



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

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 fraudulent statements as to any matter within its jurisdiction.**

**PART 1. RESPONDENT IDENTIFICATION DATA**

**REPORT PERIOD:** 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: \_\_\_\_\_

Operations in (State): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Fax No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

**PART 2. SUBMISSION INFORMATION**

A completed form must be filed by March 1

Form may be submitted using one of the following methods:

**Mail to:** EIA-176  
U. S. Department of Energy  
Oil & Gas Survey  
Ben Franklin Station  
P.O. Box 279  
Washington, DC 20044-0279

**Email:** [OOG.SURVEYS@eia.doe.gov](mailto:OOG.SURVEYS@eia.doe.gov)

**Fax:** (202) 586-1076

**Secure File Transfer:**  
<https://idc.eia.doe.gov/upload/noticeoog.jsp>

**Questions? Call: (877) 800-5261**

List the affiliates or subsidiaries for which data are included in this State:

**PART 3. TYPE OF OPERATIONS (check all that apply)**

a.	Distribution company - investor owned	h.	Storage operator
b.	Distribution company - municipally owned	i.	Synthetic natural gas (SNG) plant operator
c.	Distribution company - privately owned	j.	Producer
d.	Distribution company - cooperative	k.	Gatherer
e.	Distribution company - other ownership	l.	Liquefied natural gas (LNG) operator
f.	Interstate pipeline (FERC regulated)	m.	Other (specify)
g.	Intrastate pipeline		

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

If yes, how many vehicles in your company's fleet are powered by alternative fuels?

**Comments: (To separate one comment from another, press ALT+ENTER)**



OMB No. 1905-0175  
 Expiration Date: 12/31/2011  
 Version No.: 2009.01

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REPORT PERIOD:	Year: <b>2</b> <b>0</b> <input type="text"/>	COMPANY NAME: <input style="width:90%;" type="text"/>	Resubmission <input type="checkbox"/>
EIA ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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

ITEM DESCRIPTION	VOLUME (Mcf @ 14.73 psia and 60° F)	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) .....			
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 .....			
2.3 Above ground storage withdrawals .....			
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 type="text"/> In neighboring State or Country <input type="text"/>			
From Company <input type="text"/> In neighboring State or Country <input type="text"/>			
From Company <input type="text"/> In neighboring State or Country <input type="text"/>			
From Company <input type="text"/> In neighboring State or Country <input type="text"/>			
4.0 If you are a distributor, report receipts at city gates within the report State ... ..			
5.0 Report any other receipts of natural gas within the report State .....			
6.0 Supplemental gaseous fuels supplies (Specify type) <input type="text"/>			
7.0 Total supply within report State (sum of all items in lines 1.0 through 6.0) .....			

**PART 5. LIQUEFIED NATURAL GAS (LNG) STORAGE INVENTORY**

8.0 If you operate a LNG facility, report LNG inventory as of December 31 of the report year .....			
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\*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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REPORT PERIOD: Year: **20**      COMPANY NAME: \_\_\_\_\_ Resubmission   
 EIA ID NUMBER: \_\_\_\_\_

**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
<b>10.0 Deliveries of natural gas that you <u>do own</u> to end-use consumers within the report State (for assistance in determining proper categorization of customers, see page 3 of instructions)</b>					
10.1 Residential .....					
10.2 Commercial .....					
10.3 Industrial .....					
10.4 Electric power .....					
10.5 Vehicle fuel .....					
10.6 Other (not included in above categories) _____ (Specify type)					
<b>11.0 Deliveries of natural gas that you <u>do not own</u> to end-use consumers within the report State (for assistance in determining proper categorization of customers, see page 3 of instructions)</b>					
11.1 Residential .....					
11.2 Commercial .....					
11.3 Industrial .....					
11.4 Electric power .....					
11.5 Vehicle fuel .....					
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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REPORT PERIOD: Year: <b>2</b>	<b>0</b>			COMPANY NAME: _____	Resubmission <input type="checkbox"/>
EIA ID NUMBER: _____		_____			_____

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

ITEM DESCRIPTION	VOLUME (Mcf @ 14.73 psia and 60° F)	NOTES*	
		E	F
12.0 Natural gas consumed in your operations:			
12.1 Pipeline or storage compressor use .....			
12.2 New pipeline fill .....			
12.3 Pipeline distribution use .....			
12.4 Other (Specify..... type): <input style="width: 100px;" type="text"/>			
13.0 If you are a storage operator, report operations within the State:			
13.1 Underground storage injections (including new fields) .....			
13.2 Liquefied natural gas (LNG) storage injections .....			
13.3 Above ground 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. (See instructions if additional lines are needed.)			
To Company <input style="width: 150px;" type="text"/> In neighboring State or Country <input style="width: 100px;" type="text"/>			
To Company <input style="width: 150px;" type="text"/> In neighboring State or Country <input style="width: 100px;" type="text"/>			
To Company <input style="width: 150px;" type="text"/> In neighboring State or Country <input style="width: 100px;" type="text"/>			
To Company <input style="width: 150px;" type="text"/> In neighboring State or Country <input style="width: 100px;" 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: 200px;" type="text"/>			
19.0 Total disposition (sum of all items 10.1 through 18.4)			
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)			

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

