operations (check all that apply)							
Distribution company - investor owned	9.	Synthetic natural gas (SNG) plant operator					
Distribution company - municipally owned	10.	Producer					
Distribution company - privately owned	11.	Gatherer					
4. Distribution company - cooperative	12.	Liquefied natural gas (LNG) peak facility operator					
5. Distribution company - other ownership	13.	Liquefied natural gas (LNG) marine terminal					
6. Interstate pipeline (FERC regulated)	14.	Public liquefied natural gas (LNG) fueling station					
7. Intrastate pipeline	15.	Public compressed natural gas (CNG) fueling station					
8. Storage operator	16.	Other (specify)					
B. Vehicles Powered by Natural Gas							
Does your company's vehicle fleet include vehicles power	red by a	alternative fuels? Yes No					
2. What type of fuel does your company's alternative-fuel ve	ehicles ι	use?					
3. If any, how many vehicles in your company's fleet are po	wered b	by natural gas?					
(Any volumes of natural gas used to power your compa	ny fleet	are to be reported on Line 12.5					
of this form.)							
C. Customer Choice Program		Eligible Participating					
If there is a Customer Choice program available in your serv							
of customers currently eligible for and participating in the the end of the calendar year.	Custon	ner Choice program at Residential Residential					
the end of the calendar year.		Commercial Commercial					
D. Sales/Acquisitions							
Did your distribution territory increase or decrease in size or sale this year? If Yes, please describe the sale or account of the sale of the sale or account of the sale of the		• — — —					
E. Distribution Territory	laisition	in the comments box below.					
If you are a local distribution company, please list all counti- delivers gas, separated by a comma. Include counties tha services. If you cannot fit all counties into this box, add the	t your co	ompany only partially					
F. LNG Storage							
If your company owns, operates, or uses LNG storage, plea		·					
Name:							
Name: Please indicate additional LNG storage facilities in the Co		Zip code:					
Please enter Comments in Part 7A at the end of this form.							



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REPORT PERIOD	Year: 2 0 ###	СОМР	ANY NAME:		Resubm	ission			
EIA ID NUMBER:	1 7 6 #NAM	IE?		#NAME?	##	#			
PART 4. NATUR	AL AND SUPPLEME	NTAL GAS SUPPL	Y FOR THE	REPORT STATE					
						VOLU (Mcf @		NO	TES*
		ITEM DESCRIPTI	ON			psia an		E	F
1.0 If you are a	producer, report prod	uction within the rep	oort state of:						
1.1 Natura	al gas** (if reporting n	atural gas productio	on, lease use	e data should also b	e				
rep	ported on lin								
1.2 Synth	etic natural gas (SNG)							
2.0 If you are a	storage operator, repo	ort operations within	n the report s	state of:					
2.1 Under	rground storage withd	rawals						<u> </u>	
2.2 Lique	fied natural gas (LNG) storage withdrawa	als (regasifica	ation)					
	n interstate pipeline co es or U.S. borders, rep				-				
From company	,	In state or country		Means of transport					
From company		In state or country		Means of transport					
From company		In state or country		Means of transport					
From company		In state or country		Means of transport					
4.0 If you are a	distributor, report rece	eipts at city gates w	ithin the repo	ort state					
4.1 Purcha	ase gas received in dist	tribution service area	for delivery to	o your sales custome	ers			<u> </u>	
4.2 Recei	pts of gas in distribution	service area for deli	very to your t	ransportation custom	ners				
5.0 Report any	other receipts of natu	ral gas within the re	port state (e	xcluding federal offsh	nore)			<u> </u>	
6.0 Supplement	tal gaseous fuels supp	olies (specify type)						<u> </u>	
									
7.0 Total supply	/ within report state (s	um of all items in	lines 1.0 thi	rough 6.0)			0		
PART 5. LIQUEF	FIED NATURAL GAS	(LNG) STORAGE	INVENTORY	/		I			
						VOLUME (Mcf @ 14.73 psia	CAPACITY (Mmof por dov)	NOT	TES*
						and 60°)	(Mmcf per day)	E	F
	te a natural gas facilit								
8.1 Liquefied natural gas (LNG) facility 8.2 Marine terminal facility									
8.2 Marin	e terminal facility					4			

^{*}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 ### COMPANY NAME: EIA ID NUMBER: 1 7 6 #NAME?	#NAM	Resubmis	1		
PART 6. NATURAL AND SUPPLEMENTAL GAS DISPOSITION FOR THE R	EPORT 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)	NOT E	ES*
10.0 Deliveries of natural gas that you do own to end-use consumers within the report state (for assistance in determining proper categorization of customers, see page 3 of instructions)			(whole donars)	_	
10.1 Residential					
10.2 Commercial					
10.3 Industrial					
10.4 Electric power					
10.5 Vehicle fuel (includes LNG and CNG for cars, trucks, and ships)					
10.6 Other (not included in above categories)(Specify type)					
11.0 Deliveries of natural gas that you <u>do not own</u> to end-use consumers within the report state (for assistance in determining proper categorization of customers, see page 3 of instructions)					
11.1 Residential					
11.2 Commercial					
11.3 Industrial					
11.4 Electric power					
11.5 Vehicle fuel (includes LNG and CNG for cars, trucks, and ships)					
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 ###	COMPA	ANY NAME:		Resubmissi	on		
EIA ID NUMBER:	1 7 6	#NAME?			#NAME?	###			
PART 6. NATURA	AL AND SUP	PPLEMENTAL G	AS DISPOSI	TION FOR THE RE	EPORT STATE (continued)			
			M DESCRIPT		•		VOLUME (Mcf @ 14.73 psia and 60°)	NOT E	ES*
12.0 Natural gas	consumed in	your operations	:						
12.1 Space	heat of your	facilities							
12.2 New p	ipeline fill								
12.3 Pipelir	ne distribution	n or storage com	pressor use						
12.4 Vapori	ization/liquefa	action/LNG fuel							
12.5 Vehicle	e fuel used ir	n company fleet	(exclude thes	e volumes from Iter	ms 10.5 and 11.5)			
12.6 Other		(spe	cify type)						
13.0 If you are a s				•					
	-	• • •	-	elds)		-			
_	_		-						
•				eany moving gas ac					
To company			In state or coun	try	Means of transport				
To company			In state or coun	try	Means of transport				
To company			In state or coun	try	Means of transport				
To company			In state or coun	try	Means of transport				
15.0 Lease use (r	eported by p	roducers only)							
16.0 Returned to	oil and/or gas	s reservoirs, use	d for repressu	ıring, reinjection (re	eported by produce	rs only)			
17.0 Losses from	leaks, dama	ge, accidents, m	igration and/c	or blow down within	the report state:				
18.0 Other dispos	sition within th	ne report state (r	ot included al	bove):					
18.1 To dis	tribution com	panies							
		n the report stat							
		rs in the report s			······				
18.4 To oth	ier	(sp	ecify type)						
19.0 Total disposi	`		,		_		0		
	•	,	sposition (-)	(Part 4 line 7.0 min	ius Part 6 line 19	.0)	0		
(this value m	nay be a nega	ative number)							

^{*}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:			Resu	b <u>mis</u> sion	
EIA ID NU	JMBER:	1 7 6		#NAM	IE?				#NAME?		###	
PART 7A	. СОММЕ	NTS										
PART 7B	. FOOTN	OTES										
Part	Item											
No.	No.							Footnote				