SOUTHERN NATURAL GAS COMPANY, L.L.C.
THIRD PARTY STORAGE IMBALANCE RESOLUTION

Shipper Name and Address: _____
_____
_____
_____

Imbalance Month: Beginning Month_____ Year_____

Ending Month_____ Year_____

Storage Holder Name _____

Storage Contract #. _____

Imbalance to be offset: Percentage _____

Volume _____

Prior Period Adjustments Yes_____ No_____

To the extent that storage inventory or capacity is available, I hereby elect to use the indicated amount of storage gas or capacity to cure imbalances accrued during the month listed above.

With respect to prior period adjustments, if there is not enough storage inventory or capacity to cure the entire imbalance, then no storage will be used and all of the imbalance will be cashed out.

Authorized By: _____

As imbalance agent or confirmation agent for the storage holder, I am also authorized to confirm the third party storage election for the storage holder.

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.