



2007 ECONOMIC CENSUS

Natural Gas Liquid Extraction

DUE DATE
FEBRUARY 12, 2008

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

MI-21102

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
 - Do not use pencil or felt-tip pen.
 - Place an "X" inside the box.
 - Please center numbers in their respective boxes.
 - Do not put slashes through 0 or 7.
- Examples: 0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) → 0025 -

2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031 Yes - Go to line B

0032 No - Enter physical location →

0035 Number and street			
0036 City, town, village, etc.		0037 State	0038 ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

21102017



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(Mark "X" only ONE box.)

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

21102017

3 OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)

- 0011 In operation
- 0016 Under construction, development, or exploration
- 0013 Temporarily or seasonally inactive

0014 Ceased operation - Give date at right 0018

Month	Day	Year

0015 Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

0060 Name of new owner or operator	0061 EIN (9 digits)		
	-		
0062 Mailing address (Number and street, P.O. Box, etc.)			
0063 City, town, village, etc.	0064 State	0065 ZIP Code	
			-

4 MONTHS IN OPERATION

Mark "X" if None 2007

Number of months in operation during 2007 (If none, mark "X" and go to 30.) 0002

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$1,025,628.79**:

Report Mark "X" if None

If a value is "0" (or less than \$500.00):

Report Mark "X" if None

2007		
\$ Bil.	Mil.	Thou.
	1 0 2 6	

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Exclude nonoperating income such as royalties, interest, dividends, or the sale of fixed assets.

A. Total value of products shipped and other receipts (Report detail in 22.) 0100

B. Value of products exported (This is a breakout of the value reported on line A.)

Report the value of products shipped for export. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. 0130

2007		
\$ Bil.	Mil.	Thou.

6 Not Applicable.

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 1.

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.
- Subcontractors and their employees.

For further clarification, see information sheet(s).

A. Number of employees

1. Number of production, development, and exploration workers for pay period including March 12 0325
2. Number of other employees for pay period including March 12 0336
3. **TOTAL** (Add lines A1 and A2) 0320

2007	
Mark "X" if None	Number
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll
- a. Production, development, and exploration workers 0304
- b. All other employees 0305
- c. **TOTAL** (Add lines B1a and B1b) 0300
2. First quarter payroll (January-March, 2007) 0310

Mark "X" if None	2007		
	\$ Bil.	Mil.	Thou.
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

- C. Number of hours worked by production, development, and exploration workers (Annual hours worked by production, development, and exploration workers reported on line A1.) 0200**

Mark "X" if None	2007	
	Hours	Thou.
<input type="checkbox"/>		

21102033

CONTINUE WITH 7 ON PAGE 4

7 EMPLOYMENT AND PAYROLL - Continued

D. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law.

Mark "X" if None

2007		
\$ Bil.	Mil.	Thou.

1. Health insurance - Insurance premiums on hospitals, medical plans, and single service plans such as dental, vision, and prescription drug plans. Include premium equivalents for self-insured plans and fees paid to third party administrators (TPAs). Do not include employee contributions. 0333

2. Pension plans

a. Defined benefit pension plans - Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees. 0335

b. Defined contribution plans - Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profit sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs) 0337

3. Other - Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare) 0339

4. TOTAL (Add lines D1 through D3) 0220

8 Not Applicable.

9 INVENTORIES

Report inventories at cost or market using generally accepted accounting practices.

A. Did this establishment own inventories, regardless of where held, at the end of 2007 and/or 2006?

0486 Yes - Go to line B

0487 No - Go to 15

B. Report inventories for mined products and supplies owned by this establishment as of December 31.

Mark "X" if None

End of 2007		
\$ Bil.	Mil.	Thou.

Mark "X" if None

End of 2006		
\$ Bil.	Mil.	Thou.

1. Finished products and work-in-process 0461

0471

2. Supplies, parts, fuels, etc. 0462

0472

3. Total inventories before Last-in, First-out (LIFO) adjustment (if any) (Add lines B1 and B2) 0460

0470

4. LIFO reserve (if any) 0466

0476

5. Total inventories after LIFO adjustment value (Line B3 minus line B4) 0468

0469

21102041



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

10 INVENTORIES BY VALUATION METHOD

Report how much of the inventory reported in **9**, line B3 is subject to the following valuation methods.

