REQUEST FOR FTS CAPACITY
HORIZON PIPELINE COMPANY LLC
This Request Incorporates the Provisions of
Section 3.2 of Rate Schedule FTS

Date Received _____
Time Received _____

Shipper Name: _____ Date: _____

1. Service Type: FTS LN, NB and/or SW Options: _____

2. Requested Contract MDQ: _____

3. Requested Rate: PEAK OFF-PEAK

   Monthly Base Reservation Rate _____ _____

4. Term of Service: Start Date: _____ End Date: _____

5. Primary Points and Point MDQs:

	Point Name	PIN	MDQ
Receipt	_____	_____	_____
	_____	_____	_____
Delivery	_____	_____	_____
	_____	_____	_____

6. Shipper may specify a pipeline segment if willing to accept any point in that segment, or may specify points within a specified pipeline segment which Shipper is willing to accept and/or points which Shipper is not willing to accept. If applicable, specify segment and/or points:_____

7. If Requested Contract MDQ not available, will accept less capacity: Yes___ No___

   If "Yes", Minimum Acceptable Contract MDQ: _____ Dth/d

8. Requests will be binding on Shipper for two (2) business days unless this request states a shorter time period, or until the request is accepted or rejected by Horizon, whichever occurs first. Please specify if the request is binding for a stated period which is less than two (2) business days:_____

9. Other Comments: _____
_____
_____

Shipper represents that the person executing this Request for Shipper has been duly authorized by Shipper to submit this request on Shipper's behalf.

_____	_____	_____
Name	Title	Date

Please fax Request for FTS Capacity to your Account Director, or to 303/984-3148.

□ Accepted by_____
□ Not Accepted by_____
Date/Time_____