



**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 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. PLANT IDENTIFICATION DATA | PART 2. SUBMISSION INFORMATION |
|-----------------------------------|--------------------------------|
|-----------------------------------|--------------------------------|

DATE (mm-dd-yyyy): - -

EIA ID NUMBER:

If this is a resubmission, enter an "X" in the box:

If any Plant Identification Data has changed since the last report, enter an "X" in the box:

Plant Name: _____

Plant Address 1: _____

Plant Address 2: _____

City: _____ State: _____

County: _____ Zip: _____ - _____

Plant Owner Companies (Top Three):

1 _____

2 _____

3 _____

Operator Company: _____

Form may be submitted using one of the following methods:

Secure File Transfer:
<https://signon.eia.doe.gov/upload/notice757.jsp>

Fax: (202) 586-1076

Questions? Call: (877) 800-5261

PART 3. CONTACTS

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

| | |
|---|---|
| <p>Processing Plant Operations Contact:</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> | <p>Secondary Contact:</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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| | | | |
|-----------------------|---|--------------------------|--------------|
| 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"/> <input type="text"/> <input type="text"/> | | Resubmission |
| EIA ID NUMBER: | <input type="text"/> | <input type="checkbox"/> | |

PART 4. BASELINE PIPELINE CONNECTION DATA

List all primary pipelines connected to the plant and check all boxes 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, check this box if the pipeline is able to accept raw, unprocessed gas.

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, check this box if the pipeline is able to accept raw, unprocessed gas.

Name: _____

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

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|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|--------------|
| 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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Resubmission |
| EIA ID NUMBER: | <input type="text"/> | | | | | | | | | | | | | <input type="checkbox"/> | |

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/Cf

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 | <input type="text"/> | MMcf |
| Natural Gas Liquids | <input type="text"/> | Bbls |