

# Service Request Form

Upon completion, return to WBI Energy Transmission, Inc., Attn: Contracts, 1250 West Century Avenue, Bismarck, ND 58503 or Email to [contracts@wbienergy.com](mailto:contracts@wbienergy.com) or Fax to 701-530-1698.

## SHIPPER INFORMATION

1. Shipper's Name: \_\_\_\_\_  
Shipper's Address: \_\_\_\_\_  
\_\_\_\_\_  
Attn: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_  
Shipper's DUNS No.: \_\_\_\_\_

Requesting Party  
(if different from Shipper): \_\_\_\_\_  
Requesting Party Address: \_\_\_\_\_  
\_\_\_\_\_  
Attn: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Facsimile No. \_\_\_\_\_

**Mailing Addresses:** (If different from Shipper's Address.):

**INVOICES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attn: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Facsimile No. \_\_\_\_\_  
Email Address: \_\_\_\_\_

**NOTICES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attn: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Facsimile No. \_\_\_\_\_  
Email Address: \_\_\_\_\_

**RIGHT OF FIRST REFUSAL NOTICE:**

Email Address: \_\_\_\_\_

2. Shipper Type (check as appropriate):
- |  |  |
|--|--|
| <input type="checkbox"/> LDC                   | <input type="checkbox"/> End User        |
| <input type="checkbox"/> Interstate Pipeline   | <input type="checkbox"/> Producer        |
| <input type="checkbox"/> Intrastate Pipeline   | <input type="checkbox"/> Marketer/Broker |
| <input type="checkbox"/> Other (Specify) _____ |  |

3. Request is for (check as appropriate):
- a.  New Transportation/Storage Service Agreement
  - b.  Amendment to existing agreement

**If the request is for amended service, complete sections 1 through 3 above and the Amended Service Request sections only.**

**NEW SERVICE/CONTRACT INFORMATION**

1. Type of Service requested: (Check)
- Firm Transportation (Rate Schedule FT-1)
  - No-notice Firm Transportation (Rate Schedule FTN-1)
  - Interruptible Transportation (Rate Schedule IT-1)
  - Firm Storage (Rate Schedule FS-1)
  - Interruptible Storage (Rate Schedule IS-1)
  - Park and Loan (Rate Schedule PAL-1)

2. Date service is requested to commence: \_\_\_\_\_  
 Date service is requested to terminate: \_\_\_\_\_

3. Form of Service: (Check)
- Sec. 284 Subpart G (Order No. 500)
  - Sec. 284 Subpart B (Section 311)

- a. If Shipper is not an intrastate pipeline or local distribution company, and Sec. 284 Subpart B service is requested, service will be rendered on-behalf-of:  
 (Company Legal Name) \_\_\_\_\_, an (check one)
- Intrastate Pipeline or
  - Local Distribution Company, which owns and operates facilities located in the State of \_\_\_\_\_.

(A letter of verification FROM ON-BEHALF-OF ENTITY shall accompany this completed form.)

- The on-behalf-of entity identified above will be (check one):
- purchasing the gas
  - transporting the gas
  - selling the gas
  - "other" (Please explain)
- \_\_\_\_\_  
 \_\_\_\_\_

4. Quantities Requested
- a. **Transportation Services**
    - \_\_\_\_\_ MDDQ - Equivalent dkt/d (FT-1 or FTN-1)
    - \_\_\_\_\_ MDRQ - Equivalent dkt/d (FT-1)
    - \_\_\_\_\_ ADQ - Equivalent dkt (FT-1)
    - \_\_\_\_\_ ARQ - Equivalent dkt (FT-1)
    - \_\_\_\_\_ Interruptible Delivery Quantity - dkt/d (IT-1)
    - \_\_\_\_\_ Park/Loan Quantity – dkt (PAL-1)
  - b. **Storage Services**
    - \_\_\_\_\_ MSDQ - Equivalent dkt/d (FS-1) \*



**AMENDED SERVICE REQUEST**

1. Date service is requested to commence:

2. **Transportation Service**

a. Addition/Deletion of Receipt/Delivery Point(s) -- identified on Exhibit A to Contract # \_\_\_\_\_

b. Addition/Deletion of Receipt Points associated with Rate Schedule FTN-1 that relate to the no-notice supply sources -- identified on Exhibit B to Contract # \_\_\_\_\_.

c. Increase Firm Transportation Quantities under Contract # \_\_\_\_\_.

\_\_\_\_\_ MDDQ - Equivalent dkt/d (FT-1 or FTN-1)  
\_\_\_\_\_ MDRQ - Equivalent dkt/d (FT-1)  
\_\_\_\_\_ ADQ - Equivalent dkt (FT-1)  
\_\_\_\_\_ ARQ - Equivalent dkt (FT-1)

d. Increase/Decrease Interruptible Transportation Quantities under Contract # \_\_\_\_\_

\_\_\_\_\_ Interruptible Delivery Quantity - dkt/d (IT-1)  
\_\_\_\_\_ Park/Loan Quantity - dkt (PAL-1)

e. Changes to contract path(s) identified on Exhibit A to Contract # \_\_\_\_\_ must be provided on the Attached Exhibit A.

f. Other requested service change(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Storage Service**

a. Increase Firm Storage Quantities under Contract # \_\_\_\_\_.

