

Oil and Gas Division Engineering Unit

P.O. Box 12967, Austin, Texas

78711-2967

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Rev. 12/20

1. Operator Name		2. Oper. No. 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.)
		5. County	
6. Facility Name		7. RRC Field Number	<input type="checkbox"/> Other(specify)
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
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 Volume of gas withdrawn			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)		A. Preliminary (1 st -15 th current mo.)	B. Final (full preceding mo.)
<input type="checkbox"/> check here if no native gas is present in reservoir			
19. Current Volume			
SECTION III. Native Gas Inventory		A. Preliminary (1 st -15 th current mo.)	B. Final (full preceding mo.)
<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 Total Volume of native gas withdrawn		_____	_____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		_____	_____
SECTION IV.		A. Preliminary (1 st -15 th current mo.)	B. Final (full preceding mo.)
23. Total in gas storage			
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_____