	Mark "X" if None	End of 2007			Mark "X" if None	End of 2006		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
A. LIFO valuation method before adjustment 0465	<input type="checkbox"/>				0475			
B. Any non-LIFO valuation method - Specify method ↴ 0895 <input type="text"/> 0487	<input type="checkbox"/>				0485			
C. TOTAL (Add lines A and B. Total should equal 9 , line B3.) 0510	<input type="checkbox"/>				0508			

11 and **12** Not Applicable.

13 ASSETS, CAPITAL EXPENDITURES, RETIREMENTS, AND DEPRECIATION

See information sheet(s) on how to report leasing arrangements.

	Mark "X" if None	2007		
		\$ Bil.	Mil.	Thou.
A. Gross value of depreciable assets (acquisition cost) at the beginning of the year 0500	<input type="checkbox"/>			
B. Capital expenditures for new and used buildings, structures, machinery, and equipment depreciable assets (Exclude land.) 0520	<input type="checkbox"/>			
C. Total retirements and disposition of depreciable assets for the year (Gross value of assets sold, retired, scrapped, destroyed, etc.) 0510	<input type="checkbox"/>			
D. Gross value of depreciable assets at the end of the year (Add lines A and B minus C) 0505	<input type="checkbox"/>			
E. Depreciation charges for the year 0540	<input type="checkbox"/>			

14 RENTAL PAYMENTS

	Mark "X" if None	2007		
		\$ Bil.	Mil.	Thou.
A. Rental payments for buildings and other structures (Include land.) 0551	<input type="checkbox"/>			
B. Rental payments for machinery and equipment 0552	<input type="checkbox"/>			
C. TOTAL (Add lines A and B) 0550	<input type="checkbox"/>			

15 Not Applicable.

21102058



16 SELECTED EXPENSES

Include costs incurred in mining process such as supplies, resales, contract work, fuels, and electricity.

A. Selected production related costs

- 1. Cost of supplies used, minerals received for preparation and purchased machinery installed (Report detail in 17.) 0421
- 2. Cost of products bought and sold as such without further processing (Report sales in 2.) 0426
- 3. Cost of purchased fuels consumed for heat, power, or the generation of electricity (Report detail in 16.) 0430
- 4. Cost of purchased electricity (Report quantity on line B1.) 0425
- 5. Cost of work done for you by others on your materials 0424
- 6. **TOTAL** (Add lines A1 through A5) 0420

Mark "X" if None

2007		
\$ Bil.	Mil.	Thou.

B. Quantity of Electricity

- 1. Purchased electricity (Quantity comparable to cost reported on line A4.) . . . 0436
- 2. Generated electricity (Gross less generating station use.) 0437
- 3. Electricity sold or transferred to other establishments (Include on lines B1 or B2.) 0438

Mark "X" if None

2007		
Kilowatthours		
Bil.	Mil.	Thou.

CONTINUE WITH 16 ON PAGE 7

21102066



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

16 SELECTED EXPENSES - Continued

C. Other operating expenses paid by this establishment

Mark "X" if None

			2007		
			\$ Bil.	Mil.	Thou.
1.	Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel (Include all charges for payroll, benefits and services.)	0176	<input type="checkbox"/>		
2.	Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors) (Report packaged software on line C3.)	0444	<input type="checkbox"/>		
3.	Expensed purchases of software - Purchases of prepackaged, custom coded or vendor customized software (Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.)	0188	<input type="checkbox"/>		
4.	Data processing and other purchased computer services (Include computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone.)	0198	<input type="checkbox"/>		
5.	Purchased communication services - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online) and other wired and wireless communication services	0402	<input type="checkbox"/>		
6.	Purchased repairs and maintenance to buildings and/or machinery and equipment (Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.)	0394	<input type="checkbox"/>		
7.	Water, sewer, refuse removal, and other utility payments (Include the costs of hazardous waste removal.)	0407	<input type="checkbox"/>		
8.	Purchased advertising and promotional services (Include marketing and public relations services.)	0405	<input type="checkbox"/>		
9.	Purchased professional and technical services (Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services.)	0216	<input type="checkbox"/>		
10.	Governmental taxes and license fees - Payments to government agencies for taxes and licenses (Include business and property taxes. Exclude income taxes.)	0396	<input type="checkbox"/>		
11.	All other operating expenses - All other operating expenses not reported elsewhere (Exclude purchases of merchandise for resale and nonoperating expenses.) - Specify		<input type="checkbox"/>		
	<input type="text" value=""/>	0897			
12.	TOTAL (Add lines C1 through C11)	0449	<input type="checkbox"/>		

