

## 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 Engineering Contact **Primary Contact** Information Information Information Contact Name Telephone No. Email Address RECEIPT INFORMATION **Part I: Receipt Point Information** Type of Request (please indicate an "x") Receipt Station Purpose (please indicate an "x") ☐ New Receipt Station ☐ Storage ☐ Existing Station - Producer Tie-In ☐ Production ☐ Existing Station – Capacity Expansion ☐ Interconnection Existing Station - Other Modifications ☐ Extraction If New Station Request: Suggested Receipt Station Name: Preferred New Receipt Station Legal Location (please attach map): Land Requirement:\_\_\_\_\_ Access Conditions:

## **Great Lakes Pipeline Canada**



	t:		
Receipt Station Name:			
Receipt Station Legal Locati	ion:		
Land Requirement:			
Access Conditions:			
Request for Plant Signals?	☐ Yes	□ No	
Regulatory Approval (specify	y): Provincial:		
	Other:		
Dates of approval:	If no	t yet approved, indicate	if application has bee
filed and expected dates of a	pproval:		·
Requested In-Service Date:			
Customer Flow (GJ/d)			
	Minimum Flow	Maximum Flow	Average Flow
Current Flow	Trimming 1 10 V		
Current Flow Incremental Flow	172111111111111111111111111111111111111		
	172		
Incremental Flow			
Incremental Flow Total Flow			
Incremental Flow Total Flow			
Incremental Flow  Total Flow  Additional Comments:	ing Information		
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Incremental Flow Total Flow Additional Comments:	ing Information		
Incremental Flow Total Flow Additional Comments:  art II: Upstream / Processi Plant Name	ing Information		
Incremental Flow Total Flow Additional Comments:  art II: Upstream / Processi Plant Name Plant Legal Location	ing Information		

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	Plant	Capaciti	es (GJ/d):	:
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Current Sales Capacity (if applicable)	
Expansion Capacity (if applicable)	
Total Sales Capacity	

## Part III: Gas Quality Information

Please	forward	a wellhead	analysis v	with this	application.	Failure	to do s	so could	result	in a
delay i	in on-stre	eam, or inap	propriate	facility	construction	n.				

Does your sale  ☐ Yes		with the	e following	gas quality	tariff	specifications	listed	below?
If no, indicate	the levels exp	ected in	the table b	elow:				

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

•	gas, prior to blending or processing, with $H_2S$ levels in ada System Tariff limit of 16 ppm? $\square$ Yes $\square$ No
Additional Comments:	
<b>AUTHORIZATION INFORMATI</b>	<u>ION</u>
Authorized By:	
Name (print):	Telephone:
Position:	Fax Number:
Cianotura	