This form may be submitted to the EIA by secure file transfer. It is recommended that you send your Excel files to EIA using a secure method of transmission: HTTPS. This is an industry standard method to send information over the web using secure, encrypted processes. (It is the same method that commercial companies communicate with customers when transacting business on the web.) Send your surveys using this secure method at:

https://signon.eia.doe.gov/upload/noticeoog.jsp



OMB No. 1905-0175 Expiration Date: 01/31/2024

> Version No.: 2021.01 Burden: 2.6 hours

MONTHLY LIQUEFIED NATURAL GAS STORAGE REPORT FORM EIA-191L

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. RESPONDENT IDENTIFICATION DATA			PART 2. SUBMISSION INFORMATION			
REPORT PERIOD: Mont	Month 12 Year 2 0			Completed form(s) must be filed no later than 20 days after the report month.		
EIA ID NUMBER: 1 9 1			Form must be submitted using the following method:			
If this is a resubmission, enter an "X" in the box:			Secure File Transfer:			
If any Respondent Identification Data has changed since the last report, enter an "X" in the box:			https://signon.eia.doe.gov/upload/noticeoog.jsp			
Company Name:			Questions? Call: (877) 800-5261			
Contact Name:				(0.1, 000)		
Phone No.:	Ext:					
Fax No.:				Only liquefied natural gas (LNG) facilities report on this form. Underground natural gas storage facilities report on the EIA- 191: https://www.eia.gov/survey/#eia-191		
Address 1:	·					
Address 2:						
City: Sta	ate: Zip:	-				
Email address:						
PART 3. FACILITY CHARACTER	RISTICS as of 9:00 a.m. Centra	I Time on the las	t dav of ren	ort month		
(Report all volumes in Thousand				,		
	Facility	Fac	ility	Facility	Facility	
LNG Facility Name						
Location State						
Location County						
Location County						
Facility Status - If Inactive, please	Active	Active		Active	Active	
explain below in Comments	Inactive	Inactive		Inactive	Inactive	Ц
T. (1 1 1 1 1 1 1 1 1	04.0					
Total LNG Storage Facility Capacity Maximum Deliverability (Mcf/day)	(MCT)					
PART 4. MONTHLY GAS STORA	AGE as of 9:00 a m. Contral Tir	ne on the last da	v of report	month		
(Report all volumes in Thousand				nonui		
			,			
Total Gas in Storage						
Injections						
Withdrawals						_
Comments: Identify any unusual aspe	ects of your reporting period's active	vity. (To separate o	ne comment	from another, press ALT + ENT	ER.)	