

EL PASO ELECTRIC COMPANY
FIRST REVISED SAMPLE FORM NO. 21
CANCELLING ORIGINAL SAMPLE FORM NO. 21

APPLICATION TO INTERCONNECT
TO
EL PASO ELECTRIC COMPANY'S ELECTRICAL SYSTEM
BY A QUALIFYING
COGENERATION OR SMALL POWER PRODUCTION
FACILITY

Page 1 of 9

I. Applicant's Name: _____

A. Contact Person: _____ Telephone: _____

II. Applicant's Address: _____

Zip Code: _____

III. