



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM
MI-21171

2002 ECONOMIC CENSUS
CRUDE PETROLEUM AND NATURAL GAS EXTRACTION

OMB No. 0607-0897: Approval Expires 08/31/2004

DUE DATE
FEBRUARY 12, 2003

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

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

Need help or have questions about filling out this form?

Visit our Web site at www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 8:00 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.

MI-21171

INFORMATION COPY
DO NOT USE TO REPORT

(Please correct any errors in this 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 ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an oil and gas field mineral establishment. An oil and gas field mineral **establishment** represents oil and gas field activities in one state or offshore area **operated** by the reporting company. For further clarification, see information sheet(s).

1 MONTHS IN OPERATION Mark "X" if None

2002		
Number of months		
Number of months in operation during 2002 (If none, mark "X" and go to 29) 0002	<input type="checkbox"/>	

2 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 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes 0022 No - Enter current EIN (9 digits) → 0025

	-	
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3 PHYSICAL LOCATION

State where oil and gas field operations of this establishment are physically located (Use 2-letter postal abbreviation.) 0050

State		

HOW TO REPORT DOLLAR FIGURES

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

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

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

2002		
\$ Bil.	Mil.	Thou.
	1	0 2 6

21171012

4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

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

Mark "X" if None

2002		
\$ Bil.	Mil.	Thou.

A. Total value of products shipped and other receipts (Report detail in 2.) 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

5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Did any of the amount reported in 4, line A include e-commerce sales, shipments, or receipts? (E-commerce sales, shipments, or receipts are online orders for products from customers where price and/or terms of the sale are accepted or negotiated over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Payment may or may not be made online.)

0181 Yes - Go to line B 0182 No - Go to 6

B. Percent of total value of products shipped and other receipts reported in 4, line A using e-commerce (Report whole percents. Estimates are acceptable.) 0109

2002	
Percent	%

6 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 2.

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

Mark "X" if None

2002	
Number	

1. Number of production, development, and exploration workers for pay period including March 12th. 0325

2. All other employees for pay period including March 12 0336

3. TOTAL (Sum lines A1 and A2) 0320

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

Mark "X" if None

2002	
\$ Mil.	Thou.

1. Annual payroll. 0300

2. First quarter payroll (January-March, 2002) 0310



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

7 LEASED EMPLOYMENT AND PAYROLL

A. Did this establishment have any full- or part-time leased employees whose payroll was filed under a leasing company's EIN?

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering or accounting services.
- Employees already reported in **6**.

For further clarification, see information sheet(s).

0241 Yes - Go to line B

0242 No - Go to **10**

B. Number of leased employees

	Mark "X" if None	2002	
		Number	
1. Number of leased production, development, and exploration workers for pay period including March 12	<input type="checkbox"/>		
2. All other leased employees for pay period including March 12.	<input type="checkbox"/>		
3. TOTAL (Sum lines B1 and B2).	<input type="checkbox"/>		

C. Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

	Mark "X" if None	2002	
		\$ Mil.	Thou.
1. Annual payroll for leased employees	<input type="checkbox"/>		
2. First quarter payroll for leased employees (January-March, 2002)	<input type="checkbox"/>		

8-11 Not Applicable.

12 CAPITAL EXPENDITURES

	Mark "X" if None	2002	
		\$ Mil.	Thou.
A. Capital expenditures for new and used buildings, structures, machinery, and equipment (Exclude land.).	<input type="checkbox"/>		
B. Capital expenditures for mineral exploration and development	<input type="checkbox"/>		
C. TOTAL (Sum lines A and B).	<input type="checkbox"/>		

13 RENTAL PAYMENTS

	Mark "X" if None	2002	
		\$ Mil.	Thou.
Buildings, machinery, and equipment (Include land.).	<input type="checkbox"/>		

14 Not Applicable.

15 COST OF SUPPLIES, REALES, FUELS, ELECTRICITY, AND WORK DONE FOR YOU BY OTHERS

Cost of supplies used, minerals received for preparation, purchased machinery installed; cost of products bought and sold as such without further processing; cost of purchased fuels consumed for heat, power, or the generation of electricity; and cost of purchased electricity; and cost of work done for you by others

	Mark "X" if None	2002	
		\$ Mil.	Thou.
	<input type="checkbox"/>		

16-21 Not Applicable.

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22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Line No.	Description	Census product code	Unit of measure for quantities	Products at wells and services performed					
				Quantity	Value, f.o.b. establishment				
					\$ Bil.	Mil.	Thou.		
0734		0730	0736	0732	0731				
Products									
1	Crude petroleum, including lease condensate (Report volumes corrected to 60 degrees F.)		1000 bbl						
	Shipped	211111 1111 4							
2	From stripper well leases (included in line 1)	211111 1121 3							
3	Lease condensate produced (also included in line 1) (Report volumes corrected to 60 degrees F.)	211111 1131 2							
4	Natural gas (Adjust volume to a pressure base of 14.73 pounds absolute at 60 degrees F.) Shipped to consumers (domestic, commercial, and industrial, including own refineries), distributors, transmission companies, and natural gas liquids plants operated by your company and operated by others, less any volume of residue gas returned to you for field or lease operations	211111 3100 5	mil ft ³						
5	All other products made in this establishment - 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.	18							
6		26							
7		34							
Services performed for other establishments									
8	Drilling oil, gas, dry, or service wells	213111 0111 3	1000 ft						
9	Pumping wells but not operating leases	213112 2581 3							
10	Other oil and gas field services (Specify kind.) ↴ 	213112 WYWT 9							
11	Resales - Sales of products bought and sold without further manufacture, processing, or assembly	000999 8900 6							
12	TOTAL (Should equal ④, line A)	770000 0000 8							

23-28 Not Applicable.

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29 OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002
(Mark "X" only ONE box.)

0011 <input type="checkbox"/>	In operation	0013 <input type="checkbox"/>	Temporarily or seasonally inactive			
0012 <input type="checkbox"/>	Under construction, development, or exploration	0014 <input type="checkbox"/>	Ceased operation - Give date at right	→	0018	Month Day Year
		0015 <input type="checkbox"/>	Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴	→		

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

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?

0078 Yes 0079 No - Enter time period covered →

FROM 0070	Month	Year	TO 0071	Month	Year

0072 Name of person to contact regarding this report		0073 Title	

Telephone 0074	Area code	Number	Extension	Fax 0075	Area code	Number
		-				-

0076 Internet e-mail address	Date completed 0069	Month	Day	Year

Thank you for completing your 2002 Economic Census form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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