

SOUTHERN NATURAL GAS COMPANY, L.L.C.
CONFIRMATION OF OFF SYSTEM STORAGE ELECTION FOR SHIPPER
IMBALANCE - STORAGE FACILITY

Storage Facility: _____

Storage Capacity Holder: _____

Shipper Name: _____

Imbalance Period: Month: _____

 Year: _____

Imbalance to be Offset: Volume: _____

As storage facility operator, I hereby authorize SHIPPER to utilize the indicated amount of storage gas or capacity to resolve imbalances accrued during the month listed above.

Prior to authorization, please contact Southern Natural's Scheduling group to determine the method and timing for resolving the imbalance associated with this transaction.

Authorized By: _____

Please complete and return to:
Southern Natural Gas Company
Customer Accounting
SNGCSAccountants@kindermorgan.com

Or fax to:
Southern Natural Gas Company
Customer Accounting
(205) 325-3587

If you have questions, please contact your Account Manager or Customer Accounting at 205-325-7675.