



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

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. 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: \_\_\_\_\_

Plant Address 1: \_\_\_\_\_

Plant Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Plant Owner Companies (Top Three):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Operator Company: \_\_\_\_\_

Form may be submitted using one of the following methods:

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

**Fax:        (202) 586-1076**

**Questions?    Call:    (877) 800-5261**

**PART 3. CONTACTS**  
**Contact information during an emergency (such as a hurricane):**

*Processing Plant Operations Contact:*

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Ext: \_\_\_\_\_

Secondary Phone No.: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax Number.: \_\_\_\_\_

Email address: \_\_\_\_\_

*Secondary 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)**



**NATURAL GAS PROCESSING PLANT SURVEY  
FORM EIA-757**

**Schedule B: Emergency Status Report**

DATE:	<input type="text"/>	-	<input type="text"/>	-	2	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	Resubmission
EIA ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**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?

<b>Natural Gas</b>	<input type="text"/>	<b>MMcf</b>
<b>Natural Gas Liquids</b>	<input type="text"/>	<b>Bbls</b>

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):



**NATURAL GAS PROCESSING PLANT SURVEY**  
**FORM EIA-757**

**Schedule B: Emergency Status Report**

DATE:	<input type="text"/>	-	<input type="text"/>	-	2	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Resubmission	<input type="checkbox"/>
EIA ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**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)
- Employee or operator availability, or access to plant
- Damage to equipment (electronic, operational)
- Communications (for example, SCADA, interpersonal devices)
- Debris or foreign matter
- Flooding
- Other (please describe): \_\_\_\_\_
- None

Which of the following external constraints **currently** apply? *(Please check all that apply.)*

- Upstream supply
- Downstream infrastructure
- Downstream demand
- Power source (for example, electricity)
- Other (please describe): \_\_\_\_\_
- None

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
- More than 2 weeks and up to 1 month
- More than 1 month and up to 2 months
- More than 2 months and up to 3 months
- More than 3 months and up to 4 months
- More than 4 months and up to 6 months
- More than 6 months and up to one year
- Other (please describe): \_\_\_\_\_

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