



Date: \_\_\_\_\_

GID: \_\_\_\_\_  
*Tab thru Fields*

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

Shipper Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Shipper Affiliation with Transporter: \_\_\_\_\_

State of Incorporation of Shipper: \_\_\_\_\_

Shipper Designation: \_\_\_\_\_

Local Distribution Company       Intrastate Pipeline Company       Interstate Pipeline Company  
 Producer       End User       Marketer

Requesting Section 311, 18 C.F.R. Part 284, Subpart B transportation?:       Yes       No

If "Yes" indicated above, please attach a declaration explaining how the requested service qualifies as Section 311 service, the name of the local distribution company or intrastate pipeline on whose behalf the gas will be transported and certification from a local distribution company or an intrastate pipeline that the service is being provided on its behalf prior to commencing transportation service.

Information Update: Any change in the facts or information provided by Shipper in its request for service, whether before or after service begins, must be promptly communicated to Transporter.

<b>Service Requested:</b> <input type="checkbox"/> Firm (FT) <input type="checkbox"/> Interruptible (IT) <input type="checkbox"/> Standing Request Order (SRO) <input type="checkbox"/> Master Capacity Release <input type="checkbox"/> Master PALS <input type="checkbox"/> Flexible Firm (FFT) <input type="checkbox"/> Other
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Term Begin: \_\_\_\_\_

Term End: \_\_\_\_\_  
*(ITS and PALS are month-to-month)*

Maximum Daily Quantity: \_\_\_\_\_

**For FT only:**

(The total receipt point capacity must equal the total delivery point capacity)

Primary Receipt PIN(s): \_\_\_\_\_

Primary Receipt Point Quantity (Dth/d): \_\_\_\_\_

Primary Delivery PIN(s): \_\_\_\_\_

Primary Delivery Point Quantity (Dth/d): \_\_\_\_\_



**For FT only (continued):**

Requested Reservation Rate: \_\_\_\_\_

Maximum: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**For SRO only:**

	<u>SROL</u>	<u>SROP</u>
REX Love Ranch	<input type="checkbox"/>	<input type="checkbox"/>
Ryan Gulch	<input type="checkbox"/>	<input type="checkbox"/>
El Paso Blanco	<input type="checkbox"/>	<input type="checkbox"/>

**For PALS only:**

Maximum Aggregate Quantity: \_\_\_\_\_(Dth)

**Point Change Requests (for existing contract):**

- Service Agreement Number \_\_\_\_\_
- Current Receipt/Delivery Point Combination \_\_\_\_\_
- Requested Receipt/Delivery Point Combination \_\_\_\_\_
- Requested Capacity \_\_\_\_\_
- Requested Reservation Rate at New Points \_\_\_\_\_
- Requested Effective Date and Term \_\_\_\_\_

**Other Requests:** \_\_\_\_\_

***Requester Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

Note: A shipper wishing to obtain service must first comply with the creditworthiness requirements as set forth in TransColorado's tariff.

Please return this completed request form to: #**KMWestMarketing@KinderMorgan.com**

**TransColorado Gas Transmission Company LLC**

Attention: Account Services  
2 North Nevada Ave.  
Colorado Springs, Colorado 80903

Telephone: (719) 520-4587

***For Internal Use Only***

Shipper Request \_\_\_Accepted \_\_\_Not Accepted

Date \_\_\_\_\_ Time \_\_\_\_\_

By \_\_\_\_\_