****

**SOUTHERN NATURAL GAS COMPANY**

**REQUEST FOR INTERCONNECT FACILITIES**

**Legal Name of Requesting Company:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Proposed Interconnect Name**:**  | TYPE OF INTERCONNECT: | TYPE OF COMPANY: | REQUESTED IN-SERVICE DATE: | REV. |
|  | Delivery from SNG | LDC |  | Select |

**CONNECTING PARTY INFORMATION**

|  |  |  |
| --- | --- | --- |
| CONTACT NAME & TITLE: | PHONE NUMBER: | CELLUAR PHONE: |
|  |  |  |
| CONTACT E-MAIL ADDRESS: |
|  |
| STREET ADDRESS: | CITY, STATE: | ZIP: |
|  |  |  |

**Flow INFORMATION**

*The hourly rate will be multiplied by 24 hours to achieve the maximum daily rate for the meter design. The minimum flow rate* ***MUST*** *be greater than zero as zero is no flow.*

|  |  |
| --- | --- |
| MINIMUM HOURLY FLOW RATE: MINIMUM DAILY FLOW RATE: | MAXIMUM HOURLY FLOW RATE: MAXIMUM DAILY FLOW RATE: |
|  |  |
| FUTURE FLOW? | YEAR | FUTURE MINIMUM HOURLY/DAILY FLOW RATE: | FUTURE MAXIMUM HOURLY/DAILY FLOW RATE: |
| **[ ] No [ ] Yes** | **N/A** |  |  |
| BUY-BACK METER? **[ ] No [ ] Yes**  |
| WHAT IS THE SOURCE OF THE GAS (I.E., WELLS, PIPELINE, ETC.)?\*\***Please attach the latest gas analysis.** |
| If Available | CONNECTING PARTY’S MAOP: |
| **DUNS NUMBER-** |  |
| WILL THERE BE ANY LOW FLOW REQUIREMENTS *(Please Explain - Utility, Fuel, Start-Up, Auxiliary Gas)*? | DESIRED DELIVERY PRESSURE: |
| **[ ]  No [ ]  Yes**  | *(not guaranteed)*  |

**LOCATION INFORMATION**

|  |
| --- |
| Onshore |
| SECTION: | TOWNSHIP: | RANGE/BLOCK SURVEY: | County/Parrish  | State: |
|  |  |  |  |  |
| PROPOSED LOCATION COORDINATES | LATITUDE / X: | LONGTITUDE / Y: |
|  |  |
| GENERAL DESCRIPTION OF LOCATION *(Please provide any maps that would assist in locating the interconnect site)*: |
|  |

|  |
| --- |
| Offshore |
| AREA: | BLOCK: | PLATFORM: | PROPOSED LOCATION COORDINATES | LATITUDE / X: | LONGTITUDE / Y: |
|  |  |  |  |  |
| GENERAL DESCRIPTION OF LOCATION *(Please provide any maps that would assist in locating the interconnect site)*: |
|  |

|  |
| --- |
| Notes: |
|  |
| PLEASE SEE APPLICABLE TARIFF FOR GAS QUALITY REQUIRMENTS: www.elpaso.com/CIG/EPNG/TGP/SNG |
| FOR RECEIPT METERS: Is a Gas Analysis available? **[ ] No [ ] Yes** IF YES, please attach gas analysis. Requests without an analysis may cause delays. |
| 1) Will the natural gas quality of the proposed new receipt point comply with all provisions for the natural gas supply as outlined in the respective FERC approved tariff? **[ ]** Yes  **[ ]** No  **[ ]** N/A      (Note: Should the pipeline receive gas outside the applicable tariff’s natural gas quality provisions, flow may be shut in prior to notification of customer to insure pipeline and supply integrity.)2) Does natural gas supply contain amounts of the following: **[ ]** Water Vapor; **[ ]** Hydrogen Sulfide; **[ ]** Oxygen; **[ ]** Carbon Dioxide; **[ ]** Nitrogen; and/or **[ ]** Bio-Gas.  |

|  |
| --- |
| (FOR INTERNAL USE ONLY)REQUEST DATE: ESTIMATE DUE DATE: LINE NO.: \_\_\_\_\_\_\_\_ MILEPOST: **\_\_\_\_\_\_\_\_**HISTORICAL PRESSURE RANGE (psig): **MIN \_\_\_\_\_ MAX \_\_\_\_\_ AVG \_\_\_\_\_ MAOP \_\_\_\_\_**TYPE: **TAP/EGM OR FULL BUILD**ADDITIONAL INFORMATION: |

**SOUTHERN NATURAL Contact Information: RONNIE MARTIN 205-325-7311 ronnie\_martin@kindermorgan.com**