

**KINETICA ENERGY EXPRESS, LLC
REQUEST FOR SERVICE FORM**

Send:

a) E-mail to contracts@kineticallc.com

Kinetica Energy 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 Energy 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)

**REQUEST FOR SERVICE FORM
 (Continued)**

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. RATESCHEDULE
 _____ FT
 _____ IT
 _____ Capacity Release

5. CONTRACT QUANTITIES

(A) Primary Paths for Rate Schedule FT

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

6. FURTHER AGREEMENT

(Write None or specify the agreement.)

7. NOTICES

(A)

Shippers Notices: _____
 Address: _____
 City, State Zip: _____
 Attn: _____
 Phone: _____
 Fax: _____
 E-mail: _____

(B)

Invoices and Same as above
 Statements: _____
 Address: _____
 City, State Zip: _____
 Attn: _____
 Phone: _____
 Fax: _____
 E-mail: _____

**REQUEST FOR SERVICE FORM
(Continued)**

THIS TRANSPORTATION SERVICE REQUEST IS HEREBY SUBMITTED.

REQUESTOR:

_____ (Name)

_____ (Address)

_____ (City, State Zip)

By: _____

Title: _____

Date: _____

Phone: _____

Fax: _____

E-Mail: _____