Appendix I

Annual Survey Forms for Domestic Oil and Gas Reserves

Figure I1. Form EIA-23, Cover Page

	U.S. DEPARTMENT ENERGY INFORMATION Washington, D	ADMIN C 2058	IISTRAT	ION			OMB Expiration	Form Ap No. 190 Date: 12 (Revised	5-005 2/31/06			
ANNUAL	FORM EIA SURVEY OF DOMESTIC REPORT YEAR	OIL A		S RE	SER	VES						
This report is mandatory under the Federal Energy	y Administration Act of 1974 (Public	c Law 93	-275). Fo			s	Resubmis	sion?				
concerning the confidentiality of information and a PART I. IDENTIFICATION	sanction statements, see Section VI	II and VII	l of the in	struction	15.	-						
		Enter	mailing a	address	and E	IA ID numb	er, if not sho	wn				
Complete and return by April 1, 2006 to:	EIA Identification Number:	Enter mailing address and EIA ID number, if not shown										
Energy Information Administration U.S. Department of Energy	EIA Identification Number.				-							
P O Box 8279	Company Name:			_		_			-			
Silver Spring, MD 20907-8279 Attn: Form EIA-23	Street or P.O Box:							_				
OR Fax to: (202) 586-1076/ATTN: FORM EIA-23	City, State, Zip Code:				_		_					
Pax to. (202) 500-1070/A1 IN. FORM EIA-25												
Questions? Call 1-800-879-1470												
 Contact Information (person most knowle Contact Remon) 	edgeable about the reported data)	1.					field operato					
Contact Person:			luring cal	endar y	ear 20	us? (See de	efinition of a	n operato	Jr,			
Phone Number: () -	Ext.		-									
Fax Number: () -			(1)			ete only iten 1is page.	ns 3 through1	4 below a	and			
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	person, and/or mailing address as i	indicated	below.									
Company was sold to or merged Company went out of business. Change Company Name, Address, and/or Company Name: Street or P. O. Box: City, State, Zip Code:	with company entered below. Operations transferred to company											
Company was sold to or merged Company went out of business. Change Company Name, Address, and/or Company Name: Street or P. O. Box: City, State, Zip Code: Contact Person (<i>Please Print</i>):	with company entered below. Operations transferred to company Contact Information to:											
Company was sold to or merged Company went out of business. Change Company Name, Address, and/or Company Name: Street or P. O. Box: City, State, Zip Code:	with company entered below. Operations transferred to company			1	E-Mail /	Address:						
Company was sold to or merged Company went out of business. Change Company Name, Address, and/or Company Name: Street or P. O. Box: City, State, Zip Code: Contact Person (<i>Please Print</i>): Phone Number: () - Comments: PART II. PARENT COMPANY IDENTI 5. Is there a parent company that exercises control over your company? (1) No Answer 11 through 14.	with company entered below. Operations transferred to company Contact Information to: Ext. Fax Number FICATION ultimate 6. Parent Company N 7. Street or P.O. Box	entered P		E	E-Mail J			7-0				
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Figure I2. Form EIA-23, Summary Report – Page 1

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Figure I3. Form EIA-23, Summary Report – Page 2

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Figure I4. Form EIA-23, Detail Report – Schedule A

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14. NONASS	OCIATED GAS	(MMCF)													10.240
15. LEASE C	ONDENSATE	(MBbis)													

Figure I5. Form EIA-23, Detail Report – Schedule B

			200	5		ANNUAL S	URVEY O	FDOM	M EIA- ESTIC B – FO	OIL A	ND G OTES	AS R	ESER	VES				Exp	For OMB No iration Di (Re	m Approved 1905-0057 ate:12/31/06 evised 2003)
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Figure I6. Form EIA-64A

sanceons and the ploy	isions concorning the confidentia	Failure to comply may result in criminal fines, civil per lity of information submitted on this form, see Page 2 of	alties and other sanctions as provided by law. For the
Complete	and return by April 1, 2005 to		
Complete			
P O Box 8 Silver Spri Attn: EIA- Fax to (202	ing, MD 20907-8279		ffix Mailing Label .
		PORT IDENTIFICATION	
	ed by this report	, <u> </u>	Ves No (indicate number of months below)
	ation (If label is incorrect or mpany's Name	information is missing or no label is given, enter	correct information below).
3.2 Operator's	s Name		
3.3 Plant Nam	ne		
3.4 Geographi	c Location (Use Area of Origin C	odes Page 6)	
0.4 Ocographi	o Eduardi (odo i nod ol oligin o		
3.5 Operator's	s Street Address/PO Box		
3.6 City		3.7 State	3.8 Zip Code
2		3.10 Title	3.11 Date
3.9 Contact Na			
3.12 Telephon	e Number ()	Ext 3.13 Fax Number ()	3.14 E-mail Address:
and the second se	N OF NATURAL GAS R		PRODUCED
PART II. ORIGI	Area of Origin	Natural Gas Received Report in millions a cubic feet (MMCF)	Natural Gas Liquids Production Report in thousands of barrels (MBbl)
Line	Code		(C)
Line	Code (A)		
		Shi	
Line 4.1		Share Share	
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