APPLICANT(S) (See Appendix A to re	gister a	dditional applicants)	
LEGAL NAME:	Southern Cross Pipelines (NPL) Australia Pty Limite		ACN/ABN:	99 085 991 948
TRADING NAME: If different to legal nam	ne			
NORMAL BUSINESS ACTIVITY		Owns 25.5% of the Goldfields Gas Pipeline and 100% of the Parkeston Lateral Pipeline.		
REGISTERED POSTAL ADDRESS:		APA Group, Level 25, 580 George Street, Sydney NSW 2000, Australia		
CONTACT PHONE NUMBER			Adam Watson (02) 9228 8998	
NON-SCHEME PIPEL	INE SU	BJECT TO THIS A	PPLICATION	
PIPELINE NAME:		Parkeston (Kalgoorlie) Lateral Pipeline		
PIPELINE LICENCE NUMBER(S):		PL28		
LOCATION: Details may include start and end points of the pipeline. Provide a map of the site as an attachment.		See attached — "PL 28 - NSCGP - Parkeston Map"		
NAMEPLATE RATING: Maximum quantity of natural gas that can be transported through the pipeline in a day under normal operating conditions (if available).		57.3TJ/d		
THROUGHPUT: Volume of actual throughput in previous 24 month period and expectation for next 12 month period.		TJ/day		
DESCRIPTION: Provide details of the pipeline operation incluownership of pipeline, purpose or use of gas, shipper(s) and user(s) gas. A list of supportind documents may be attact to this application to demonstrate how the pipeline meets the exemption criteria.	of the		operating pressure i	an 8" diameter pipeline that is s 10.2 MPag MAOP.

Category 3: exem	ption from in	nformation disclosure provisions (Di information disclosure provisions (Di in and pipeline service information.		
EXEMPTION SOUGHT Tick all categories or criteria that apply.		Category 1 The non-scheme pipeline does not provide third party access		
		Category 2 The non-scheme pipeline does not provide third party access		
		OR The non-scheme pipeline is a single shipper pipeline		
	Ø	Category 3 The average daily injection of natural gas into the non-scheme pipeline calculated over the immediately preceding 24 months is less than 10TJ/day		
Have you previously been granted an exemption in relation to this non-scheme pipeline?		☑ Yes	□ No	
DECLARATION				
✓ I confirm that a attached in this ap		documents, including the Statutory	Declaration and	map, are
		circumstances change such that the anted by the ERA.	non-scheme pipe	eline no longer

PART B – VARIATION TO A CONDITION OF AN EXISTING EXEMPTION				
APPLICANT(S) - (See Appendix A to register additional applicants)				
LEGAL NAME:	ACN/ABN:			
TRADING NAME: If different to legal name				
NORMAL BUSINESS ACTIVITY				
REGISTERED POSTAL ADDRESS:				
CONTACT PHONE NUMBER				
EXEMPTION SUBJECT TO THIS APPLICATIO	N FOR VARIATION			
PIPELINE NAME:				
PIPELINE LICENCE NUMBER(S)				
Relevant exemption category(ies):		□ Category 1□ Category 2□ Category 3		
Please set out the relevant condition(s) that you wish to vary on the existing approved exemption.				
Please provide the reasons why the condition(s) should be varied and the proposed variation. Alternatively, attach a document setting these out.				
All supporting documents to this application have been attached:	☐ Yes ☐ No If no, please explain:			

PART C – REVOCATION OF EXISTING EXEMPTION				
APPLICANT(S) – (See Appendix A to register additional applicants)				
LEGAL NAME:	ACN/ABN:			
TRADING NAME: If different to legal name				
NORMAL BUSINESS ACTIVITY:				
REGISTERED POSTAL ADDRESS:				
CONTACT PHONE NUMBER				
NON-SCHEME PIPELINE SUBJECT TO THIS APPLICATION				
PIPELINE NAME:				
PIPELINE LICENCE NUMBER(S):				
LOCATION				
Relevant exemption category:	☐ Category 1 ☐ Category 2 ☐ Category 3			
Please explain why the exemption should be revoked. You may include an attachment for additional information.				
All supporting documents to this application have been attached:	☐ Yes ☐ No If no, please explain:			

APPENDIX A – ADDITIONAL APPLICANTS				
ADDITIONAL APPLICANT 1				
LEGAL NAME:	ACN/ABN:			
TRADING NAME: If different to legal name				
NORMAL BUSINESS ACTIVITY:				
REGISTERED POSTAL ADDRESS:				
CONTACT PHONE NUMBER				
ADDITIONAL APPLICANT 2				
LEGAL NAME:	ACN/ABN:			
TRADING NAME: If different to legal name				
NORMAL BUSINESS ACTIVITY:	c			
REGISTERED POSTAL ADDRESS:				
CONTACT PHONE NUMBER	+			