

TRANSGAS LIMITED SCHEDULE OF SERVICE

Customer Name:

Rate Code: **R-19.0**

Type of Service: **Interruptible Receipt Transportation**

Effective 20 _____, 09:00 Central Clock Time (CCT)

I. Receipt Point

Contract #	Receipt Point Name	Max Day (GJ/d)	Renewal Rights
	All TransGas Field Receipt Points	as authorized by TransGas	Month to Month

II. Delivery Point

Delivery Code	Delivery Point Name & Location	Max Day (GJ/d)
7777	TransGas Energy Pool	as authorized by TransGas

III. Additional Conditions

1. For Receipt Transportation Service, Customer will be required to comply with the receipt point maximum pressure as posted on the TransGas website and as amended from time to time.

This schedule forms part of the TransGas Service Agreement, dated _____ between _____ and TransGas Limited, which binds the parties to the TransGas Comprehensive Tariff and shall be deemed to be attached thereto.

AGREED TO AND ACCEPTED THIS ____ DAY OF _____, 20

AGREED TO AND ACCEPTED THIS ____ DAY OF _____, 20

PER: _____
"CUSTOMER NAME"

PER: _____
TRANSGAS LIMITED