

SOUTHERN NATURAL GAS COMPANY, L.L.C.
CONFIRMATION OF THIRD PARTY STORAGE ELECTION FOR
IMBALANCE RESOLUTION

Storage Holder Name _____

Storage Contract #. _____

Shipper Name and Address: _____

Imbalance Month: Beginning Month_____ Year_____

Ending Month_____ Year_____

Imbalance to be offset: Percentage _____
 Volume _____

Prior Period Adjustments Yes_____ No_____

To the extent that storage inventory or capacity is available, I hereby authorize third party shipper to use the indicated amount of storage gas or capacity to cure imbalances accrued during the month listed above.

With respect to prior period adjustments, if there is not enough storage inventory or capacity to cure the entire imbalance then no storage will be used and all of the imbalance will be cashed out.

I understand that my available storage inventory or capacity will be determined as of the end of the month.

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 any questions, please contact your Account Manager or Customer Accounting at (205) 325-7675.