# GAS STORAGE DATA SHEET

<table>
<thead>
<tr>
<th>1. Operator Name</th>
<th>2. Oper. P-5 Organization No.</th>
<th>DATE REPORT FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PERIOD COVERED BY REPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preliminary data for the first 15 days of current (mo/yr)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final data for full preceding (mo/yr)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>other (specify)</td>
</tr>
<tr>
<td>3. Operator Address, including city, state, and zip code</td>
<td>4. RRC District No.</td>
<td></td>
</tr>
<tr>
<td>5. County</td>
<td>6. Facility Name</td>
<td>7. RRC field number</td>
</tr>
<tr>
<td>8. Lease Name(s), as shown on RRC proration schedule</td>
<td>9. Lease number(s)</td>
<td></td>
</tr>
<tr>
<td>10. UIC project (formation) or permit (salt dome) no.</td>
<td>11. Max. storage capacity</td>
<td>12. Minimum pad</td>
</tr>
<tr>
<td>13. Max. injection rate/day</td>
<td>14. Max. withdrawal rate/day</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION I. Stored Gas Inventory (working volume)**

15. Beginning balance of stored gas

16. Volume of gas injected
   - a. Gas owned by storage operator
   - b. Gas owned by affiliate of storage operator
   - c. Gas owned by non-affiliated third party
   - d. Other
   - e. TOTAL

17. Volume of gas withdrawn
   - a. Gas owned by storage operator
   - b. Gas owned by affiliate of storage operator
   - c. Gas owned by non-affiliated third party
   - d. Other
   - e. TOTAL

18. Ending balance of stored gas

**SECTION II. Resident Gas Inventory (non-working vol.)**

19. Current volume

**SECTION III. Native Gas Inventory**

- [ ] check here if no native gas is present in reservoir

20. Beginning balance of native gas

21. Total volume of native gas withdrawn

22. Ending balance of native gas

**SECTION IV.**

23. Total gas in storage

**CERTIFICATION.** I declare under penalties prescribed in T.N.R.C. Sec. 91.143, that I am authorized to make this report, that it was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge.

Signature [ ] Name (print) [ ] Phone [ ]

Title [ ] Contact (if different) [ ] Phone [ ]

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*REPORT ALL GAS VOLUMES AT 14.65 PSIA PRESSURE AND 60° F, IN MCF*

*READ INSTRUCTIONS ON REVERSE SIDE*