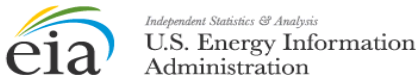


This form must be submitted to the EIA by secure file transfer (SFT). SFT uses a secure method of transmission: HTTPS. This is an industry standard method to send information over the web using secure, encrypted processes. (It is the same method that commercial companies communicate with customers when transacting business on the web.) Send your surveys using this secure method at: <https://signon.eia.doe.gov/upload/noticeoog.jsp>



OMB No. 1905-0175
 Expiration Date: 01/31/2021
 Version No.: 2018.01
 Burden: 2.6 hours

**MONTHLY NATURAL GAS STORAGE
 REPORT FORM EIA-191**

This report is **mandatory** under 15 U.S.C. 772(b). 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 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**

REPORT PERIOD: Month 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: _____

Contact Name: _____

Phone No.: _____ Ext: _____

Fax No.: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ - _____

Email address: _____

Completed form(s) must be filed no later than 20 days after the report month.

Form must be submitted using the following method:

Secure File Transfer:

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

Questions? Call: (877) 800-5261

Liquefied natural gas storage facilities
 only answer questions with .

Underground storage facilities answer all
 questions on survey form.

PART 3. FACILITY CHARACTERISTICS as of 9:00 a.m. Central Time on the last day of report month
(Report all volumes in gaseous Thousand Cubic Feet (Mcf) @14.73 psia - 60° Fahrenheit)

	Field or Facility	Field or Facility	Field or Facility	Field or Facility
Storage Field or Facility Name				
Reservoir Name				
Location State				
Location County				
Type of Facility	Aquifer Depleted Field Salt formation	Aquifer Depleted Field Salt formation	Aquifer Depleted Field Salt formation	Aquifer Depleted Field Salt formation
Field Status - If Inactive, please explain below in Comments	Active Inactive	Active Inactive	Active Inactive	Active Inactive
Working Gas Capacity (Mcf)				
Total Storage Field Capacity (Mcf)				
Maximum Deliverability (Mcf/day)				

PART 4. MONTHLY GAS STORAGE as of 9:00 a.m. Central Time on the last day of report month
(Report all volumes in Thousand Cubic Feet (Mcf) @14.73 psia - 60° Fahrenheit)

Base Gas			
Working Gas			
Total Inventory levels (sum of base gas + working gas)			
Injections for the month			
Withdrawals for the month			

Comments: Identify any unusual aspects of your reporting period's activity. (To separate one comment from another, press ALT + ENTER.)