

NEW FACILITIES REQUEST FORM

Date:

Please Complete and return to: NewInterconnectRequests@enbridge.com

Complete Information of Interconnect Entity (The "Requestor")

Legal Name:	
Address:	
Phone:	
Fax:	

Primary business of Requestor for this Interconnect. Check applicable box below:

Producer
 LDC
 Interstate Pipeline
 Intrastate Pipeline
 Other/Explain:

Where the Facilities Agreement is to be sent to:	
Company:	
Attention:	
Address:	
Phone:	

Type of Interconnect – Check One
<input type="checkbox"/> Bi-Directional <input type="checkbox"/> Receipt to Co. <input type="checkbox"/> Delivery from Co. <input type="checkbox"/> Existing Interconnect

Transportation Service (Type of Service) – Check One:
<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> TBD

Previously Nominated on: Yes No

Utilizing an Agent for Nomination? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, supply contact information for agent below:
Company:
Agent:
Address:
Phone:
Fax:

If Delivery:
Name of Pipeline Interconnecting to Company
LDC serving this area:
Will LDC be bypassed by new delivery meter? <input type="checkbox"/> Yes <input type="checkbox"/> No

Requestor's Contact(s):				
Name	Company/Department	Email Address	Phone	Fax

**Commercial
Engineering
ROW**

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Gas Sample Analysis Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquids Anticipated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquids Analysis Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: 2 PHASE SYSTEM – LIQUID SAMPLE ANALYSIS (INCLUDING GRAVITY, ACIDITY, SULFUR, PARAFFIN AND SOLIDS) MUST BE SUBMITTED FOR APPROVAL.

If Receipt:		
Name of Pipeline Interconnecting to Company (if different from Requestor):		
Operator:		
Producer:		
Gas Source:	Field Name:	Well Name:
<p>NOTE: EXTENDED GAS SAMPLE ANALYSIS MUST BE SUBMITTED. FLOW WILL NOT BE PERMITTED UNLESS GAS MEETS COMPANY'S SPECIFICATIONS.</p>		

VOLUME REQUIREMENTS			
Daily Range:		Peak Range:	
Maximum:	Mcf/d	Maximum:	Mcf/d
Normal:	Mcf/d	Normal:	Mcf/d
Minimum:	Mcf/d	Minimum:	Mcf/d
Future expansion anticipated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Potential Volume:	
Pressure Requirements:	Max:	Min:	

Anticipated in-service date for Interconnect:
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PROPOSED INTERCONNECT LOCATION	REQUESTOR'S ANTICIPATED RIGHT OF WAY	
	Length:	Width:
County:		
State:		
Section:	Area:	
Latitude:	Longitude:	
X Coordinate:	Y Coordinate:	

<p><u>Give a description and location of the proposed facilities and attach a sketch/map showing location of the proposed facilities.</u></p>
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CERTIFICATION AS TO THE CORRECTNESS OF INFORMATION

Requestor acknowledges that the information furnished to Company as part of the interconnection process, including information in this form, may be used by Company to obtain local, state and federal regulatory and environmental approvals. Requestor certifies that the information provided herein is true and correct.

Name: _____

Signature: _____

Date: _____