Transmission Provider: Public Service Company of New Mexico

Designated Contact Person: Manager, Transmission Contracts

Address: 2401 Aztec Rd., NE, MS-Z220
Albuquerque NM 87107

Telephone Number: (505) 241-4472
Fax: (505) 241-4363
E-Mail Address: Wesley.Wilson@pnm.com

An Interconnection Request is considered complete when it provides all applicable and correct information required below. Per SGIP section 1.5, documentation of site control must be submitted with the Interconnection Request.

Preamble and Instructions

An Interconnection Customer who requests a Federal Energy Regulatory Commission jurisdictional interconnection must submit this Interconnection Request by hand delivery, mail, e-mail, or fax to the Transmission Provider.

Processing Fee or Deposit:

If the Interconnection Request is submitted under the Fast Track Process, the non-refundable processing fee is $500.

If the Interconnection Request is submitted under the Study Process, whether a new submission or an Interconnection Request that did not pass the Fast Track Process, the Interconnection Customer shall submit to the Transmission Provider a deposit not to exceed $1,000 towards the cost of the feasibility study.

Interconnection Customer Information

Legal Name of the Interconnection Customer (or, if an individual, individual's name)

Name: 

Contact Person: 

Mailing Address: 
City: ___________________________ State: ______________ Zip: ________________

Facility Location (if different from above): ________________________________

Telephone (Day): _______________ Telephone (Evening): ________________

Fax: __________________________ E-Mail Address: _______________________

Alternative Contact Information (if different from the Interconnection Customer)

Contact Name: ________________________________

Title: ____________________________________________________________________

Address: __________________________________________________________________

Telephone (Day): _______________ Telephone (Evening): ________________

Fax: __________________________ E-Mail Address: _______________________

Application is for: ________New Small Generating Facility

______Capacity addition to Existing Small Generating Facility

If capacity addition to existing facility, please describe: _________________________

Will the Small Generating Facility be used for any of the following?

Net Metering? Yes ___ No ___

To Supply Power to the Interconnection Customer? Yes ___ No ___

To Supply Power to Others? Yes ____ No ____

For installations at locations with existing electric service to which the proposed Small Generating Facility will interconnect, provide:

(Local Electric Service Provider*) (Existing Account Number*)

[*To be provided by the Interconnection Customer if the local electric service provider is different from the Transmission Provider]

Contact Name: __________________________________________________________________

Title: _____________________________________________________________________
Address: ____________________________________________________________________________________________

_______________________________________________________________________________________________

Telephone (Day): ______________________ Telephone (Evening): ______________________

Fax: ________________________________ E-Mail Address: __________________________________________________________________

Requested Point of Interconnection: __________________________________________________________________

Interconnection Customer’s Requested In-Service Date: __________________________________________________________________

**Small Generating Facility Information**

Data apply only to the Small Generating Facility, not the Interconnection Facilities.

Energy Source: ___ Solar   ___ Wind   ___ Hydro   ___ Hydro Type (e.g. Run-of-River): __________

Diesel   ___ Natural Gas   ___ Fuel Oil   ___ Other (state type)

Prime Mover: _____Fuel Cell   _____Recip Engine   _____Gas Turb   _____Steam Turb

_____Microturbine   _____PV   _____Other

Type of Generator: ____Synchronous   ____Induction   ____Inverter

Generator Nameplate Rating: _______kW (Typical)   Generator Nameplate kVAR: _______

Interconnection Customer or Customer-Site Load: ______________kW (if none, so state)

Typical Reactive Load (if known): ______________

Maximum Physical Export Capability Requested: _____________ kW

List components of the Small Generating Facility equipment package that are currently certified:

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>Certifying Entity</th>
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<tbody>
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Is the prime mover compatible with the certified protective relay package?   ____Yes   ____No

Generator (or solar collector)
Manufacturer, Model Name & Number: __________________________________________

Version Number: __________________________________________

Nameplate Output Power Rating in kW:   (Summer) _____________ (Winter) _____________
Nameplate Output Power Rating in kVA: (Summer) ___________ (Winter) ____________

Individual Generator Power Factor
Rated Power Factor: Leading: ___________ Lagging: ___________

Total Number of Generators in wind farm to be interconnected pursuant to this Interconnection Request: __________ Elevation: ________ Single phase ___ Three phase

Inverter Manufacturer, Model Name & Number (if used): ________________________________

List of adjustable set points for the protective equipment or software: ______________________

Note: A completed Power Systems Load Flow data sheet must be supplied with the Interconnection Request.

