APPLICANT(S)				
(See Appendix A to re	egister a	dditional applicants	5)	
LEGAL NAME:	APT Pty	Pipelines (WA) Ltd	ACN/ABN:	75 066 343 584
TRADING NAME: If different to legal name				
NORMAL BUSINESS ACTIVITY		Owns the Westlime and Wiluna Laterals. Provides services for the operation of the Goldfields Gas Pipeline. Holds APA's ownership share in the Mid West Joint Venture that owns the Mid West Pipeline.		
REGISTERED POSTAL ADDRESS:		APA Group, Level 25, 580 George Street, Sydney NSW 2000, Australia		
CONTACT PHONE N	IUMBER		Adam Watson (02) 9228 8998	
NON-SCHEME PIPE	LINE SU	BJECT TO THIS A	APPLICATION	
PIPELINE NAME:		Wiluna Lateral Pipeline		
PIPELINE LICENCE NUMBER(S):		PL33		
LOCATION: Details may include s and end points of the pipeline. Provide a m the site as an attachn	ap of	See attached —	"PL 33 - NSCGP - V	Viluna Lateral Map"
NAMEPLATE RATING Maximum quantity of gas that can be transp through the pipeline in under normal operatin conditions (if available	natural ported n a day	78.5TJ/d		
THROUGHPUT: Volume of actual thro	period	TJ/d (actual and forecast) (as of 9 March 2023)		
in previous 24 month and expectation for no 12 month period.	ext			

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.

		Category 1 The non-scheme pipeline does n	ot provide third	party access	
EXEMPTION SOUGHT		Category 2 The non-scheme pipeline does not provide third party access			
Tick all categories or criteria that	Ø	OR The non-scheme pipeline is a sin	igle shipper pipe	eline	
apply.	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 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 □ Yes have been attached: □ 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:	AĊN/ABN:				
TRADING NAME: If different to legal name					
NORMAL BUSINESS ACTIVITY:					
REGISTERED POSTAL ADDRESS:					
CONTACT PHONE NUMBER					