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/notice912.jsp



OMB No. 1905-0175

Expiration Date: 01/31/2021

Version No.: 2018.01 Burden: 1.0 hours

WEEKLY NATURAL GAS STORAGE REPORT FORM EIA-912

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.

| PART 1. RESPONDENT IDENTIFICATION DATA | | | | PART | PART 2. SUBMISSION INFORMATION | | | | |
|---|---------------|----------------|------------|-------------|---|---|---------------------------------|-----------------------|--|
| REPORT PERIOD: M | onth | Day | Year 2 0 | | omplete and restern Time (E | | rm no later than 5:0 londay. | 00 p.m. | |
| EIA ID NUMBER: | IUMBER: 912 | | | | | Form may be submitted using the following method: | | | |
| If this is a resubmission, en | ter an "X" in | this box: | | | | | | | |
| If any Respondent Identification Data has changed since the last report, enter an "X" in this box: | | | | | Secure File Transfer: https://signon.eia.doe.gov/upload/notice912.jsp | | | | |
| Company Name: | | | | | | | | | |
| Contact Name: | | | | | Liquefied natural gas (LNG) storage facilities please | | | | |
| Phone No.: | Ext: | | | | report total natural gas volumes in Parts 3 and 4 | | | | |
| Fax No.: | | | | | of this survey form, and report South Central volumes under "Nonsalt." | | | | |
| Address 1: | | | | | volumes under nonsait. | | | | |
| Address 2: | | | | | | | | | |
| City: | State: | Zip: | = | | | O-11. | (000) E00 4000 | | |
| Email address: | | _ · _ | | —— Que | estions? | Can: | (202) 586-4993 | | |
| Working Gas as of Friday 9:00 a.m. Central Std. Tim (Volume of gas in the reservoir ti in addition to the base gas.) LNG facilities report total gas in storag PART 4. INVENTORY AD allowed, if necessary, | PA, RI, | | | | | | | gas in storage. | |
| During the report period, a reclassifications between w ☐ Yes (If yes, complet) ☐ No | vorking and b | oase gas level | • | • | | _ | • | mples include | |
| | Eas | st Region | South Cenf | tral Region | Midwest F | st Region | Mountain Region | Pacific Region | |
| | | | Salt | Nonsalt | | | | | |
| Non-flow related activity affecting working gas leve (Can be positive or negative.) LN facilities report total gas in storage | NG | | | | | | | | |
| J | | | | | | | | ed in Part 4, Invento | |