

**SOUTHERN NATURAL GAS COMPANY, L.L.C.  
CONFIRMATION OF OFF-SYSTEM STORAGE ELECTION FOR SHIPPER  
IMBALANCE - STORAGE FACILITY**

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

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

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

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

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

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

Prior to authorization, please contact Southern Natural's Scheduling Group to determine the method and timing for resolving the imbalance associated with this transaction.

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).