

**APPLICATION FOR SERVICE: REQUEST FOR NEW OR MODIFIED RECEIPT
MEASUREMENT FACILITY**

Complete this form to request receipt service on the Great Lakes Pipeline Canada System that requires new receipt facilities or modifications to existing receipt stations.

APPLICATION DATE: _____

CUSTOMER INFORMATION

Company Name	
Address	
Telephone No.	
Fax No.	

	Marketing Contact Information	Engineering Contact Information	Primary Contact Information
Contact Name			
Telephone No.			
Email Address			

RECEIPT INFORMATION

Part I: Receipt Point Information

Type of Request (please indicate an "x")

- New Receipt Station
- Existing Station - Producer Tie-In
- Existing Station – Capacity Expansion
- Existing Station - Other Modifications

Receipt Station Purpose (please indicate an "x")

- Storage
- Production
- Interconnection
- Extraction

If New Station Request:

Suggested Receipt Station Name: _____

Preferred New Receipt Station Legal Location (please attach map): _____

Land Requirement: _____

Access Conditions: _____

Plant Capacities (GJ/d):

Current Sales Capacity (if applicable)	
Expansion Capacity (if applicable)	
Total Sales Capacity	

Part III: Gas Quality Information

Please forward a wellhead analysis with this application. Failure to do so could result in a delay in on-stream, or inappropriate facility construction.

Does your sales gas comply with the following gas quality tariff specifications listed below?
 Yes No

If no, indicate the levels expected in the table below:

Gas Composition	Tariff Specs	Level Expected
Hydrocarbon Dew Point	-10 °C	
Hydrogen Sulphide	23 mg/m ³ (16 ppm)	
Total Sulphur	115 mg/m ³ (80 ppm)	
Carbon Dioxide	2%	
Water Vapour	65 mg/m ³ (4 lbs/mmcf)	
Water Dew Point (pressure > 5500 kPa)	-10 °C	
Temperature	50 °C	
Oxygen	0.4%	
Gross Heating Value	36 MJ/m ³	

Are there any connected sources of gas, prior to blending or processing, with H₂S levels in excess of Great Lakes Pipeline Canada System Tariff limit of 16 ppm? Yes No

Additional Comments:

AUTHORIZATION INFORMATION

Authorized By:

Name (print): _____

Telephone: _____

Position: _____

Fax Number: _____

Signature: _____