

TSP Name: Southern Star Central Gas Pipeline, Inc.
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Notice Eff Date/Time: 3/26/2012 9:13:00 AM
Reqrd Rsp: 5

Critical Notice Indicator: N
Notice Stat Desc: Initiate
Notice Identifier: 5039
Response Date/Time:

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Notice Type Desc: N/A
Post Date/Time: 3/26/2012 9:13:00 AM
Notice End Date/Time:

Notice Text

Southern Star Central Gas Pipeline, Inc.
Interconnect Request Form
For Deliveries From Southern Star
Fax to 270-852-5015

Customer's Legal Name: _____ Date: _____

Primary Contact:

Name: _____ Title: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Cell Phone: _____

Technical Contact:

Name: _____ Title: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Cell Phone: _____

Customer Profile

Type of Customer: LDC End-User Electric Generation Pipeline

Is Customer currently receiving natural gas service from a local distribution company (LDC)?

Yes No Company Name _____

If No, Is the Customer in a franchised LDC service area?

Company Name _____

Does the Customer have an alternate fuel capability? Yes No

If Yes, what is the alternate fuel? _____

Service Type: Firm Transportation Released Capacity Interruptible Transportation

Can service be briefly interrupted for routine maintenance, etc? Yes No

Meter Type: Delivery Meter Facility Only Bi-Directional Meter Facility

Interconnect Request Form – Continued

Location of Customer Facilities

_____ ¼ of the _____ ¼ of Section _____, Township _____, Range _____

OR Latitude _____, Longitude _____

County/Parish _____ State _____

Approximate distance from Customer Facilities to Southern Star's Pipeline: _____ (ft)

Desired interconnect location on Southern Star's Pipeline:

Please attach a map indicating location of Customer Facilities and desired interconnect location.

Flow and Pressure Information (*Form must be re-submitted if Customer's Flow & Pressure information changes from that initially submitted.*)

Max Hourly Quantity (MMBtu/h): _____

Min Hourly Flowing Quantity (MMBtu/h greater than Zero): _____

If available, please attach a typical hourly load profile for a 24 hour period.

Average Daily Quantity (MMBtu/d): _____

Avg. Summer Quantity (MMBtu): _____ Avg. Winter Quantity (MMBtu): _____

If future natural gas requirements are projected to increase above the information provided herein, please attach a schedule of the projected quantities and timing of the increases.

Max Delivery Pressure (psig): _____ Min Delivery Pressure (psig): _____

MAOP of Customer System (psig): _____

Connecting Facilities

- Southern Star will perform all necessary survey work
- Customer will install the connecting pipeline
- Customer will acquire the measurement station site
- Customer will assign the measurement station site to Southern Star

Target In-service date for Southern Star's facilities _____

Other

Do you wish Southern Star to share data on measurement information? Yes No

Additional Information