

SERVICE REQUEST FORM FOR  
BLACK HILLS SHOSHONE PIPELINE, LLC

Any party requesting gas transportation service on Transporter's system must complete a Service Request Form in keeping with Section 3 of the General Terms and Conditions of Transporter's currently effective FERC Gas Tariff.

Completed Service Request Forms shall be forwarded to:

Black Hills Shoshone Pipeline, LLC  
1301 West 24<sup>th</sup> Street  
Cheyenne, WY 82001  
Attn: Patrick Joyce

No request for service shall be considered until a completed Service Request Form is received by Transporter.

1. Parameters of Service

- (a) FT or IT (circle one)
- (b) Primary Receipt Points (FT service only)

Receipt Point	Maximum Input Quantity	Maximum and Minimum Pressure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (c) Primary Delivery Points (FT service only)

Delivery Points	Maximum Equivalent Quantity	Maximum and Minimum Pressure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (d) Maximum Daily Quantity: \_\_\_\_\_

2. Date Service is Requested to Commence: \_\_\_\_\_

3. Date Service is Requested to Terminate: \_\_\_\_\_

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4. Requesting Party (Complete Legal Name): \_\_\_\_\_

(a) Type of Legal Entity: \_\_\_\_\_

(b) State of Incorporation: \_\_\_\_\_

(c) Shipper is (Check one):

\_\_\_\_ Interstate pipeline      \_\_\_\_ Intrastate pipeline

\_\_\_\_ End-User                      \_\_\_\_ LDC

\_\_\_\_ Marketer                      \_\_\_\_ Producer

\_\_\_\_ Other \_\_\_\_\_      \_\_\_\_ Broker

If Shipper is acting as agent in arranging this service, specify below each principal (complete legal name, type of legal entity and state of incorporation) and its respective type of company (Shipper must supply agency agreements for each principal).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are additional or new facilities required to be installed or constructed by any party which are necessary for receipt of gas by Transporter or for delivery to and/or utilization of gas by the Shipper or direct or indirect customers of the Shipper? If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name and full title of officer (or general partner) of Shipper who will execute the Transportation Service Agreement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Contact Person for Request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Telecopy No: \_\_\_\_\_

8. Twenty-four hour contact person for purposes of dispatching gas to and from receipt and delivery points: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Telecopy No: \_\_\_\_\_

9.

(a) Shipper Certification:

Shipper hereby certifies that Shipper has title or current contractual rights to acquire title to the gas supply for which transportation service is requested and that Shipper has or will enter into all contractual arrangements necessary to ensure that all upstream and downstream transportation is in place prior to the date on which service is requested to commence.

\_\_\_\_\_

(b) Service Request By Affiliate of Transporter (if applicable)

Affiliation of Shipper with Transporter: \_\_\_\_\_

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10. Proposed Receipt Points and Volumes (Use additional sheets if necessary):

	Receipt Point 1	Receipt Point 2	Receipt Point 3	Total
Maximum Input Quantity, Mcf				
Maximum Input Quantity, MMBtu				
Estimated Total Input Quantities to be Transported Through Receipt Point Over Term of Service, Mcf				
Estimated Total Input Quantities to be Transported Through Receipt Point Over Term of Service, MMBtu				
Name and Address of Entity which will Deliver Gas to Transporter on Shipper's behalf				



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11. Proposed Delivery Points and Volumes (Use additional sheets if necessary):

	Delivery Point 1	Delivery Point 2	Delivery Point 3	Total
Maximum Equivalent Quantity, Mcf				
Maximum Equivalent Quantity, MMBtu				
Estimated Total Equivalent Quantities to be Transported Through Delivery Point Over Term of Service, Mcf				
Estimated Total Equivalent Quantities to be Transported Through Delivery Point Over Term of Service, MMBtu				
Name and Address of Entity which will Receive Gas to Transporter on Shipper's behalf				

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12. This form is provided for the convenience of Shipper in complying with the transportation request procedures of Transporter's currently effective FERC Gas Tariff. Nevertheless, it is Shipper's responsibility to provide all of the information necessary to satisfy Transporter, including the credit evaluation data specified in Section 3.4 of the General Terms and Conditions of Transporter's FERC Gas Tariff.

Yours very truly,

\_\_\_\_\_  
(Shipper)

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

Internal Use Only

1. Date and Time Request Received \_\_\_\_\_
2. Sufficient Data (Y/N) \_\_\_\_\_
- If no, date letter sent: \_\_\_\_\_
3. Agreement Date: \_\_\_\_\_
4. Agreement No.: \_\_\_\_\_
5. Black Hills Shoshone Pipeline, LLC  
Representative: \_\_\_\_\_