



Gas Volume Statements Request

Instructions: Please complete the requested information and email to:

GasScheduling@3CMidstream.com

Note: Third Coast will not release the statements unless approval is submitted from the operator below.

Requestor Information

Company Name:	Phone:
Full Name of Requestor:	
Name and Email Address (limit 3):	
Name and Email Address (limit 3):	
Name and Email Address (limit 3):	

Meter Identification and Frequency

Note: If the customer requesting this information is not the Operator, 3CM will require Operator authorization below prior to releasing the statements (unless otherwise agreed upon).

Please list all meter individually and note the frequency for each meter (Daily, Weekly or Monthly).

Frequency (D, W, M)	<u>TSP</u>	<u>Meter #</u>	<u>Meter Name</u>	Operator

Is this request adding or removing from an existing distribution list? Yes / No (circle one)

- **Name of existing distribution list, if known:**

Requestor Signature

Signature:	Print Name:	Date:
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AUTHORIZATION TO RELEASE STATEMENTS TO NON-OPERATORS

Note: The Operator must authorize Third Coast Midstream to release the statement requester above (unless otherwise agreed upon).

I, _____ (Company Name) as Operator of the above meter(s) authorize 3CM to release statements to _____ (Requesting Company Name) as a:

Select One:

<input type="checkbox"/>	Shipper
<input type="checkbox"/>	Marketer
<input type="checkbox"/>	Producer
<input type="checkbox"/>	Operator Agent
<input type="checkbox"/>	Other

Operator Signature

Signature:	Print Name:	Date:
Phone:		
Address:		