21102074

17 DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES

Report:

Delivered cost of individual items listed below. Delivered cost is the amount paid or payable after discounts and including freight and other direct charges incurred by the establishment in acquiring the materials. The figures reported should represent the total purchase cost of supplies, minerals received for preparation, machinery installed, etc., actually used or processed during 2007. Include purchases, interplant transfers, and withdrawals from inventories. If the data are not available from your records, reasonable estimates are acceptable.

Quantities in the unit of measure specified.

Estimated value of gas produced by your company or processed on a contract basis as though actually purchased.

Residue gas after processing in **22**. See instruction sheets for description of items to be reported on line 1 below.

Include:

The producer's realization from all products contained in the gas delivered. Estimate, if necessary.

Items listed below whether charged to current or capital accounts.

Cost of items for which less than \$25,000 worth was used in "All other supplies," line 9.

Supplies purchased by this establishment for use by companies performing contract work at this establishment.

Exclude:

Associated labor costs of the kind reported in **7** and **16**, line A5.

Payments made for contract services performed, including payments for supplies and equipment furnished by the contractor incidental to this work.

Line No.	Minerals received and processed, machinery installed, and supplies used	Census material code	Unit of measure for quantities	Purchased from others, received from other establishments of this company, or received for custom mineral processing			
				Quantity	Cost, including delivery cost (freight-in)		
					\$ Bil.	Mil.	Thou.
0634		0630	0636	0633	0631		
1	Natural gas processed (Adjust all volumes to a pressure base of 14.73 pounds absolute at 60 degrees Fahrenheit.) Gas received from all sources (Including fields or leases operated by your company and those operated by others.)	211110 11	mil ft ³				
2	Liquids processed Natural gas liquids received for further processing	211112 01	1000 bbl				
3	Crude petroleum (including condensate) received for processing	211111 05					
4	Machinery, purchased and installed (including mobile loading, transportation, and other equipment installed at the operation) (Including charges to both current and capital accounts.) . . .	333000 07					
5	Parts and attachments for mining, mineral preparation, construction, and conveying machinery and equipment	333000 09					
6	Supplies used Lubricating oils and greases (including hydraulic oils)	324191 00					
7	Industrial organic chemicals (including ethylene glycol and fluorinated hydrocarbon gases) . . .	325100 93					

21102082



CONTINUE WITH **18** ON PAGE 9

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

17 DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES - Continued

Line No.	Minerals received and processed, machinery installed, and supplies used	Census material code	Unit of measure for quantities	Purchased from others, received from other establishments of this company, or received for custom mineral processing				
				Quantity	Cost, including delivery cost (freight-in)			
					\$ Bil.	Mil.	Thou.	
0634		0630	0636	0633	0631			
8	Supplies used - Continued Steel shapes and forms (excluding castings and forgings) such as plates, sheets, strip, piling, bars, rails, wheels, track accessories, pipe, tubing, wire, wire products, and structural shapes	331000 52						
9	All other supplies (Specify the three principal types of supplies included here.) ↴	009700 98						
10	TOTAL (Should equal total reported in 16 , line A1)	771000 00						

