REQUEST FOR FTS CAPACITY NATURAL GAS PIPELINE COMPANY OF AMERICA LLC

Date Received _	
Time Received	

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

hip	per Name:		Date:			
. •	Service Type: FTS LN, NB and/or	SW Options	s:			
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 Receipt		PIN	MDQ		
	Delivery					
6.	Shipper may specify a pipeline s segment, or may specify points wit willing to accept and/or points applicable, specify segment and/or	thin a spe s which S	cified pipelir Shipper is no	ne segment which	ch Shipper i accept. I	
7.	If Requested Contract MDQ not avai	lable, wil	l accept less	capacity: Yes	No	
	If "Yes", Minimum Acceptable Contr	act MDQ:		_ Dth/d		
8.	Requests will be binding on Shipp states a shorter time period, or Natural, whichever occurs first. stated period which is less than t	r until t Please s	he request is pecify if the	s accepted or	rejected b	
9.	. Other Comments:					
	Shipper represents that the person authorized by Shipper to submit th				nas been dul	
	Name	Title		Date		
	se fax Request for FTS Capacity to y unt Director, or to 303/984-3148.	our				