

**SOUTHERN NATURAL GAS COMPANY, L.L.C.  
CONFIRMATION OF OFF-SYSTEM STORAGE ELECTION FOR  
THIRD PARTY SHIPPER IMBALANCE - STORAGE CAPACITY HOLDER**

Storage Facility: \_\_\_\_\_

Storage Capacity Holder: \_\_\_\_\_

Shipper GID/Name: \_\_\_\_\_

Imbalance Period:        Month \_\_\_\_\_ Year \_\_\_\_\_

Imbalance to be Offset:    Volume \_\_\_\_\_

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

Authorized By (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Please complete and return to:**  
Southern Natural Gas Company  
Account Services  
[SNGAccountServices@KinderMorgan.com](mailto:SNGAccountServices@KinderMorgan.com)

If you have questions, please contact your Account Manager or email Account Services at [SNGAccountServices@KinderMorgan.com](mailto:SNGAccountServices@KinderMorgan.com).