

PART 8
SERVICE AGREEMENT FORMS
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Firm Transportation Service Agreement

RATE SCHEDULE FT

Shipper's Name and Address for Notices and Invoices:

Date: _____

Attn: _____

Address for Invoice (If different from above)

Attn: _____

Contract No: _____

Term: From _____ To _____

Rates shall be Black Hills Shoshone Pipeline, LLC's ("Black Hills Shoshone") maximum rates and charges plus all applicable surcharges in effect from time to time under the applicable Rate Schedule on file with the Commission unless otherwise agreed to by the parties in writing.

This transportation shall be provided pursuant to Subpart _____ of Part 284 of the Federal Energy Regulatory Commission's regulations.

The contract maximum daily quantities and primary receipt and delivery points are set forth on Appendix A.

If made available by Shipper, Black Hills Shoshone agrees to receive and deliver thermally equivalent volumes of natural gas as set forth in this Agreement.

Other: _____

Any notice, statement, or bill provided for in this Agreement shall be in writing and shall be considered as having been given if delivered personally, or if mailed by United States mail, postage prepaid, or if sent by express mail, overnight delivery, telex, telecopy or other mutually agreeable means of electronic transmission, to Shipper when sent to the address set forth on this Agreement and to Energy West when sent to the following:

All Notices/Accounting Matters:
Black Hills Shoshone Pipeline, LLC
1301 West 24th Street
Cheyenne, WY 82001
Attn: Market Services

Payments to Designated Depository:
Black Hills Shoshone Pipeline, LLC
Account No. _____
ABA No. _____
Bank: _____

This Agreement shall incorporate and in all respects shall be subject to the "General Terms and Conditions" and the applicable Rate Schedule(s) set forth in Black Hill's FERC Gas Tariff, as may be revised from time to time. Black Hills Shoshone may file and seek Commission approval under Section 4 of the Natural Gas Act (NGA) at any time and from time to time to change any rates, charges or other provisions set forth in the applicable Rate Schedule(s) and the "GENERAL TERMS AND CONDITIONS" in Black Hills Shoshone's FERC Gas Tariff, and Black Hills Shoshone shall have the right to place such changes in effect in accordance with the NGA, and this Transportation Service Agreement shall be deemed to include such changes and any changes which become effective by operation of law and Commission Order, without prejudice to Shipper's right to protest the same.

Black Hills Shoshone Pipeline, LLC

By: _____
Title: _____
Date: _____

Shipper

By: _____
Title: _____
Date: _____

APPENDIX A

CR# _____

FIRM TRANSPORTATION SERVICE AGREEMENT

RATE SCHEDULE FT

SHIPPER:

CONTRACT MDQ: _____

DATE: _____ SUPERSEDES APPENDIX DATED:

TERM: _____

MAXIMUM DAILY QUANTITIES:

_____ MMBTU PER DAY

PART I.
RECEIPT AND DELIVERY POINT LEGAL DESCRIPTIONS AND VOLUMES

TF12 and TF5

RP/DP TYPE	POI # (MIDS)	POINT DESCRIPTION	PERIOD NOV-MARCH	PERIOD APR-OCT	PERIOD XXX-XXX	Maximum Pressure	Minimum Pressure
RP	_____	_____	_____	_____	_____	_____	_____
RP	_____	_____	_____	_____	_____	_____	_____
RP	_____	_____	_____	_____	_____	_____	_____
TOTAL RECEIPTS			_____	_____	_____	_____	_____
DP	_____	_____	_____	_____	_____	_____	_____
DP	_____	_____	_____	_____	_____	_____	_____
TOTAL DELIVERIES			_____	_____	_____	_____	_____

Interruptible Transportation Service Agreement

RATE SCHEDULE IT

Shipper's Name and Address for Notices and Invoices:

Date:

Attn:_____

Address for Invoice (If different from above)

Attn:_____

Contract No:_____

Term: From _____ To _____

Rates shall be Black Hills Shoshone Pipeline, LLC's ("Black Hills Shoshone") maximum rates and charges plus all applicable surcharges in effect from time to time under the applicable Rate Schedule on file with the Commission unless otherwise agreed to by the parties in writing.

