

	Pipeline Interconnection Request Form NGR Part 6	Doc Ref: CORP-F-033
This is a Controlled Document		Published: Jan 2026 Current Until ¹ : Jan 2028

***Indicates a mandatory field**

SECTION 1: GENERAL (APPLICABLE TO ALL PIPELINE INTERCONNECTION REQUESTS)

Item	Description
1. Name of Customer*	
2. ABN*	
3. Contact Details	Name*
	Position*
	Phone Number*
	Email*

SECTION 2: APPLICABLE TO PIPELINE INTERCONNECTION REQUESTS PROPOSING NEW RECEIPT POINTS

1. New Receipt Point required?*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete the remaining fields in this table, otherwise leave them blank
2. Location*	Please provide relevant details, including site plan
3. Pipeline(s)*	<input type="checkbox"/> PCA <input type="checkbox"/> PCI <input type="checkbox"/> Mortlake Tick as applicable
4. Describe the nature of the interconnecting facility and reason for the request. Please also attach any supporting or reference documentation to this request.	
5. Proposed Interconnection Commencement Date*	
6. Proposed Interconnection Expiration Date*	
7. Proposed Battery Limits*	
8. Proposed Gas Composition	
9. Forecast Annual Flow (TJ per Annum)	
10. Minimum Non-Zero Daily Design Flow (TJ/d)	
11. Minimum Non-Zero Hourly Design Flow (TJ/h)*	
12. Peak Daily Design Flow (TJ/d)	

¹ Subject to earlier revision by Service Provider

13. Peak Hourly Design Flow (TJ/h)*	
14. Anticipated Daily or Hourly load profile	
15. Operational days per year	
16. Seasonal shutdown period(s)	Please provide indicative timing and duration
17. Minimum gas supply design pressure (kPag)*	
18. Maximum gas supply design pressure (kPag)*	
19. Minimum gas supply design temperature (°C)*	
20. Maximum gas supply design temperature (°C)*	
21. New Pipeline from Facility required*	<input type="checkbox"/> YES <input type="checkbox"/> NO Distance m (if yes): Other relevant information:
22. Proposed Gas custody transfer point*	
23. Required reliability of Gas receipt facilities	Please provide relevant details regarding tolerance for interruption to SEA Gas' ability to receive gas
24. SEA Gas to provide for odorant injection*	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Requirement for SEA Gas provide uncorrected flow signal to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
26. Requirement for SEA Gas to provide corrected flow to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
27. Requirement for SEA Gas to provide pressure and or temperature data to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
28. Special signals requirements*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements

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29. Site control room available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Site power available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Site 24V UPS power available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Customer to provide land required for SEA Gas facilities*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details of proposed arrangements
33. Any Pipeline or Station access restrictions*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details

SECTION 3: APPLICABLE TO PIPELINE INTERCONNECTION REQUESTS PROPOSING NEW DELIVERY POINTS

1. New Delivery Point required?*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete the remaining fields in this table, otherwise leave them blank
2. Location*	Please provide relevant details, including site plan
3. Pipeline(s)*	<input type="checkbox"/> PCA <input type="checkbox"/> PCI <input type="checkbox"/> Mortlake Tick as applicable
4. Describe the nature of the interconnecting facility and reason for the request. Please also attach any supporting or reference documentation to this request.	
5. Proposed Interconnection Commencement Date*	
6. Proposed Interconnection Expiration Date*	
7. Proposed Battery Limits*	
8. Forecast Annual Flow (TJ per Annum)	
9. Minimum Non-Zero Daily Design Flow (TJ/d)	
10. Minimum Non-Zero Hourly Design Flow (TJ/h)*	
11. Peak Daily Design Flow (TJ/d)	
12. Peak Hourly Design Flow (TJ/h)*	

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13. Anticipated Daily or Hourly load profile	
14. Operational days per year	
15. Seasonal shutdown period(s)	Please provide indicative timing and duration
16. Minimum gas supply design pressure (kPag)*	
17. Maximum gas supply design pressure (kPag)*	
18. Minimum gas supply design temperature (°C)*	
19. Maximum gas supply design temperature (°C)*	
20. New Pipeline to Facility required*	<input type="checkbox"/> YES <input type="checkbox"/> NO Distance m (if yes): Other relevant information:
21. Proposed Gas custody transfer point	
22. Required reliability of Gas supply	Please provide relevant details, including whether alternative energy supply is available and any other information regarding tolerance for supply interruption
23. Requirement for SEA Gas provide uncorrected flow signal to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
24. Requirement for SEA Gas to provide corrected flow to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
25. Requirement for SEA Gas to provide pressure and or temperature data to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
26. Special signals requirements*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
27. Site control room available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. Site power available*	<input type="checkbox"/> YES <input type="checkbox"/> NO

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29. Site 24V UPS power available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Customer to provide land required for SEA Gas facilities*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details of proposed arrangements
31. Any Pipeline or Station access restrictions*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details

SECTION 4: CONFIDENTIALITY

Pipeline Interconnection Requests are to be accompanied by a signed copy of SEA Gas' Confidentiality Agreement, which is available for download [here](#).

INTERNAL OFFICE USE ONLY:
Date Received: Comments:
Staff Members Name: Title: