

Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty as provided in 49 USC 60122.

B8. Volume of natural gas ***withdrawn from the facility*** for calendar year (billion standard cubic feet (BCF)), include two decimal places: _____

B9. Volume of natural gas ***injected into the facility*** for calendar year (billion standard cubic feet (BCF)), include two decimal places: _____

PART C – RESERVOIRS AND WELLS Complete Part C once for each reservoir or geologic storage formation within a facility

Facility Name: populated from Part B1

C1. Reservoir name (chosen by operator): _____

C2. Year reservoir placed in storage service: _____

C3. Type (select only one): Salt Cavern Hydrocarbon Reservoir Aquifer Reservoir
 Other Description of type: _____

C4. Maximum Wellhead Surface Pressure

C4a. Text identifying the indicator well: _____

C4b. Maximum surface pressure (pounds per square inch gauge (psig)) at the indicator well: _____

Reservoir or Geologic Storage Formation Depth

C5. Approximate Maximum Depth (feet): _____

C6. Approximate Minimum Depth (feet): _____

Wells

C7. Number of Injection and/or Withdraw Wells: _____

C8. Number of Monitoring and/or Observation Wells: _____

C9. Number of Wells drilled during the calendar year: _____

C10. Number of Wells plugged and abandoned during the calendar year: _____

Well Safety Valves

C11. Number of Wells with surface safety valves: _____

C12. Number of Wells with subsurface safety valves: _____

Well Gas Flow

C13. Number of Wells with gas flow only through production tubing: _____

C14. Number of Wells with gas flow only through production casing: _____

C15. Number of Wells with gas flow through both production tubing and production casing: _____

C16. Number of Wells with some "other type" of gas flow: _____ Describe the "other type" of gas flow through the well: _____

Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty as provided in 49 USC 60122.

Maintenance

C17. Number of Wells with new production tubing installed during the calendar year: _____

C18. Number of Wells with new production casing, new liner, or repairs to casing or liner during the calendar year: _____

C19. Number of Wells with wellhead remediation or repair during the calendar year: _____

C20. Number of Wells with casing, wellhead, or tubing leaks during the calendar year: _____

C21. Number of Wells with Pressure Test Mechanical Integrity Tests (MIT) during the calendar year: _____

C22. Number of Wells with Logged for Corrosion/wall loss MIT during the calendar year: _____

C23. Number of Wells with MIT other than "Pressure Test" and "Logged for Corrosion/wall loss" during the calendar year*: _____

* describe other MIT: _____

PART D – CONTACT INFORMATION

D1. Name of person submitting report: _____

D2. Title of person in D1: _____

D3. Work e-mail address of person in D1: *auto-populated based on Portal login*

D4. Work phone number of person in D1: _____

D5. Name of person to contact with questions about this report: _____

D6. Title of person in D5: _____

D7. Email address of person in D5: _____

D8. Phone number of person in D5: _____