

**SOUTHERN NATURAL GAS COMPANY, L.L.C.  
STORAGE ELECTION - IMBALANCE RESOLUTION**

Shipper Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Storage Account #: \_\_\_\_\_

Imbalance to be offset:     Percentage \_\_\_\_\_  
  Volume \_\_\_\_\_

Prior Period Adjustments   Yes\_\_\_\_\_          No \_\_\_\_\_

To the extent that storage inventory or capacity is available, I hereby elect 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 all of the 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 questions, please contact your Account Manager or Customer Accounting at (205) 325-7675.