Agency Agreement Authorization

☐ El Paso Natural Gas Company ☐ Mojave Pipeline Company, L.L.C.

The authorization provided by the terms of the Agency Agreement dated _____

between _____ (Owner/Operator/Shipper)

and _____ (Agent).

This Agency Agreement supersedes all previous authorizations at the level specified below.

Effective Date: _____ (Prospective basis only) Termination Date: _____

(Unless a termination date is specified, the term shall be 1 year from the effective date.)

The parties above intend that the payment for Gas Transportation Services be made to the applicable pipeline by: _____ *1/*

1/ The party receiving the Transportation Invoice must be the same party submitting payment.

Owner/Operator/Shipper Current Invoicing Address:

Company Name:_____
Address:_____
City/State/Zip:_____
Attention:_____
Email:_____

Once this agency agreement becomes effective it shall terminate all previous agency agreements between Shipper and all other Agents. Please initial as acknowledgement. _____

Please initial level of agency authorization:

By Company (access to all locations and agreements)	
By Location (itemize on an attached sheet if needed	
By Agreement (itemize below or on an attached sheet)	

Transportation Service Agreements(s): _____

Please specify Transportation Service Agreement(s) if Agent is not authorized to perform functions for all Shippers' Agreements.

Locations/Interconnect points(s): _____

Please specify Locations/Interconnect Point(s) if Agent is not authorized to perform at the company level.

Scheduling Activity

Please initial the transaction agent is authorized to perform:

Nominations/Confirmations	

Daily Scheduling Reports

Please initial the report(s) agent is authorized to receive:

Scheduled Deliveries by Pool Account	
Scheduled Deliveries by TSA	
Scheduled Volumes by Point	
Scheduled Deliveries by Company	

VISA Real-Time

Please initial the level at which agent is authorized to view VISA real-time data:

Index level (itemize interconnect points or list on an attached sheet)	|
All levels	|

Accounting Activity

Please initial the report(s) agent is authorized to receive:

Invoice *1/*	|
Shipper Imbalance Statement (for agreement activity)	|

Please initial the report(s) agent is authorized to receive:

Measurement Audit Statement	|
Allocation Statement (for location activity)	|

(Unless specifically instructed otherwise by the Owner/Operator/Shipper, the agent may have the capability to view and/or receive electronic Flowing Gas Reports)

Please initial here if agent is authorized to receive:

Statement of Account (includes activity for all of Shipper's Agreements)	|

Statement(s) will only be sent to one party.

Agent's address for mailing reports if applicable:

Company Name:_____
Address:_____
City/State/Zip:_____
Attention:_____
Email:_____

Agent's instructions for receiving payments if applicable:

_____
_____
_____
_____

Shipper Imbalance Management Services

Please initial the transaction(s) agent is authorized to perform:

Trade Transportation/Pooling Imbalances	|
Post Transportation/Pooling Imbalances *2/*	|

2/ All cumulative imbalances for Shippers' Transportation/Pooling imbalances will be posted.

Other Services or Instructions:

List any other transactions Agent has authority to perform: (Services listed such as Request for Service, Capacity Release, Pre-Determined Allocation, etc., require separate PASSPORT authorization forms. Additionally, any special instructions on the treatment of amounts owed to the Owner/Operator/Shipper must be included here. For example, if the agent will pay the invoice but any amounts owed to the Owner/Operator/Shipper will be paid to it or credited to its account for future offset, Owner/Operator/Shipper must so indicate here. If payments are to be sent to Owner/Operator/Shipper, payment or wiring instructions must also be included here.)

Instructions: To authorize your agent, please fill in all blanks below. Written notice must be provided when the agency agreement terminates, if termination date is prior to date provided on this form.

This agency agreement authorization shall evidence Owner/Operator/Shipper's intent to allow the agent named hereunder to enter into those transactions listed above for all purposes and agrees to be bound thereby. Owner/Operator/Shipper agrees that any changes to the information contained herein may only be made in writing and sent to the applicable pipeline. Finally, this agency agreement may be executed in one or more counterparts (delivery of which may be made by email), each of which shall be deemed an original but all of which together shall constitute one and the same.

_____	_____
Agent Company Name	Agent Signature
_____	_____
Agent Telephone No	Agent Contact Name
_____	_____
Owner/Operator/Shipper Name	Owner/Operator/Shipper Signature
_____	_____
Owner/Operator/Shipper Telephone No	Owner/Operator/Shipper Name

Date:_____

If needed, fill out a supplemental sheet listing Location DRN Code(s) and Location description and/or Agreement Codes.

Send all information in care of Contract Administration at CSWPG@KinderMorgan.com.