

**REQUEST FOR FTS POINT CHANGE
NATURAL GAS PIPELINE COMPANY OF AMERICA LLC**

This Request Incorporates the Provisions of
Section 5.1(c)5 of the General Terms and Conditions

Date Received _____
Time Received _____

Shipper Name: _____ Date: _____

1. Service Type: FTS Agreement No.: _____

2. Requested Primary Points and Point MDQs:

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

3. Existing Primary Points and Point MDQs:

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

4. Point Change Effective Date: _____ (Note: point change will be effective unless and until Shipper submits a subsequent point change request which is accepted by Natural)

5. Current Rates:

	PEAK	OFF-PEAK
Monthly Base Reservation Rate	\$ _____	\$ _____

6. Requested Rates:

	PEAK	OFF-PEAK
Monthly Base Reservation Rate	\$ _____	\$ _____

7. If Requested Point MDQ is not available, will accept less capacity: Yes ___ No ___

If "Yes", Minimum Acceptable Point MDQ (specify points if necessary):
_____ Dth/d

8. Requests will be binding on the entity requesting firm capacity 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 FTS Point Change 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