



# 1997 CENSUS OF MINERAL INDUSTRIES

## OIL AND GAS FIELD OPERATIONS

**DUE DATE**  
FEBRUARY 12, 1998

If you have questions concerning this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return any correspondence with your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Call for assistance, 8:00 a.m. to 8:00 p.m., Eastern Time, Monday through Friday:

1-800-233-6136

(Please correct any errors in name, address, and ZIP Code.)

**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 Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

**Item 1A. EMPLOYER IDENTIFICATION NUMBER**  
Is the Employer Identification Number (EIN) shown in the label the SAME as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094  Yes  
 No - Report current EIN (9 digits) →

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**HOW TO REPORT** Report dollars rounded to thousands.  
Example: If figure is \$1,125,628, report 1 | 126  
If figure is equal to "0" (less than \$500) - Mark (X)

Mil-lions (000)	Thou-sands (000)	Mark (X) if "0"
1	126	<input type="checkbox"/>
		<input checked="" type="checkbox"/> 0

**Item 1B. PHYSICAL LOCATION**  
An oil and gas field mineral establishment is defined for Census purposes as representing all oil and gas field activities in one State operated by the reporting company.

In which State are the oil and gas field operations of this establishment physically located?  
Use 2-letter postal abbreviation

152

**Item 6. CAPITAL EXPENDITURES IN 1997** (Exclude land and mineral rights)

Mil.	Thou.	Mark (X) if "0"
272		<input type="checkbox"/> 0
273		<input type="checkbox"/> 0
350		<input type="checkbox"/> 0

a. Capital expenditures for new and used buildings, structures, machinery, and equipment

b. Mineral exploration and development

c. TOTAL (Sum of lines a and b)

**Item 1C. PRINCIPAL ACTIVITY** - Mark (X) the ONE box which best describes the PRINCIPAL kind of business or industrial activity of this establishment.

070  Oil and gas field operations, minerals extraction, quarrying, production, or exploration  
 Manufacturing  
 Construction  
 Wholesale operations  
 Retail stores  
 Other

If you have marked (X) in boxes 2 through 6, describe your principal activity below.

**Item 8. RENTAL PAYMENTS FOR 1997**  
Report payments made to other companies for the use of buildings, other structures, machinery, and equipment (include land)

Mil.	Thou.	Mark (X) if "0"
362		<input type="checkbox"/> 0

**Item 10. COST OF SUPPLIES, ETC. FOR 1997**  
Include cost of supplies, gas purchased for gas lift and repressuring, purchased machinery, fuels, electricity, cost of products bought and sold as such, and contract work

Mil.	Thou.	Mark (X) if "0"
326		<input type="checkbox"/> 0

**Item 14. LEGAL FORM OF ORGANIZATION** - Mark (X) the ONE box which best describes this establishment during 1997.

003  Individual proprietorship       Government - Specify  
 Partnership  
 Cooperative association (taxable)       Corporation (do not mark if any form of cooperative association)  
 Cooperative association (tax-exempt)       Other - Specify

**Item 2. EMPLOYMENT IN 1997**

Number of employees	
a. Number of production, development, and exploration workers during pay period including March 12	301
b. All other employees at this establishment during pay period including March 12	307
c. TOTAL (Sum of lines a and b)	308

**Item 15. OPERATIONAL STATUS** - Mark (X) the ONE box which best describes this establishment at the end of 1997.

001  In operation  
 Temporarily or seasonally inactive  
 Ceased operation - Give date →  
 Sold or leased to another operator - Give date at right AND enter name, etc., below ↓

Figures only	
Month	Year

**Item 3. ANNUAL PAYROLL IN 1997** (exclude fringe benefits)

Mil.	Thou.
311	

Total annual payroll for all employees before deductions

Name of new owner or operator

Number and street

City, village, or other place      State      ZIP Code

MI

**Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1997**

Line No.	Products and services <b>(A)</b>		Census product code <small>581</small> <b>(B)</b>	Unit of measure for quantities <b>(C)</b>	Products at wells and services performed		
					Quantity <small>583</small> <b>(D)</b>	Value, f.o.b. well <b>(E)</b>	
						<small>584</small> Millions	Thou- sands
<b>1</b>	<b>Products</b> CRUDE PETROLEUM, INCLUDING LEASE CONDENSATE <i>(Report volumes corrected to 60°F.)</i>	Shipped	13111 00 0	Thousand barrels			
<b>2</b>		From stripper well leases (included in line 1)	13111 04 2				
<b>3</b>		LEASE CONDENSATE PRODUCED (also include in line 1) <i>(Report volumes corrected to 60°F.)</i>	13111 07 5				
<b>4</b>	NATURAL GAS <i>(Adjust volume to a pressure base of 14.73 pounds absolute at 60°F.)</i>  Shipped to consumers (domestic, commercial, and industrial), distributors, transmission companies, and natural gas liquids plants, less any volume of residue gas returned to you for field or lease operations		13115 00 1	Million cubic feet			
<b>5</b>	ALL OTHER PRODUCTS OF THIS ESTABLISHMENT	<i>Describe and report separately each product with a value of \$50,000 or more which cannot be assigned to one of the lines above. Specify unit of measure for quantity. For all remaining products, write "Other" and report a single total value.</i>					
<b>6</b>			18				
<b>7</b>			26				
<b>8</b>	SERVICES PERFORMED FOR OTHER ESTABLISHMENTS	Drilling oil, gas, dry, or service wells	13810 11 4	Thousand feet			
<b>9</b>		Pumping wells but not operating leases	13890 35 5				
<b>10</b>		Other oil and gas field services – <i>Specify kind</i>	138900 0 9				
<b>11</b>	RESALES	Sales of products bought and sold without further processing. The cost of such products should be included in item 10.	99989 00 6				
<b>12</b>	<b>TOTAL value of shipments and receipts</b> Sum of lines 1–11, column (E)		77000 00 8				\$

**Items 19, 20 and 21.** Not applicable to this report.

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

**Item 22. CERTIFICATION** – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report <i>(Print or type)</i>			Period covered by this report	FROM: Mo.	Year	TO: Mo.	Year
667	1						
Telephone	Area code	Number	Extension	Signature of authorized person		Date	
	2						