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.doc.gov/upload/noticecog.jsg



OMB No. 1905-0175 Expiration Date: 01/31/2024

Version No.: 2021.01 Burden: 2.6 hours

MONTHLY UNDERGROUND NATURAL GAS STORAGE REPORT FORM EIA-191

This report is mandatory under the Federal Energy Administration Act of 1974 (Public Law 93-275). 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 USC 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 transductor statements as to any matter within its jurisdiction.

fraudulent statements as to any matter within its jurisdiction.						
PART 1. RESPONDENT IDENTIFICATION DATA			PART 2.	SUBMISSION INFORMAT	ION	
REPORT PERIOD: Month Year 2 0 EIA ID NUMBER: 1 9 1 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:			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 Only underground natural gas storage facilities report on this survey form. Liquefied natural gas facilities report on the EIA-191L: https://www.eia.gov/survey/#eia-191			
		. =				
PART 3. FIELD CHARACTERISTI (Report all volumes in Thousand				f report month		
(Report all Volumes III Thousand	Field		eld	Field	Field	
Storage Field Name						
Reservoir Name						
Location State						
Location County						
Type of Facility	Facility Aquifer Aquifer			Aquifer	Aquifer	
	Depleted Field Salt formation	Depleted Fie Salt formation		Depleted Field Salt formation	Depleted Field Salt formation	
Field Status - If Inactive, please	Active	Active		Active	Active	
explain below in Comments	Inactive	Inactive		Inactive	Inactive	
Working Gas Capacity (Mcf)						
Total Storage Field Capacity (Mcf)						
Maximum Deliverability (Mcf/day)						
PART 4. MONTHLY GAS STORAG			•	report month		
(Report all volumes in Thousand	Cubic Feet (Mcf) @14.73	B psia - 60° Fahr	renheit)			
Base Gas	_					
Working Gas Total Gas in Storage (sum of						
base gas + working gas)						
Injections						
Withdrawals						
Comments: Identify any unusual aspec	cts of your reporting period's	activity. (To sepa	arate one c	omment from another, press A	LT + ENTER.)	