

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 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 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.