\_\_\_\_\_ MSDQ - Equivalent dkt/d (FS-1)  
\_\_\_\_\_ MSCQ - Equivalent dkt/d (FS-1)  
\_\_\_\_\_ FCQ - Equivalent dkt (FS-1)  
\_\_\_\_\_ MSIQ - Equivalent dkt/d (FS-1)

_____ April	_____ August
_____ May	_____ September
_____ June	_____ October
_____ July	

b. Increase/Decrease Interruptible Storage Quantities under Contract # IS-\_\_\_\_\_

\_\_\_\_\_ Interruptible Injection Quantity - dkt/d (IS-1)  
\_\_\_\_\_ Interruptible Withdrawal Quantity - dkt/d (IS-1)  
\_\_\_\_\_ Interruptible Capacity Quantity - dkt (IS-1)

c. Other requested service change(s): \_\_\_\_\_  
\_\_\_\_\_

**CONDITIONS FOR A VALID SERVICE REQUEST**

1. Shipper must execute a tendered Service Agreement either within two (2) business days following submittal of such Service Agreement to Shipper by Transporter if such Service Agreement is in Transporter's Standard Form of Service Agreement as set forth in this Tariff or within 30 days if such Service Agreement contains provisions other than those contained in Transporter's Standard Form of Service Agreement as set forth in this Tariff. If Shipper does not execute the Service Agreement within this time, this transportation service request shall be null and void.
2. Requesting Party must provide with this Transportation Service Request a letter from the on-behalf-of Shipper authorizing transportation and provide certification that Shipper has title or has the right to acquire title to the gas.
3. Firm transportation and storage service requests require a prepayment. This prepayment shall be equal to the lesser of \$10,000, or one month's maximum reservation charge. Such prepayment shall be applied to amounts due Transporter for services rendered once service commences or refunded following the determination by Transporter that it is unable to provide the service requested by Shipper. Should the successful Shipper withdraw its request after Transporter offers capacity to such or fail to execute a Service Agreement tendered by Transporter, the prepayment shall be forfeited to Transporter.
4. Shipper or Requesting Party acknowledges that this request will not be complete and will be deemed invalid, that no capacity will be assigned, and that the request will not be considered until all the information required by this Transportation/Storage Service Request Form is received.

**CERTIFICATION STATEMENT**

1. Shipper or Requesting Party certifies that the information herein is complete and accurate to the best of its knowledge, information and belief.

Legal Name of Shipper or Requesting Party:

\_\_\_\_\_

Requested By: \_\_\_\_\_

Date: \_\_\_\_\_

For Transporter Use Only:

Request ID: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Request Accepted as Complete and Valid: \_\_\_\_\_

TRANSPORTATION SERVICE REQUEST FORM  
EXHIBIT A  
ASSOCIATED RECEIPT/DELIVERY POINT LISTING

Primary Receipt Point ID No./ <u>Descrip. *</u>	Primary Delivery Point ID No./ <u>Descrip. *</u>	Primary <u>Contract Path **</u>	Associated Point- Specific MDDQ/MDRQ Equiv. dkt <u>Per Day ***</u>	Minimum Acceptable MDDQ/MDRQ Equiv. dkt <u>Per Day ***</u>

\* Point ID No./Descrip. can be found on the Master Receipt/Delivery Location List provided by Transporter via the Company's Interactive Website.

\*\* The contract path information provided in this column shall consist of a specification of the line sections on which capacity is contractually committed from the point of receipt to the associated point of delivery. The line section designation shown here reflects the designation shown in the System Maps section of Transporter's FERC Gas Tariff.

\*\*\* The associated MDRQ is subject to being grossed up to reflect the fuel in kind percentage.

TRANSPORTATION SERVICE REQUEST FORM (Continued)  
EXHIBIT B  
RECEIPT

(For Rate Schedule FTN-1 Service, the receipt point information to be provided below relates to the no-notice supply sources, if any, that are in addition to storage.)

Line Section No. \_\_\_\_\_ Priority No. \_\_\_\_\_  
Meter No. \_\_\_\_\_ Maximum Daily Quantity: \_\_\_\_\_  
Supplier Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Facsimile No. \_\_\_\_\_

Line Section No. \_\_\_\_\_ Priority No. \_\_\_\_\_  
Meter No. \_\_\_\_\_ Maximum Daily Quantity: \_\_\_\_\_  
Supplier Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Facsimile No. \_\_\_\_\_

Line Section No. \_\_\_\_\_ Priority No. \_\_\_\_\_  
Meter No. \_\_\_\_\_ Maximum Daily Quantity: \_\_\_\_\_  
Supplier Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Facsimile No. \_\_\_\_\_