

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

Send to: KINETICA ENERGY EXPRESS, LLC (Transporter)  
(See section 18.4 of the General Terms and Conditions for the appropriate Transporter contact information.)

Date Received \_\_\_\_\_

NOTE: A check, if required by Section 2.1, must accompany each Transportation Service Request to be valid.

**INFORMATION REQUIRED FOR VALID TRANSPORTATION REQUEST**

1. Requester's Name and Address (Do not complete if same as Shipper, see No. 2 below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Affiliation With Transporter or Any Partner in Transporter:

\_\_\_\_\_

2. Shipper's Name and Address (Note: The "Shipper" is the party which proposes to execute the Transportation Agreement with Transporter):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nature of Shipper (check one):

- Interstate pipeline
- Intrastate pipeline
- Local Distribution Company
- End-user
- Producer
- Marketer
- Other (explain) \_\_\_\_\_

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(Continued)**

State in Which Shipper is Organized or Incorporated: \_\_\_\_\_  
\_\_\_\_\_

Shipper's Affiliation With Transporter: \_\_\_\_\_  
\_\_\_\_\_

Address for \_\_\_\_\_  
Statements & \_\_\_\_\_  
Invoices \_\_\_\_\_  
Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dispatch & Control Representative \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Telecopier: \_\_\_\_\_

For All \_\_\_\_\_  
Other Matters \_\_\_\_\_  
Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Term of Service

Date service is requested to commence: \_\_\_\_\_

Date service is requested to terminate: \_\_\_\_\_

4. This request is for: (Check One)

\_\_\_ Interruptible Service under Rate Schedule IT

\_\_\_ Firm Service under Rate Schedule \_\_\_ LFT-1; \_\_\_ SFT-2; \_\_\_ FFT-3

\_\_\_ New or change in Primary Point of Receipt or Point of Delivery

\_\_\_ New or change in Secondary Point of Receipt or Point of Delivery

5. Requested Maximum Daily Quantity (MDQ)

\_\_\_\_\_ Dth per day

6. Requested total quantity for initial term (MDQ x days in initial term)

\_\_\_\_\_ Dth

7. Liquids

Is Shipper requesting transportation of Associated Liquids? YES \_\_\_ NO \_\_\_

If yes, name and location of Separation Facility: \_\_\_\_\_  
\_\_\_\_\_

Is Shipper processing gas? YES \_\_\_ NO \_\_\_

If yes, name and location of Processing Plant: \_\_\_\_\_  
\_\_\_\_\_





**TRANSPORTATION SERVICE REQUEST FORM  
(Continued)**

16. Certified Statement

By submitting this request, Shipper certifies that Shipper has or will have by the time of execution of an Agreement with Transporter, title to the Gas or right to deliver the Gas which is to be transported and owns facilities or has contractual rights which will cause such Gas to be delivered to and received from Transporter.

THIS TRANSPORTATION SERVICE REQUEST IS HEREBY SUBMITTED

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

