



**ANNUAL REPORT OF NATURAL AND SUPPLEMENTAL GAS SUPPLY & DISPOSITION
 FORM EIA-176**

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. RESPONDENT IDENTIFICATION DATA	PART 2. SUBMISSION INFORMATION
<p>REPORT PERIOD: Year: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/></p> <p>EIA ID NUMBER: <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text"/></p> <p>If this is a resubmission, enter an "X" in the box: <input type="checkbox"/></p> <p>If any Respondent Identification Data has changed since the last report, enter an "X" in the box: <input type="checkbox"/></p> <p>Company Name: _____</p> <p>Operations in (State): _____</p> <p>Contact Name: _____</p> <p>Phone No.: _____ Ext: _____</p> <p>Fax No.: _____</p> <p>Address 1: _____</p> <p>Address 2: _____</p> <p>City: _____ State: _____ Zip: _____ - _____</p> <p>Email address: _____</p>	<p>A completed form must be filed by March 1</p> <p>Form may be submitted using Secure File Transfer: https://signon.eia.doe.gov/upload/noticeoog.jsp</p> <p>Questions?</p> <p>Please contact the EIA Survey Support Team using the following communication methods:</p> <p>By email: eia4usa@eia.gov By phone: 1-855-EIA-4USA (1-855-342-4872) [Monday through Friday, 8:00 a.m. to 6:00 p.m. eastern time]</p>

PART 3. COMPANY CHARACTERISTICS

A. Type of Operations (check all that apply)

1.	Distribution company - investor owned	9.	Synthetic natural gas (SNG) plant operator
2.	Distribution company - municipally owned	10.	Producer (includes conventional and renewable natural gas)
3.	Distribution company - privately owned	11.	Gatherer
4.	Distribution company - cooperative	12.	Liquefied natural gas (LNG) peak facility operator
5.	Distribution company - other ownership	13.	Liquefied natural gas (LNG) marine terminal
6.	Interstate pipeline (FERC regulated)	14.	Public liquefied natural gas (LNG) fueling station
7.	Intrastate pipeline	15.	Public compressed natural gas (CNG) fueling station
8.	Storage operator	16.	Other (specify)

B. Vehicles Powered by Natural Gas

1. Does your company's vehicle fleet include vehicles powered by alternative fuels? Yes No

2. What type of fuel do your company's alternative-fuel vehicles use?

3. If any, how many vehicles in your company's fleet are powered by natural gas? (Any volumes of natural gas used to power your company fleet are to be reported on Line 12.5 of this form.)

C. Customer Choice Program

If there is a Customer Choice program available in your service territory, enter the number of customers currently eligible for and participating in the Customer Choice program at the end of the calendar year.

	Eligible	Participating
	<input type="text"/>	<input type="text"/>
	Residential	Residential
	<input type="text"/>	<input type="text"/>
	Commercial	Commercial

D. Sales/Acquisitions

1. Did your distribution territory increase or decrease in size in the report state due to acquisition or sale this year? If Yes, please describe the sale or acquisition in Part 7A: Comments. Yes No

E. Distribution Territory

If you are a local distribution company, please select all counties to which your company delivers gas. Include counties that your company only partially services. If you need to list more than six, add them in Part 7C: Counties.

<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"/>

F. LNG Storage

If your company owns, operates, or uses LNG storage, please indicate below the name and zip code of each of these facilities.

Name: _____ Zip code: _____

Name: _____ Zip code: _____

Please indicate additional LNG storage facilities in the Footnotes in section 7B of this form.

Check box if you entered additional LNG facilities in section 7B.

Please enter Comments in Part 7A at the end of this form.



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PART 4. NATURAL AND SUPPLEMENTAL GAS SUPPLY FOR THE REPORT STATE

ITEM DESCRIPTION	VOLUME (Mcf @ 14.73 psia and 60°)	NOTES*	
		E	F
1.0 If you are a producer, report production within the report state of:			
1.1 Natural gas** (if reporting natural gas production, lease use data should also be reported on line 15.0)			
1.2 Synthetic natural gas (SNG) or renewable natural gas (RNG)			
2.0 If you are a storage operator, report operations within the report state of:			
2.1 Underground storage withdrawals			
2.2 Liquefied natural gas (LNG) storage withdrawals (regasification)			
3.0 If you are an interstate pipeline company or other company receiving physical custody at state lines or U.S. borders, report receipts.....			
From company <input style="width:100px;" type="text"/> In state or country <input style="width:100px;" type="text"/> Means of transport <input style="width:100px;" type="text"/>			
From company <input style="width:100px;" type="text"/> In state or country <input style="width:100px;" type="text"/> Means of transport <input style="width:100px;" type="text"/>			
From company <input style="width:100px;" type="text"/> In state or country <input style="width:100px;" type="text"/> Means of transport <input style="width:100px;" type="text"/>			
From company <input style="width:100px;" type="text"/> In state or country <input style="width:100px;" type="text"/> Means of transport <input style="width:100px;" type="text"/>			
4.0 If you are a distributor, report receipts at city gates within the report state			
4.1 Purchase gas received in distribution service area for delivery to your sales customers.....			
4.2 Receipts of gas in distribution service area for delivery to your transportation customers.....			
5.0 Report any other receipts of natural gas within the report state (excluding federal offshore).....			
6.0 Supplemental gaseous fuels supplies (specify type) <input style="width:150px;" type="text"/>			
7.0 Total supply within report state (sum of all items in lines 1.0 through 6.0).....	0		

