

KINETICA DEEPWATER EXPRESS, LLC
TRANSPORTATION SERVICE REQUEST FORM

Send:

a) Email to contracts@kineticallc.com

b) Kinetica Deepwater Express, LLC
1001 McKinney, Suite 900
Houston, Texas 77002
Attn: Contracts
Telephone: (713) 228-3347
Facsimile: (281) 200-0747
Shipper Hotline: 1-888-818-3347

INFORMATION REQUIRED FOR VALID TRANSPORTATION REQUEST

1. SHIPPER

Full Legal Name: _____
Entity ID (DUNs #): _____

Contact Name: _____
Contact Phone: _____
Contact E-Mail: _____

Is Requestor affiliated with Kinetica Deepwater Express, LLC?

_____NO _____YES _____Kinetica
_____Kinetica Affiliate
_____ % Ownership of or _____ % Owned By
Kinetica or Kinetica Affiliate

Is Shipper affiliated with Kinetica?

_____NO _____YES _____Kinetica
_____Kinetica Affiliate
_____ % Ownership of or _____ % Owned By
Kinetica or Kinetica Affiliate

2. TYPE OF REQUEST

_____ New Service
_____ Amended Service _____ (Contract #)

Amendment Reason: _____ Change Primary Point(s) (Must extend through term of Agreement)
_____ Elevation of Secondary Point to Primary
_____ Other (Reason) _____

If Amended Service Request is from a Capacity Release Replacement Shipper:

Replacement Shipper Contract #: _____
Releasing Shipper Contract #: _____

3. CONTRACT TERM From: _____ To: _____
Amendment Effective Date: _____

4. RATE SCHEDULE

_____ FTS-1 _____ ITS _____ TTS _____ IPLS
_____ MSA (Master Service Agreement for Capacity Release)

5. CONTRACT QUANTITIES

(A) Primary Paths for Rate Schedules FTS-1

<u>Start Date</u>	<u>End Date</u>	<u>Receipt Point</u> <u>No.</u> <u>Name</u>	<u>Delivery Point</u> <u>No.</u> <u>Name</u>	<u>MDQ</u> <u>Dth</u>
_____	_____	_____	_____	_____

6. FURTHER AGREEMENT

(Write None or specify the agreement.)

7. NOTICES

(A) Shipper Notices

Address: _____

City, State Zip: _____
Attn: _____
E-Mail: _____
Phone: _____
Fax: _____

(B) Invoices and Statements _____ Same as above

Address: _____

City, State Zip: _____
Attn: _____
E-Mail: _____
Phone: _____
Fax: _____

THIS TRANSPORTATION SERVICE REQUEST IS HEREBY SUBMITTED.

REQUESTOR:

_____(Name)
_____(Address)
_____(City, State Zip)

By: _____

Title: _____

Date: _____

Phone: _____

Fax: _____

E-Mail: _____