



Rockies Express Pipeline LLC

Date: _____

GID: _____
Tab thru Fields

Shipper Name: _____

Shipper Address: _____

Contact Person: _____

Telephone: _____

Fax: _____

Email: _____

DUNS Number: _____

Shipper Affiliation with Transporter: _____

State of Incorporation of Shipper: _____

Shipper Designation: _____

☐ Local Distribution Company ☐ Intrastate Pipeline Company ☐ Interstate Pipeline Company
☐ Producer ☐ End User ☐ Marketer

Requesting Section 311, 18 C.F.R. Part 284, Subpart B transportation?: ☐ Yes ☐ No

Requesting an amendment to Section 5 of existing REX Service Agreement Number(s)
_____ to request Section 311, 18 C.F.R. Part 284, Subpart B transportation to transport
from the REX/MarkWest Seneca Receipt Pin # 56116: ☐ Yes ☐ No

If "Yes" indicated above, please attach a declaration explaining how the requested service qualifies as Section 311 service, the name of the local distribution company or intrastate pipeline on whose behalf the gas will be transported and certification from a local distribution company or an intrastate pipeline that the service is being provided on its behalf prior to commencing transportation service.

Information Update: Any change in the facts or information provided by Shipper in its request for service, whether before or after service begins, must be promptly communicated to Transporter.

Service Requested: <input type="checkbox"/> Firm (FTS) <input type="checkbox"/> Interruptible (ITS) <input type="checkbox"/> Standing Request Order (SRO) <input type="checkbox"/> Master Capacity Release <input type="checkbox"/> Master PALS <input type="checkbox"/> PAWS <input type="checkbox"/> Backhaul Service (BHS) <input type="checkbox"/> Other

Term Begin: _____

Term End: _____
(ITS, PALS and PAWS are month-to-month)

Maximum Daily Quantity: _____



Rockies Express Pipeline LLC

For FTS only:

(The total receipt point capacity must equal the total delivery point capacity)

Primary Receipt PIN(s): _____ Primary Receipt Point Quantity (Dth/d): _____
Primary Delivery PIN(s): _____ Primary Delivery Point Quantity (Dth/d): _____

Requested Reservation Rate: _____

Maximum _____

Other (please specify) _____

For SRO only:

	<u>SROL</u>	<u>SROP</u>
Opal Hub	<input type="checkbox"/>	<input type="checkbox"/>
Cheyenne Hub	<input type="checkbox"/>	<input type="checkbox"/>
Meeker Hub	<input type="checkbox"/>	<input type="checkbox"/>
Wamsutter Hub	<input type="checkbox"/>	<input type="checkbox"/>
Lebanon Hub	<input type="checkbox"/>	<input type="checkbox"/>
Clarington Hub	<input type="checkbox"/>	<input type="checkbox"/>

For PALS only:

Maximum Aggregate Quantity: _____(Dth)

Point Change Requests (for existing contract):

- Service Agreement Number _____
- Current Receipt/Delivery Point Combination _____
- Requested Receipt/Delivery Point Combination _____
- Requested Capacity _____
- Requested Reservation Rate at New Points _____
- Requested Effective Date and Term _____



Rockies Express Pipeline LLC

Other Requests: _____

Requester Signature: _____ ***Date:*** _____

Note: A shipper wishing to obtain service must first comply with the creditworthiness requirements as set forth in REX's tariff.

Please return this completed request form to: **REX@TALLGRASSENERGYLP.COM**

Rockies Express Pipeline LLC
Attention: Account Services
370 Van Gordon Street
Lakewood, Colorado 80228

Facsimile: (303) 763-3515
Telephone: (303) 763-2950

For Internal Use Only

Shipper Request ☐ Accepted ☐ Not Accepted

Date _____ Time _____

By _____