



**GAS SERVICES
NOMINATION FORM**

CUSTOMER NAME:		
DUNS NUMBER:		
CONTRACT NUMBER:	FUEL RATE:	
DATE SUBMITTED:	INTRA DAY NOMINATION:	<small>(POST YES OR NO)</small>
BEGINNING DATE:	Fax #	
ENDING DATE:	NMGC Email	
PREPARED BY:	E-MAIL ADDRESS:	
TELEPHONE #:	FAX #:	24 HOUR #:

TRANSPORTER RECEIPT POINTS					
PRIORITY	RECEIPT NAME	STATION #	DRN NUMBER	UPSTREAM CONTRACT NUMBER	RECEIPT MMBtu's
RECEIPTS TOTAL					-

TRANSPORTER DELIVERY POINTS				
PRIORITY	DELIVERY STATION NAME	DELIVERY STATION #	DOWNSTREAM CONTRACT #	DELIVERY MMBtu's
DELIVERY TOTAL				-