



RAILROAD COMMISSION OF TEXAS
Critical Infrastructure Division
Gas Storage Data Sheet

Form G-3
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(Rev. 10/26)

1. Operator Name		2. Operator P-5 No.	DATE REPORT FILED
3. Operator Address, including city, state, and zip code		4. RRC District No.	PERIOD COVERED BY REPORT Preliminary data for the first 15 days of current (mo./yr.) Final data for full preceding (mo./yr.) ☐ Other(specify)
		5. County	
6. Facility Name		7. RRC Field Number	
8. Lease Name(s) as shown on RRC proration schedule		9. Lease Number(s)	10. UIC permit number(s)
11. Max Storage Capacity	12. Minimum Pad	13. Max injection rate/day	14. Max withdrawal rate/day
SECTION I. Stored Gas Inventory (working volume)			
		A. Preliminary (1 st -15 th current mo.)	B. Final (full preceding mo.)
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 Volume of gas withdrawn			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 volume)			
☐ check here if no resident gas is present in reservoir		A. Preliminary (1 st -15 th current mo.)	B. Final (full preceding mo.)
19. Current Volume		_____	_____
SECTION III. Native Gas Inventory			
☐ check here if no native gas is present in reservoir		A. Preliminary (1 st -15 th current mo.)	B. Final (full preceding mo.)
20. Beginning balance of native gas		_____	_____
21. Total Volume of native gas withdrawn		_____	_____
22. Ending balance of native gas		_____	_____
SECTION IV.			
23. Total in gas storage		A. Preliminary (1 st -15 th current mo.)	B. Final (full preceding mo.)
CERTIFICATION. I declare under penalties described 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 _____