18 FUELS USED

Line No.	Kind of fuel (Report total delivered cost, not cost per unit. Fuels received from other establishments of your company should be included at estimated market value.)	Census fuel code	Unit of measure for quantities	2007 consumption			
				Quantity	Cost, including delivery cost (freight-in)		
					\$ Mil.	Thou.	
0643		0640	0645	0642	0641		
1	Coal (bituminous, subbituminous, lignite, and anthracite)	212110 03	short tons				
2	Fuel oil Distillate (light) grade numbers 1, 2, 4, and light diesel fuel	324110 17	↑ barrels				
3	Residual (heavy) grade numbers 5 and 6 and heavy diesel fuel	324110 19	↓				
4	Gas (natural, manufactured, and mixed)	211110 15	mil ft ³				
5	Gasoline	324110 15	1000 gal				
6	Other fuels (liquefied petroleum gas, coke, wood, and other) (Specify.) ↴	009600 18					
7	TOTAL (Should equal total reported in 16 , line A3)	007720 00					
8	RESIDUE GAS produced and used at this establishment for heat or power	211110 29	mil ft ³				

21102090



19 TYPE OF OPERATION
 (Include production, development, and exploration operations.)
 (Mark "X" the ONE box for which you received the most receipts.)

Type of Plant

- 0620 434 Natural gasoline
 436 Cycle-condensate
 438 Fractionating

20 and 21 Not Applicable.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Report net total values f.o.b. plant after discounts and allowances and exclusive of freight charges and excise taxes.

Include:

All products produced or physically shipped from this establishment in 2007.

Products shipped on consignment, whether or not sold at the end of 2007.

Products transferred to other establishments of your company (such as petroleum refineries, other manufacturing establishments, or separate sales branches).

Estimate the total (100%) value of products recovered from gas and from liquids processed under contract using known prices within the general area.

For residue gas shipped on Line 1 include:

All residue gas delivered (sold and/or returned), even though some gas may have been processed with the producer retaining title to and actually selling the gas.

All gas used at your other company operations, returned to supplying producer, or delivered to other companies.

Exclude gas used for fuel at this plant, gas vented or burned in flares, or losses.

Line No.	Description	Census product code	Unit of measure for quantities	Quantity of production	Shipments and interplant transfers			
					Quantity	Value, f.o.b. establishment		
						\$ Bil.	Mil.	Thou.
0734		0730	0736	0733	0732	0731		
1	Residue gas shipped (Adjust volume to a pressure base of 14.73 pounds absolute at 60 degrees F.) (Read instructions for residue gas shipped.)	211112 3100	mil ft ³					
2	Natural gas liquids		↑ 1000 bbl ↓					
	Ethane (C ₂) (at least 80 percent purity)	211112 1451						
3	Propane (C ₃) (at least 80 percent purity)	211112 1221						
4	Butane (C ₄) (at least 80 percent purity)	211112 1331						
5	Gas mixtures (C ₂ , C ₃ , and C ₄)	211112 1461						
6	Isopentane and natural gasoline	211112 1111						
7	Plant condensate	211112 1441						
8	Other natural gas liquids (including raw or unfractionated natural gas liquid streams with less than 80 percent purity) (Specify kind.) ↴	211112 1491						

CONTINUE WITH **22** ON PAGE 11

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Line No.	Description	Census product code	Unit of measure for quantities	Quantity of production	Shipments and interplant transfers			
					Quantity	Value, f.o.b. establishment		
						\$ Bil.	Mil.	Thou.
0734		0730	0736	0733	0732	0731		
9	Recovered elemental sulfur from natural gas	211112 4100						
	All other products made in this establishment - <i>Specify and report each product with sales value of \$50,000 or more that cannot be assigned to one of the "listed products and services". For all remaining products, write "Other" and report a single total value.</i>							
10		18						
11		26						
12		34						
13	Amount received or due for work or services performed for other establishments, for other oil and gas field services. (<i>Specify kind.</i>) ↴	213112 WYWT						
14	TOTAL (<i>Should equal 5, line A</i>) . . .	770000 0000						

23-29 Not Applicable.

REMARKS (*Please use this space for any explanations that may be essential in understanding your reported data.*)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report _____ Title _____

Telephone: Area code _____ Number _____ Extension _____ Fax: Area code _____ Number _____

Internet e-mail address _____ Date completed: Month _____ Day _____ Year _____

**Thank you for completing your 2007 ECONOMIC CENSUS form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

21102116

