

1. Operator Name	2. Oper. P-5 Organization 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) _____ / _____ <input type="checkbox"/> 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 project (formation) or permit (salt dome) no.
11. Max. storage capacity	12. Minimum pad	13. Max. injection rate/day
		14. Max. withdrawal rate/day

<b>SECTION I. Stored Gas Inventory (working volume)</b>	<b>A. Preliminary (1st-15th current mo.)</b>	<b>B. Final (full preceding mo.)</b>
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 Volume of gas withdrawn		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		

<b>SECTION II. Resident Gas Inventory (non-working vol.)</b>	<b>A. Preliminary (15th day/current mo.)</b>	<b>B. Final (last day/ preceding mo.)</b>
19. Current volume		

<b>SECTION III. Native Gas Inventory</b>	<b>A. Preliminary (1st-15th current mo.)</b>	<b>B. Final (full preceding mo.)</b>
<input type="checkbox"/> 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 Total volume of native gas withdrawn		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		

<b>SECTION IV.</b>	<b>A. Preliminary (15th day/current mo.)</b>	<b>B. Final (last day/ preceding mo.)</b>
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 \_\_\_\_\_

**REPORT ALL GAS VOLUMES AT 14.65 PSIA PRESSURE AND 60° F, IN MCF**  
**READ INSTRUCTIONS ON REVERSE SIDE**