1. Operator Name
2. Oper. P-5 Organization No.
3. Operator Address, including city, state, and zip code
4. RRC District No.
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
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 Volume of gas withdrawn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
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 Total volume of native gas withdrawn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 ___________

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