

Annex-B

SUI NORTHERN GAS PIPELINES LIMITED
DETAILS OF EQUIPMENT & GAS LOAD ESTIMATES

1. Name & Address of the firm _____
where gas is required _____

Telephone: Office: _____ Fax: _____

2.

Present Equipment	Gas Consumption/Hr. (MCF)	Max. Gas Consumption/Day (MCF)

(use additional sheet if required)

3. Normal operation: Hours/Day _____ Days/Month _____
Months/Year _____

Peak Hourly Load _____ Av. Daily Load _____
Av. Monthly Load _____

4. Anticipated extensions if any, Please give details. _____

