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Energy Information Administration

OMB No. XXXX-XXXX
Expiration Date: 12/31/20XX
Version No.: 2008.01

MONTHLY UNDERGROUND GAS STORAGE REPORT
FORM EIA-191M

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. RESPONDENT IDENTIFICATION DATA

REPORT PERIOD: **Month** ☐☐ **Year** 2 0 ☐☐

EIA ID NUMBER: ☐☐☐☐☐☐☐☐☐☐

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

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

Company Name: _____

Contact Name: _____

Phone No.: _____ - _____ - _____ Ext: _____

Fax No.: _____ - _____ - _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ - _____

Email address: _____

PART 2. SUBMISSION INFORMATION

Completed form(s) must be filed no later than 20 days after the report month.

Forms may be submitted using one of the following methods:

Mail to: ATTN: EIA-191M
U. S. Department of Energy
Oil & Gas Survey
Ben Franklin Station
P.O. Box 279
Washington, DC 20044-0279

Email: OOG.SURVEYS@eia.doe.gov

Fax: **(202) 586-1076**

Secure File Transfer:
https://idc.eia.doe.gov/upload/noticeoog.jsp

Questions? **Call: 1 (877) 800-5261**

PART 3. MONTHLY GAS STORAGE as of 9:00 a.m. on the last day of report month
(Report all volumes in Thousand Cubic Feet (Mcf) - @14.73 psia - 60° Fahrenheit)

	Field	Field
Storage Field Name		
Reservoir Name		
Location (State/County)		
Base Gas		
Working Gas		
Total Gas in Storage (sum of base gas + working gas)		
	If capacity of this field changed during the report month, place an "X" in the box and explain below in comments. ☐	If capacity of this field changed during the report month, place an "X" in the box and explain below in comments. ☐
Injections		
Withdrawals		

Comments: Identify any unusual aspects of your reporting period's activity. (To separate one comment from another, press ALT + ENTER.)

DRAFT