This transportation shall be provided pursuant to Subpart _____ of Part 284 of the Federal Energy Regulatory Commission's regulations.

If made available by Shipper, Black Hills Shoshone agrees to receive and deliver thermally equivalent volumes of natural gas as set forth in this Agreement.

Any valid delivery or receipt point on Black Hills Shoshone's system can be utilized as a delivery or receipt point subject to the terms and conditions of Rate Schedule IT.

Other:

Any notice, statement, or bill provided for in this Agreement shall be in writing and shall be considered as having been given if delivered personally, or if mailed by United States mail, postage prepaid, or if sent by express mail, overnight delivery, telex, Telecopy or other mutually agreeable means of electronic transmission, to Shipper when sent to the address set forth on this Agreement and to Black Hills Shoshone when sent to the following:

All Notices/Accounting Matters:
Black Hills Shoshone Pipeline, LLC
1301 West 24th Street
Cheyenne, WY 82001
Attn: Market Services

Payments to Designated Depository:
Black Hills Shoshone Pipeline, LLC
Account No. _____
ABA No. _____
Bank: _____

This Agreement shall incorporate and in all respects shall be subject to the "General Terms and Conditions" and the applicable Rate Schedule(s) set forth in Black Hills Shoshone's FERC Gas Tariff, as may be revised from time to time. Black Hills Shoshone may file and seek Commission approval under Section 4 of the Natural Gas Act (NGA) at any time and from time to time to change any rates, charges or other provisions set forth in the applicable Rate Schedule(s) and the "GENERAL TERMS AND CONDITIONS" in Black Hills Shoshone's FERC Gas Tariff, and Black Hills Shoshone shall have the right to place such changes in effect in accordance with the NGA, and this Transportation Service Agreement shall be deemed to include such changes and any changes which become effective by operation of law and Commission Order, without prejudice to Shipper's right to protest the same.

Black Hills Shoshone Pipeline, LLC

Shipper

By:_____

By:_____

Title:_____

Title:_____

Date:_____

Date:_____

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 24th 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: _____

SERVICE REQUEST FORM FOR
BLACK HILLS SHOSHONE PIPELINE, LLC

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: _____

SERVICE REQUEST FORM FOR
BLACK HILLS SHOSHONE PIPELINE, LLC

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: _____

SERVICE REQUEST FORM FOR
BLACK HILLS SHOSHONE PIPELINE, LLC

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				

SERVICE REQUEST FORM FOR
BLACK HILLS SHOSHONE PIPELINE, LLC

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				

SERVICE REQUEST FORM FOR
BLACK HILLS SHOSHONE PIPELINE, LLC

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: _____

**Black Hills Shoshone Pipeline, LLC
Gas Transportation Nomination Form***

All Volumes are reported in MMBtu's

Nomination Effective Date: _____ Nomination Effective Time: _____

Shipper Name: _____
Contract #: _____

Submit To: Black Hills Shoshone Pipeline, LLC

Shipper ID#: _____
Contact: _____
Phone: _____
Fax: _____
E-Mail Address: _____

Contact: Patrick Joyce
Phone: (402) 221-2691
Fax: (401) 829-2691
E-mail Address: Patrick.Joyce@blackhillscorp.com

RECEIPTS

Receipt Point	Upstream Identifier	Previous Day Nomination Volume	DATE Nominated Volume	Change
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Receipts				_____
Less L&U %				_____
Available for Delivery				_____

DELIVERIES

Delivery Point	Downstream Identifier	Previous Day Nomination Volume	DATE Nominated Volume	Change
Pre-determined Allocation	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Deliveries				_____

Net Imbalance
Positive # indicated receipt from imbalance
Negative # indicates delivery to imbalance

***Please receive, transport and deliver gas under the contract(s) specified as listed on this form.**
This nomination will remain in effect until changed.