



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

*Section A: Contact information during an emergency (such as a hurricane):*

<p><i>Processing Plant Operations Contact:</i></p> <p>Contact Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Primary Phone No.: _____ Ext: _____</p> <p>Secondary Phone No.: _____ Ext: _____</p> <p>Fax Number.: _____</p> <p>Email address: _____</p>	<p><i>Secondary Contact:</i></p> <p>Contact Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Primary Phone No.: _____ Ext: _____</p> <p>Secondary Phone No.: _____ Ext: _____</p> <p>Fax Number.: _____</p> <p>Email address: _____</p>
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*Section B: Contact person regarding the submission of this form:*

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

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

Email Address: \_\_\_\_\_

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

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<b>DATE:</b>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Resubmission
<b>EIA ID NUMBER:</b>	<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 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  
 Exiting  Wet Gas  Gas  Liquids

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



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<b>EIA ID NUMBER:</b>											<input type="checkbox"/>

**PART 5. BASELINE PLANT OPERATIONAL STATUS**

What is the average annual **Btu content** of natural gas at the plant inlet?

**Btu/Cf**

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

Dehydration	<input type="checkbox"/>
Contamination Removal (i.e.: CO2, N2, H2S, Hg, ...)	<input type="checkbox"/>
NGL Extraction	<input type="checkbox"/>
Fractionation	<input type="checkbox"/>
Other (please describe): _____	<input type="checkbox"/>

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

Dehydration	<input type="checkbox"/>
Contamination Removal (i.e.: 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 **storage capacity** at the plant?

**Dry Natural Gas**            **MMcf**

**Natural Gas Liquids**            **Bbls**