

Request to Purchase Releasable Capacity

Instructions

Fill out the below form and email to caprelease-hobbs@markwest.com. Once processed, this request will be posted on MarkWest New Mexico, L.L.C.'s website.

| | |
|---------------------------------|----------------------------|
| Replacement Shipper Legal Name: | |
| Contact Name: | |
| Contact Title: | |
| Contact Address: | |
| Contact Phone: | |
| Contact Email: | |
| Request Effective Date: | |
| Request Termination Date: | |
| Quantity Requested: | |
| Receipt Point(s): | <u>Location</u> <u>DRN</u> |
| Delivery Point(s): | <u>Location</u> <u>DRN</u> |
| Terms and Conditions: | |
| Other: | |