



**NATURAL GAS PROCESSING PLANT SURVEY  
FORM EIA-757  
Schedule A: Baseline Report**

This report is mandatory under the Federal Energy Administration Act of 1974 (Public Law 93-275). Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For the sanctions and the provisions concerning the confidentiality of information submitted on this form, see instructions. Title 18 USC 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.

**PART 1. PLANT IDENTIFICATION DATA** | **PART 2. SUBMISSION INFORMATION**

**DATE (mm-dd-yyyy):**  -  -  **2**  **0**

**EIA ID NUMBER:**

If this is a resubmission, enter an "X" in the box:

If any Plant Identification Data has changed since the last report, enter an "X" in the box:

Plant Name: \_\_\_\_\_

Plant Address 1: \_\_\_\_\_

Plant Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Plant Owner Companies (Top Three):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Operator Company: \_\_\_\_\_

Form may be submitted using one of the following methods:

**Secure File Transfer:**  
<https://signon.eia.doe.gov/upload/notice757.jsp>

**Fax: (202) 586-1076**

**Questions? Call: (877) 800-5261**

**PART 3. CONTACTS**

*Section A: Contact information during an emergency (such as a hurricane):*

**Processing Plant Operations Contact:**

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Ext: \_\_\_\_\_

Secondary Phone No.: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax Number.: \_\_\_\_\_

Email address: \_\_\_\_\_

**Secondary Contact:**

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Ext: \_\_\_\_\_

Secondary Phone No.: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax Number.: \_\_\_\_\_

Email address: \_\_\_\_\_

*Section B: Contact person regarding the submission of this form:*

Contact Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Comments: (To separate one comment from another, press ALT+ENTER)**

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