



Production Pool Meter Assignment Form (EPPAM)

Business Party Name: _____ Today's Date: _____
Production Pool Name: _____ Month: _____
Gas Scheduler Name: _____ Eff Date: _____
Phone #: _____
Active Confirmation? Y ☒ N ☐

Gas Deliver Order Code:

Purchase First ☐
Non-Purchase First ☐
Pro Rata ☐
Meter Rank ☐

Excess Allocation Code:

Purchase All ☐ Excess Pool Type-PA Only:
Allocate All ☐ DMT MMNGS
By Meter Type ☐ ☐ ☐

| | New | Del | Meter Number | Gas Delivery Order |
|-----|-----|-----|--------------|--------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Email to: TSSsupport@natfuel.com and CzechowiczD@natfuel.com

If email is unavailable, fax to Transportation Services at (716) 857-7479

FOR TRANSPORTATION SERVICES USE ONLY

Appvd. By _____ Date _____