



Please submit Request via email to:

Northern Natural Gas Company at nngform2476@nngco.com

Internal Use Only

Date Received:

Received By:

The information requested on this form is required for the authorization of any shut-in or delivery pressure change. Temporary and permanent pressure changes and station shut-ins are included in this process. A pressure change that is granted does not guarantee that Northern will deliver at the new pressure. Pursuant to Northern's tariff, delivery of natural gas shall be at such varying pressures as may exist under operating conditions in the pipeline of Northern at the delivery point(s) between Northern and Shipper and shall not be less than 50 psig so far as practicable. Thus, if Northern grants the delivery pressure change requested by this form, Northern is not obligated to make deliveries at the new pressure. If Customer requests a delivery pressure less than 50 psig or less than a contractually guaranteed delivery pressure, Northern is not obligated to maintain a delivery pressure greater than the requested delivery pressure during the period the pressure change is in effect. Because of the mechanical capabilities of pressure control equipment, actual delivery pressures may deviate from requested delivery pressure set points with fluctuations in gas flow rates.

Customer completes all applicable fields in this form.

Section 1* - General:

*If submitting a seasonal shut-in request for multiple locations, please attach a spreadsheet with Section 1 information for each station.

Customer: Station Name: Present Delivery Pressure (Psig) Proposed Delivery Pressure (Psig, zero for shut-in) Permanent Change: (Yes/No) Pressure Change Start Date: Reason for Pressure Change (Please be specific): Location: Station Number: POI Number: MAOP of Utility Pipelines (Psig): Operating Pressure of Utility Pipeline (Psig): Pressure Change End Date:

Section 2 - Pressure Changes: (Section 2 is not applicable for temporary shut-ins. If not applicable, proceed to section 3.)

Please describe the existing downstream facility pipe size, MAOP and Design Capacity for pressure change evaluation.

Please describe the proposed downstream facility pipe size, MAOP and Design Capacity for pressure change evaluation.

Existing Firm (Mcf/d): Additional MDQ Requested (Mcf/d):

TBS Delivery Volumes (Include all Firm and Interruptible Volume)

Table with 2 columns: Maximum Hour (MCF/H) and Minimum Day (MCF/D). Rows for months January through December.

Section 3:

Comments:

The Customer's system is or will be qualified to operate as necessary at the proposed new delivery pressure stated above as required by federal and/or state pipeline safety standards, including delivery pressure changes to zero psig (shut-ins):

Approved by Customer Representative:

Date:

Printed Name:

Phone:
