

(Placement on page, number of pages, format, capitalization and font may vary)

EXHIBIT A
COMPRESSION SERVICE AGREEMENT
CS-1 Rate Schedule

Shipper: _____

Term: _____through_____

Volumes

Exhibit A Volume:

Period	MDQ/day
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Fees:

Compression fee:

_____ per Dth

Compression fee - Additional Gas Volumes

_____ per Dth

Receipt Point Pressure Minimum_____psig [When operationally required by Northern]

Delivery Point Pressure Minimum_____psig