PART A - APPLICATION FOR AN EXEMPTION

APPLICANT(S) *(See Appendix A to register additional applicants)*			
LEGAL NAME:	Southern Cross Pipelines Australia Pty Limited	ACN/ABN:	64 084 521 997
TRADING NAME: *If different to legal name*			
NORMAL BUSINESS ACTIVITY		Owns 62.7% of the Goldfields Gas Pipeline, and 100% of various pipelines connected to the Eastern Goldfields Pipeline, including the Gwalia 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 PIPELINE SUBJECT TO THIS APPLICATION	
PIPELINE NAME:	Gwalia Lateral Pipeline
PIPELINE LICENCE NUMBER(S):	PL76
LOCATION: *Details may include start and end points of the pipeline. Provide a map of the site as an attachment.*	See attached — "PL 76 - NSCGP - Gwalia Lateral Map"
NAMEPLATE RATING: *Maximum quantity of natural gas that can be transported through the pipeline in a day under normal operating conditions (if available).*	79.0TJ/d
THROUGHPUT: *Volume of actual throughput in previous 24 month period and expectation for next 12 month period.*	[redacted]TJ/d (actual and forecast) (as of 9 March 2023)
DESCRIPTION: *Provide details of the pipeline operation including ownership of pipeline, purpose or use of gas, shipper(s) and user(s) of the gas. A list of supporting documents may be attached to this application to demonstrate how the pipeline meets the exemption criteria.*	This lateral was built in 2008. It is a 3" diameter pipeline that is 5.7km long. Its operating pressure is 10.2MPag MAOP. Single user pipeline.
CATEGORY OF EXEMPTION	

Category 1: exemption from the access request and negotiations, and arbitration of access disputes provisions (Divisions 3 and 4 of Part 23 of the NGR). Category 2: exemption from information disclosure provisions (Division 2 of Part 23 of the NGR). Category 3: exemption from information disclosure provisions (Division 2 of Part 23 of the NGR), except for pipeline information 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
	☑	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 all supporting documents, including the Statutory Declaration and map, are attached in this application.

☑ I will notify the ERA if any circumstances change such that the non-scheme pipeline no longer qualifies for any exemption granted by the ERA.

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 APPLICATION 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:			
REGISTERED POSTAL ADDRESS:			
CONTACT PHONE NUMBER			