

GAS SERVICES NOMINATION FORM

| CUSTOMER NAME: | | | | | |
|--------------------------------|----------------------|--|---------------------------------|-------------------|--|
| DUNS NUMBER: | | | | | |
| CONTRACT NUMBER: | FUEL RATE: | FUEL RATE: | | | |
| DATE SUBMITTED: | INTRA DAY NOMINAT | INTRA DAY NOMINATION: (POST YES OR NO) | | | |
| BEGINNING DATE: | FAX #: | (100) | 125 311(3) | | |
| ENDING DATE: | NMGC EMAIL: | | | | |
| PREPARED BY: | E-MAIL ADDRESS: | | | | |
| TELEPHONE # | FAX #: | | 24 HOUR #: | | |
| TEEEI HOILE II | | TRANSPORTER RECEIPT POINTS | | | |
| PRIORITY RECEIPT NAME | T KAINS STATION # | SPORTER RECEIPT DRN NUMBER | POINTS UPSTREAM CONTRCT NUMBER | DECEIDT MMDtolo | |
| PRIORITY RECEIPT NAME | STATION# | DKN NUMBER | UFSTREAM CONTRCT NUMBER | KRECEIFT MINIBU S | |
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| | | | RECEIPTS TOTAL | | |
| | TRANSPORTER DELIVER | | | | |
| PRIORITY DELIVERY STATION NAME | DELIVERY STATION # | DOWNSTREAM CONTR. | ACT # | DELIVERY MMBtu's | |
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