

**REQUEST FOR FTS CAPACITY  
MIDCONTINENT EXPRESS PIPELINE LLC**

This Request Incorporates the Provisions of  
Section 3.2 of Rate Schedule FTS

Shipper Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Service Type: FTS

2. Requested Contract MDQ: \_\_\_\_\_ Dth/d

3. Requested Monthly Base Reservation Rate: \$ \_\_\_\_\_/Dth

4. Term of Service: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

5. Primary Points and Point MDQs:

	Point Name	PIN	MDQ Dth/day
Receipt	_____	_____	_____
	_____	_____	_____
Delivery	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

6. If Requested Contract MDQ not available, will accept less capacity: Yes \_\_\_ No \_\_\_

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

7. Requests will be binding on Shipper for two (2) business days unless the request states a shorter time period, or until the request is accepted or rejected by Midcontinent Express, whichever occurs first.

8. 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 and to bind Shipper to the foregoing for the term hereof.

\_\_\_\_\_  
Name Title Date

**Please email Request for FTS Capacity to your Account Manager or to [FTservicerequest@kindermorgan.com](mailto:FTservicerequest@kindermorgan.com).**

Accepted by \_\_\_\_\_  
 Not Accepted by \_\_\_\_\_  
Date/Time \_\_\_\_\_

Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_