Small Generating Facility Characteristic Data (for inverter-based machines)
Max design fault contribution current: ___________ Instantaneous _____ or RMS? ___

Harmonics Characteristics: __________________________________________________________

Start-up requirements: __________________________________________________________________

Small Generating Facility Characteristic Data (for rotating machines)
RPM Frequency: _____________
(*) Neutral Grounding Resistor (If Applicable): ______________

Synchronous Generators:
Direct Axis Synchronous Reactance, Xd: _______ P.U.
Direct Axis Transient Reactance, X'd: _______ P.U.
Direct Axis Subtransient Reactance, X"d: _______ P.U.
Negative Sequence Reactance, X2: ______ P.U.
Zero Sequence Reactance, X0: ______ P.U.
KVA Base: __________________________
Field Volts: ______________
Field Amperes: ______________

Induction Generators:
Motoring Power (kW): ______________
I2t or K (Heating Time Constant): ______________
Rotor Resistance, Rr: ______________
Stator Resistance, Rs: ______________
Stator Reactance, Xs: ______________
Rotor Reactance, Xr: ______________
Magnetizing Reactance, Xm: ______________
Short Circuit Reactance, Xd": ______________
Exciting Current: ______________
Temperature Rise: ______________
Frame Size: ______________
Design Letter: ______________
Reactive Power Required In Vars (No Load): ______________
Reactive Power Required In Vars (Full Load): ______________
Total Rotating Inertia, H: ______________ Per Unit on kVA Base

Note: Please contact the Transmission Provider prior to submitting the Interconnection Request to determine if the specified information above is required.

Excitation and Governor System Data for Synchronous Generators Only

Provide appropriate IEEE model block diagram of excitation system, governor system and power system stabilizer (PSS) in accordance with the regional reliability council criteria. A PSS may be determined to be required by applicable studies. A copy of the manufacturer's block diagram may not be substituted.

Interconnection Facilities Information

Will a transformer be used between the generator and the point of common coupling? ___Yes ___No

Will the transformer be provided by the Interconnection Customer? ____Yes ____No

Transformer Data (If Applicable, for Interconnection Customer-Owned Transformer):

Is the transformer: ____single phase ____three phase?
Size: _______kVA
Transformer Impedance: _______% on _________kVA Base

If Three Phase:
Transformer Primary: _____ Volts _____ Delta _____ Wye _____ Wye Grounded
Transformer Secondary: _____ Volts _____ Delta _____ Wye _____ Wye Grounded
Transformer Tertiary: _____ Volts _____ Delta _____ Wye _____ Wye Grounded

Transformer Fuse Data (If Applicable, for Interconnection Customer-Owned Fuse):

(Attach copy of fuse manufacturer's Minimum Melt and Total Clearing Time-Current Curves)
Manufacturer: ______________ Type: ______________ Size: _______ Speed: ______________

Interconnecting Circuit Breaker (if applicable):

Manufacturer: ______________ Type: ______________
Load Rating (Amps): _______ Interrupting Rating (Amps): _______ Trip Speed (Cycles): ______________

Interconnection Protective Relays (If Applicable):
If Microprocessor-Controlled:

List of Functions and Adjustable Setpoints for the protective equipment or software:

<table>
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<tr>
<th>Setpoint Function</th>
<th>Minimum</th>
<th>Maximum</th>
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If Discrete Components:

(Enclose Copy of any Proposed Time-Overcurrent Coordination Curves)

Manufacturer: ______ Type: ____ Style/Catalog No.: ______ Proposed Setting: ______
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Current Transformer Data (If Applicable):

(Enclose Copy of Manufacturer's Excitation and Ratio Correction Curves)

Manufacturer: __________ Type: ______ Accuracy Class: __ Proposed Ratio Connection: ___
Manufacturer: __________ Type: ______ Accuracy Class: __ Proposed Ratio Connection: ___

Potential Transformer Data (If Applicable):

Manufacturer: __________ Type: ______ Accuracy Class: __ Proposed Ratio Connection: ___
Manufacturer: __________ Type: ______ Accuracy Class: __ Proposed Ratio Connection: ___

General Information

Enclose copy of site electrical one-line diagram showing the configuration of all Small Generating
Facility equipment, current and potential circuits, and protection and control schemes. This one-line diagram must be signed and stamped by a licensed Professional Engineer if the Small Generating Facility is larger than 50 kW. Is One-Line Diagram Enclosed? ___Yes ___No

Enclose copy of any site documentation that indicates the precise physical location of the proposed Small Generating Facility (e.g., USGS topographic map or other diagram or documentation).

Proposed location of protective interface equipment on property (include address if different from the Interconnection Customer's address) ________________________________________________

Enclose copy of any site documentation that describes and details the operation of the protection and control schemes. Is Available Documentation Enclosed? ___Yes ___No

Enclose copies of schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable). Are Schematic Drawings Enclosed? ___Yes ___No

**Applicant Signature**

I hereby certify that, to the best of my knowledge, all the information provided in this Interconnection Request is true and correct.

For Interconnection Customer: ________________________________Date: ____________