Sample Format

Natural Gas Imports by Pipeline

Monthly Sales and Price Report

Month/Year: _____ **Importer (Authorization Holder):**_____

E-Mail Address:_____ **Address:**_____

Preparer of Report:_____ **Telephone No.:**_____ **FAX No.:**_____

Gas Sales Made Pursuant to DOE Opinion and Order No._____**, under FE Docket No.**_____**.**

Please check one: ____ **Long-Term Authorization** ____ **Short-Term / Blanket Authorization**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Country of Origin	Point of ENTRY into U.S.	Volume (Mcf at U.S. Border)	Avg. Price at U.S. Border (U.S.$/MMBtu)	Supplier(s)	Foreign Transporter	U.S. Transporter	Markets Served - U.S. Area* (Census Region or state, if known)	Estimated Duration of Supply Contract

*U.S. geographic areas, for the purpose of this report, are: Northeast, Midwest, South, West

Send to: **The Office of Fossil Energy, Natural Gas Regulatory Activities, U.S. Dept. of Energy, FE-34, P.O. Box 44375**
Washington, D.C. 20026-4375, Attention: Natural Gas Reports, Telephone No. (202) 586-9478
Fax Number (202) 586-6050. E-Mail: ngreports@hq.doe.gov.

Rev. 2-13

OMB No. 1901-0294

Sample Format

Natural Gas Exports by Pipeline

Monthly Sales and Price Report

Month/Year: _____ **Exporter (Authorization Holder):**_____

E-Mail Address:_____ **Address:**_____

Preparer of Report:_____ **Telephone No.:**_____ **FAX No.:**_____

Gas Sales Made Pursuant to DOE Opinion and Order No._____**, under FE Docket No.**_____**.**

Please check one: ____ **Long-Term Authorization** ____ **Short-Term / Blanket Authorization**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Destination Country	Point of EXIT from U.S.	Volume (Mcf at U.S. Border)	Avg. Price at U.S. Border (U.S.$/MMBtu)	Supplier(s)	Foreign Transporter	U.S. Transporter	Estimated Duration of Supply Contract

Send to: **The Office of Fossil Energy, Natural Gas Regulatory Activities, U.S. Dept. of Energy, FE-34, P.O. Box 44375 Washington, D.C. 20026-4375, Attention: Natural Gas Reports, Telephone No. (202) 586-9478 Fax Number (202) 586-6050. E-Mail: ngreports@hq.doe.gov.**

Rev. 2-13

OMB No. 1901-0294

Sample Format

In-Transit Natural Gas (Pipeline)

Monthly Sales and Price Report

Month/Year: _____ **Importer/Exporter (Authorization Holder):**_____

E-Mail Address:_____ **Address:**_____

Preparer of Report:_____ **Telephone No.:**_____ **FAX No.:**_____

Gas Sales Made Pursuant to DOE Opinion and Order No._____**, under FE Docket No.**_____**.**

Please check one: ____ **Long-Term Authorization** ____ **Short-Term / Blanket Authorization**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Origin & Final Destination Country (one country)	Transit Country	Initial Border Crossing Point	Foreign Transporter at Initial Border Crossing	U.S. Transporter at Initial Border Crossing	Final Border Crossing Point	Foreign Transporter at Final Border Crossing	U.S. Transporter at Final Border Crossing	Volume (Mcf at U.S. Border)

Send to: **The Office of Fossil Energy, Natural Gas Regulatory Activities, U.S. Dept. of Energy, FE-34, P.O. Box 44375**
Washington, D.C. 20026-4375, Attention: Natural Gas Reports, Telephone No. (202) 586-9478
Fax Number (202) 586-6050. E-Mail: ngreports@hq.doe.gov.

Rev. 2-13

OMB No. 1901-0294

Sample Format

LNG Imports (Vessel)

Monthly Sales and Price Report

Month/Year: _____ **Importer (Authorization Holder):**_____

E-Mail Address:_____ **Address:**_____

Preparer of Report:_____ **Telephone No.:**_____ **FAX No.:**_____

Gas Sales Made Pursuant to DOE Opinion and Order No._____**, under FE Docket No.**_____**.**

Please check one: ____ **Long-Term Authorization** ____ **Short-Term / Blanket Authorization**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Delivery Date	Country of Origin	Supplier	Cargo Volume (Mcf)	U.S. Receiving Terminal	Landed Price (US$/MMBtu)	LNG Vessel	Specific Purchaser / End User	Markets Served - U.S. Area* (Census Region or state, if known)	Estimated Duration of Supply Contract

*U.S. geographic areas, for the purpose of this report, are: Northeast, Midwest, South, West

Send to: The Office of Fossil Energy, Natural Gas Regulatory Activities, U.S. Dept. of Energy, FE-34, P.O. Box 44375
Washington, D.C. 20026-4375, Attention: Natural Gas Reports, Telephone No. (202) 586-9478
Fax Number (202) 586-6050. E-Mail: ngreports@hq.doe.gov.

