

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

Shipper GID/Name: _____

Imbalance Month: Beginning Month _____ Year _____

Ending Month _____ Year _____

Storage Holder Name: _____

Storage Contract #: _____

Imbalance to be offset: Percentage _____ or 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 (please print): _____

Signature: _____

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 print): _____

Signature: _____

Please complete and return to:
Southern Natural Gas Company
Account Services
SNGAccountServices@KinderMorgan.com

If you have questions, please contact your Account Manager or email Account Services at SNGAccountServices@KinderMorgan.com.