PART 5. LIQUEFIED NATURAL GAS (LNG) STORAGE INVENTORY

ITEM DESCRIPTION	VOLUME (Mcf @ 14.73 psia and 60°)	CAPACITY (Mmcf per day)	NOTES*	
			E	F
8.0 If you operate a natural gas facility, report inventory as of December 31 of the report year				
8.1 Liquefied natural gas (LNG) facility.....				
8.2 Marine terminal facility				

*Check **E** if data reported are an estimate; check **F** if you are providing a footnote in Part 7 for this data item.
 **If reporting Natural Gas Production (1.1), data should also be reported on lease use (15.0).



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PART 6. NATURAL AND SUPPLEMENTAL GAS DISPOSITION FOR THE REPORT STATE

9.0 Heat content of gas delivered to consumers (Btu/cf)

ITEM DESCRIPTION	NUMBER OF CUSTOMERS	VOLUME (Mcf @ 14.73 psia and 60° F)	REVENUE (including taxes) (whole dollars)	NOTES*	
				E	F
10.0 Deliveries of natural gas that you do own to end-use consumers within the report state <i>(for assistance in determining proper categorization of customers, see page 3 of instructions)</i>					
10.1 Residential					
10.2 Commercial					
10.3 Industrial					
10.4 Electric power					
10.5 Vehicle fuel (includes LNG and CNG for cars, trucks, and ships).....					
10.6 Other (not included in above categories) _____ (Specify type)					
11.0 Deliveries of natural gas that you do not own to end-use consumers within the report state <i>(for assistance in determining proper categorization of customers, see page 3 of instructions)</i>					
11.1 Residential					
11.2 Commercial					
11.3 Industrial					
11.4 Electric power					
11.5 Vehicle fuel (includes LNG and CNG for cars, trucks, and ships)					
11.6 Other (not included in above categories) _____ (Specify type)					

*Check **E** if data reported are an estimate; check **F** if you are providing a footnote in Part 7 for this data item.



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PART 6. NATURAL AND SUPPLEMENTAL GAS DISPOSITION FOR THE REPORT STATE (continued)

ITEM DESCRIPTION	VOLUME (Mcf @ 14.73 psia and 60°)		NOTES*	
	E	F	E	F
12.0 Natural gas consumed in your operations:				
12.1 Space heat of your facilities				
12.2 New pipeline fill				
12.3 Pipeline distribution or storage compressor use				
12.4 Vaporization/liquefaction/LNG fuel				
12.5 Vehicle fuel used in company fleet (exclude these volumes from Items 10.5 and 11.5)				
12.6 Other(specify type) <input style="width:100px;" type="text"/>				
13.0 If you are a storage operator, report operations within the report state of:				
13.1 Underground storage injections (including new fields)				
13.2 Liquefied natural gas (LNG) storage injections.....				
14.0 If you are an interstate pipeline company or other company moving gas across or to state lines or U.S. borders, report volumes transported				
To company <input style="width:100px;" type="text"/> In state or country <input style="width:50px;" type="text"/> Means of transport <input style="width:50px;" type="text"/>				
To company <input style="width:100px;" type="text"/> In state or country <input style="width:50px;" type="text"/> Means of transport <input style="width:50px;" type="text"/>				
To company <input style="width:100px;" type="text"/> In state or country <input style="width:50px;" type="text"/> Means of transport <input style="width:50px;" type="text"/>				
To company <input style="width:100px;" type="text"/> In state or country <input style="width:50px;" type="text"/> Means of transport <input style="width:50px;" type="text"/>				
15.0 Lease use (reported by producers only)				
16.0 Returned to oil and/or gas reservoirs, used for repressuring, reinjection (reported by producers only)				
17.0 Losses from leaks, damage, accidents, migration and/or blow down within the report state:				
18.0 Other disposition within the report state (not included above):				
18.1 To distribution companies				
18.2 To other pipelines in the report state				
18.3 To storage operators in the report state				
18.4 To other (specify type) <input style="width:100px;" type="text"/>				
19.0 Total disposition (sum of all items 10.1 through 18.4)		0		
20.0 Difference between gas supply (+) and disposition (-) (Part 4 line 7.0 minus Part 6 line 19.0) (this value may be a negative number)		0		

*Check **E** if data reported are an estimate; check **F** if you are providing a footnote in Part 7 for this data item.



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PART 7A. COMMENTS

PART 7B. FOOTNOTES

Part No.	Item No.	Footnote

PART 7C. COUNTIES - If you are an LDC, select additional counties to which your company delivers gas, from Line 3E.
