

DESCRIPTION AND PURPOSE OF FACILITY:

WORK ORDER NO.

What is the Design MAOP (maximum allowable operating pressure) for the Facility? _____ psi

What is the Design MOP (maximum actual operating pressure) for the Facility? _____ psi

Describe Fully the Service Provided by Said Facility in Section V of the Application.

Is All or Any Portion of this Facility Within the Coastal Zone of Louisiana? _____ Yes _____ No Under State Water Bottoms? _____ Yes _____ No

Is this Facility Part of an Extension to a Gas Supply Acquisition Service Area? _____ Yes _____ No

MAP REFERENCE:

COMPLETION DATE:

BEGINNING

ENDING

PARISH _____

PARISH _____

WARD _____

WARD _____

TOWNSHIP _____

TOWNSHIP _____

RANGE _____

RANGE _____

SECTION _____

SECTION _____

CORPORATE LIMITS - INSIDE _____ OUTSIDE _____

Address all communications concerning this application to:

I hereby certify that this application has been examined by me and that the Statements therein contained are to the best of my knowledge and belief true, correct and complete.

NAME OF TRANSPORTER

Date: _____

SIGNATURE

TITLE