

4. Name of Shipper's contact, address and telephone number through which correspondence for the following should be directed:

Contact for Request: _____

Contact for Notices: _____

Contact for Invoice: _____

(Transporter reserves the right to require proof that Shipper's request meets the requirements of the applicable Commission Regulations).

5. Date service is proposed to commence:

6. Term of service:

FT-1 and IT-1 Service Only:
_____ years
_____ months

FT-2 and FT-3 Service Only:
_____ life of lease

7. If additional or new facilities are required to receive or deliver gas for the transportation service requested herein, please provide description of facilities required, location, and requested in-service date.

8. For service pursuant to Rate Schedule FT-2 (MP), FT-2 (DI) or FT-3 (MP), provide the identification of the lease(s) to be committed under Rate Schedule FT-2 (MP), FT-2 (DI) or FT-3 (MP) and the associated Blocks.

| Dedicated Lease | Shipper's Working Interest | Associated Block |
|-----------------|----------------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

9. Provide the name and description of the Receipt Point and Delivery Point for each Path, and the Maximum Daily Quantity for the Path expressed in Dth (MDRQ and MDDQ for the Path will be the same as the MDQ). Provide the proposed Reservation Rate for each Path. If desired for FT-2 (MP) or FT-2 (DI) service only, Shipper may request a separate MDQ for each Path for specified delivery periods (not less than 12 consecutive months).

| | DELIVERY PERIOD DATES (Start/End) Dth/d | PATH MAXIMUM DAILY QUANTITY | PRIMARY RECEIPT POINT | PRIMARY DELIVERY POINT RATE | PROPOSED RESERVATION |
|--------|--|--------------------------------|--------------------------|-----------------------------------|-------------------------|
| Path 1 | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |
| Path 2 | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |

10. Credit Evaluation - Unless previously provided to Transporter in the prior three months, a Shipper seeking service from Transporter must provide:

- (a) a copy of Shipper's most recent audited financial statement certified by the Chief Financial Officer or Chief Accounting Officer of the Shipper (which certificate shall state that such financial statement fairly represents the financial condition and results of operation of the Shipper for the period indicated therein) prepared in accordance with generally accepted accounting principles;
- (b) a copy of Shipper's most recent twelve months audited financial statement or Annual Report and, if applicable, form 10-K; and,
- (c) a list of Shipper's affiliates, including parent and subsidiaries, if applicable.

11. Is Shipper affiliated with Dauphin Island Gathering Partners?

___ Yes ___ No

12. Is your supplier affiliated with Dauphin Island Gathering Partners?

___ Yes ___ No

If applicable, Shipper agrees by its signature below to provide this information within twenty-five calendar days after the month in which the transportation service occurred.

Shipper understands that this request form, complete and unrevised as to format, must be received by Transporter before the transportation request will be accepted and processed.

Shipper, by its signature, certifies to Transporter (1) that the information above is correct and accurate and that all necessary transportation arrangements with the upstream and downstream gatherers and transporters have been or will be secured prior to the commencement of the requested transportation service, (2) that Shipper will have good title to the gas to be delivered to Transporter or the full right and authority to deliver such gas, and (3) that Shipper will advise Transporter of any changes in the information provided in items 11 and 12 within 24 hours.

(Shipper)

Title: _____