

SOUTHERN STAR CENTRAL GAS PIPELINE, INC.
TSP 007906233

REQUEST FOR IMBALANCE TRADE (SSC form)
Attn: Scheduling Fax: (270) 852-5020

BALANCE FROM:

Shipper Name: _____

Shipper Number: _____

E-mail Address: _____

OIA (Rate Area): _____

Contract Number: _____
(Contract number only required for trades involving storage account or OBA.)

Quantity (Dth): _____

Imbalance Period: _____ Effective Date: _____

Authorizing Company Name: _____
(Shipper or Agent)

Signature (Required): _____ Date: _____
Signature grants authorization to trade the above-designated imbalance.

BALANCE TO:

Shipper Name: _____

Shipper Number: _____

OIA (Rate Area): _____

Contract Number: _____
(Contract number only required for trade involving storage account or OBA.)

Quantity (Dth): _____

Imbalance Period: _____ Effective Date: _____

Authorizing Company Name: _____
(Shipper or Agent)

Signature (Required): _____ Date: _____
Signature grants authorization to trade the above-designated imbalance.

WITHDRAWAL OF REQUEST FOR IMBALANCE TRADE

Authorizing Company Name: _____
(Shipper or Agent)

Signature (Required): _____ Date & Time: _____
Signature grants authorization to withdraw the request to trade the designated imbalance.