

**REQUEST FOR NSS CAPACITY**  
**NATURAL GAS PIPELINE COMPANY OF AMERICA LLC**

Date Received	_____
Time Received	_____

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

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

1. Service Type: NSS (Nominated Storage Service)
2. Requested Contract MDQ: \_\_\_\_\_ Dth/d (MSV = MDQ times 75)
3. Percentage of Contract MDQ for: Amarillo Leg \_\_\_\_% Gulf Coast Leg \_\_\_\_%
4. Requested Monthly Reservation Rate: \$ \_\_\_\_\_
5. Term of Service: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
6. Mainline Leg MDQ and MSV:

	MDQ	MSV
Amarillo Leg	_____	_____
Gulf Coast Leg	_____	_____

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

If "Yes", Minimum Acceptable Contract MDQ: \_\_\_\_\_ Dth/d; Minimum Acceptable  
Amarillo Leg MDQ: \_\_\_\_\_ Dth/d; Minimum Acceptable Gulf Coast Leg MDQ: \_\_\_\_\_ Dth/d

8. 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 Natural, 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: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ Title

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

<input type="checkbox"/> Accepted by _____
<input type="checkbox"/> Not Accepted by _____ Date/Time _____
<input type="checkbox"/> Subject to attached Deal Confirmation