

**NATURAL GAS PROCESSING PLANT SURVEY
FORM EIA-757
Schedule A: Baseline Report**

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 further information concerning sanctions and data protections see the provision on sanctions and the provision concerning the confidentiality of information in the 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. PLANT IDENTIFICATION DATA	PART 2. SUBMISSION INFORMATION
<p>DATE: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>EIA ID NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>If this is a resubmission, enter an "X" in the box: <input type="checkbox"/></p> <p>If any Plant Identification Data has changed since the last report, enter an "X" in the box: <input type="checkbox"/></p> <p>Plant Name: _____</p> <p>Plant Address 1: _____</p> <p>Plant Address 2: _____</p> <p>City: _____ State: _____</p> <p>County: _____ Zip: _____ - _____</p> <p>Plant Owner Companies (Top Three):</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>Operator Company: _____</p>	<p>Form may be submitted using one of the following methods:</p> <p>Email: OGEIA-757@eia.gov</p> <p>Fax: (202) 586-1076</p> <p>Secure File Transfer: https://signon.eia.doe.gov/upload/notice757.jsp</p> <p>Questions? Call: (877) 800-5261</p>

PART 3. CONTACTS

Section A: Contact information during an emergency (such as a hurricane):

<i>Processing Plant Operations Contact:</i>	<i>Secondary Contact:</i>
<p>Contact Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Primary Phone No.: _____ Ext: _____</p> <p>Secondary Phone No.: _____ Ext: _____</p> <p>Fax Number.: _____</p> <p>Email address: _____</p>	<p>Contact Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Primary Phone No.: _____ Ext: _____</p> <p>Secondary Phone No.: _____ Ext: _____</p> <p>Fax Number.: _____</p> <p>Email address: _____</p>

Section B: Contact person regarding the submission of this form:

Contact Name: _____

Phone No.: _____ Ext: _____

Email Address: _____

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



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PART 4. BASELINE PIPELINE CONNECTION DATA

Please list all primary pipelines connected to the plant. *(Please check all that apply.)*

Name: _____

Capacity (list amount and check units): _____ MMcf/Day Bbls/Day

Pipeline Type: Entering Wet Gas Gas Liquids
 Exiting Wet Gas Gas Liquids

If exiting, is the pipeline able to accept raw, unprocessed gas? Yes No

Name: _____

Capacity (list amount and check units): _____ MMcf/Day Bbls/Day

Pipeline Type: Entering Wet Gas Gas Liquids
 Exiting Wet Gas Gas Liquids

If exiting, is the pipeline able to accept raw, unprocessed gas? Yes No

Name: _____

Capacity (list amount and check units): _____ MMcf/Day Bbls/Day

Pipeline Type: Entering Wet Gas Gas Liquids
 Exiting Wet Gas Gas Liquids

If exiting, is the pipeline able to accept raw, unprocessed gas? Yes No

Name: _____

Capacity (list amount and check units): _____ MMcf/Day Bbls/Day

Pipeline Type: Entering Wet Gas Gas Liquids
 Exiting Wet Gas Gas Liquids

If exiting, is the pipeline able to accept raw, unprocessed gas? Yes No

Name: _____

Capacity (list amount and check units): _____ MMcf/Day Bbls/Day

Pipeline Type: Entering Wet Gas Gas Liquids
 Exiting Wet Gas Gas Liquids

If exiting, is the pipeline able to accept raw, unprocessed gas? Yes No



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PART 5. BASELINE PLANT OPERATIONAL STATUS

What is the plant's **annual average** total plant capacity?
(Please enter the inlet capacity level at which the plant is able to operate.)

MMcf/Day

What is the **annual average** natural gas flow at the plant inlet?

MMcf/Day

What is the average annual **Btu content** of natural gas at the plant inlet?

Btu/Mcf

Which functions is the plant **able** to perform? (Please check all that apply.)

Dehydration	<input type="checkbox"/>
Contamination Removal (i.e.: CO2, N2, H2S, Hg, ...)	<input type="checkbox"/>
NGL Extraction	<input type="checkbox"/>
Fractionation	<input type="checkbox"/>
Other (please describe): _____	<input type="checkbox"/>

Which functions does the plant **actually** perform? (Please check all that apply.)

Dehydration	<input type="checkbox"/>
Contamination Removal (i.e.: CO2, N2, H2S, Hg, ...)	<input type="checkbox"/>
NGL Extraction	<input type="checkbox"/>
Fractionation	<input type="checkbox"/>
Other (please describe): _____	<input type="checkbox"/>

What is the **storage capacity** at the plant?

Dry Natural Gas

MMcf

Natural Gas Liquids

Bbls