Rev. 2-13

OMB No. 1901-0294

Sample Format

LNG Exports (Vessel)

Monthly Sales and Price Report

Month/Year: _____ **Exporter (Authorization Holder):**_____

E-Mail Address:_____ **Address:**_____

Preparer of Report:_____ **Telephone No.:**_____ **FAX No.:**_____

Gas Sales Made Pursuant to DOE Opinion and Order No._____**, under FE Docket No.**_____**.**

Please check one: ____ **Long-Term Authorization** ____ **Short-Term / Blanket Authorization**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Departure Date	Country of Destination	Supplier	Cargo Volume (Mcf)	U.S. Export Terminal	Price at Export Point (US$/MMBtu)	LNG Vessel	Specific Purchaser / End User	Estimated Duration of Supply Contract

Send to: **The Office of Fossil Energy, Natural Gas Regulatory Activities, U.S. Dept. of Energy, FE-34, P.O. Box 44375 Washington, D.C. 20026-4375, Attention: Natural Gas Reports, Telephone No. (202) 586-9478 Fax Number (202) 586-6050. E-Mail: ngreports@hq.doe.gov.**

Rev. 2-13

OMB No. 1901-0294

Sample Format

LNG Exports (By Vessel in ISO Containers)

Monthly Sales and Price Report

Month/Year: _____ **Exporter (Authorization Holder):**_____

E-Mail Address:_____ **Address:**_____

Preparer of Report:_____ **Telephone No.:**_____ **FAX No.:**_____

Gas Sales Made Pursuant to DOE Opinion and Order No._____**, under FE Docket No.**_____**.**

Please check one: ____ **Long-Term Authorization** ____ **Short-Term / Blanket Authorization**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Departure Date	Country of Destination	Supplier	Cargo Volume (Mcf)	ISO Container Loading Facility & Location	Mode(s) of Transport From ISO Container Loading Facility to Export Port	U.S. Export Port or Terminal	Price at Export Point (US$/MMBtu)	Name of Ocean Going Vessel	Specific Purchaser / End User	Estimated Duration of Supply Contract

Send to: **The Office of Fossil Energy, Natural Gas Regulatory Activities, U.S. Dept. of Energy, FE-34, P.O. Box 44375**
Washington, D.C. 20026-4375, Attention: Natural Gas Reports, Telephone No. (202) 586-9478
Fax Number (202) 586-6050. E-Mail: ngreports@hq.doe.gov.

Rev. 2-13

OMB No. 1901-0294

Sample Format

LNG Imports (Truck)

Monthly Sales and Price Report

Month/Year: _____ **Importer (Authorization Holder):**_____

E-Mail Address:_____ **Address:**_____

Preparer of Report:_____ **Telephone No.:**_____ **FAX No.:**_____

Gas Sales Made Pursuant to DOE Opinion and Order No._____**, under FE Docket No.**_____**.**

Please check one: ____ **Long-Term Authorization** ____ **Short-Term / Blanket Authorization**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Country of Origin	International Point of Entry	U.S. Receiving Facility	Volume (Mcf at U.S. Border)	Price at U.S. Border (US$/MMBtu)	Supplier	LNG Transporter	Markets Served - U.S. Area* (Census Region or state, if known)	Estimated Duration of Supply Contract

*U.S. geographic areas, for the purpose of this report, are: Northeast, Midwest, South, West

Send to: **The Office of Fossil Energy, Natural Gas Regulatory Activities, U.S. Dept. of Energy, FE-34, P.O. Box 44375 Washington, D.C. 20026-4375, Attention: Natural Gas Reports, Telephone No. (202) 586-9478 Fax Number (202) 586-6050. E-Mail: ngreports@hq.doe.gov.**

Rev. 2-13

OMB No. 1901-0294

Sample Format

LNG Exports (Truck)

Monthly Sales and Price Report

Month/Year: _____ **Exporter (Authorization Holder):**_____

E-Mail Address:_____ **Address:**_____

Preparer of Report:_____ **Telephone No.:**_____ **FAX No.:**_____

Gas Sales Made Pursuant to DOE Opinion and Order No._____**, under FE Docket No.**_____**.**

Please check one: ____ **Long-Term Authorization** ____ **Short-Term / Blanket Authorization**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Country of Destination	International Point of Exit	U.S. Departure Facility	Volume (Mcf at U.S. Border)	Price at U.S. Border (US$/MMBtu)	Supplier	LNG Transporter	Specific Purchaser / End User	Estimated Duration of Supply Contract

Send to: **The Office of Fossil Energy, Natural Gas Regulatory Activities, U.S. Dept. of Energy, FE-34, P.O. Box 44375 Washington, D.C. 20026-4375, Attention: Natural Gas Reports, Telephone No. (202) 586-9478 Fax Number (202) 586-6050. E-Mail: ngreports@hq.doe.gov.**

Rev. 2-13

OMB No. 1901-0294

Sample Format

CNG Exports (Truck)

Monthly Sales and Price Report

Month/Year: _____ **Exporter (Authorization Holder):**_____

E-Mail Address:_____ **Address:**_____

Preparer of Report:_____ **Telephone No.:**_____ **FAX No.:**_____

Gas Sales Made Pursuant to DOE Opinion and Order No._____**, under FE Docket No.**_____**.**

Please check one: ____ **Long-Term Authorization** ____ **Short-Term / Blanket Authorization**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Country of Destination	International Point of Exit	U.S. Departure Facility	Volume (Mcf at U.S. Border)	Price at U.S. Border (US$/MMBtu)	Supplier	CNG Transporter	Specific Purchaser / End User	Estimated Duration of Supply Contract

Send to: **The Office of Fossil Energy, Natural Gas Regulatory Activities, U.S. Dept. of Energy, FE-34, P.O. Box 44375 Washington, D.C. 20026-4375, Attention: Natural Gas Reports, Telephone No. (202) 586-9478 Fax Number (202) 586-6050. E-Mail: ngreports@hq.doe.gov.**

Rev. 2-13

OMB No. 1901-0294