

Timely

Evening

Intraday 1

Intraday 2

Intraday 3

Final AM

ATTN Market Services Rep:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fax Confirmations to: Attn: Market Services

Fax No: (713) 989-1203

**OPERATOR CONFIRMATION**

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| OPERATOR NAME: | | | | | | | TODAY'S DATE: | | | PREPARED BY: | | | | |
| OPERATIONAL BALANCING AGREEMENT NUMBER: | | | | | | | TELEPHONE NUMBER: | | | FAX NUMBER: | | | | |
| BEGIN DATE | END DATE | LOCATION | LOCATION NAME | FLOW IND  (R) (D) | UP/DN ID | UP/DN K# |  | SVC REQ K# | SERVICE REQUESTER | SVC REQ ID |  | CONF QUANTITY | MAKEUP QUANTITY | REDUCTION REASON CODE |
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Revised 2/1/18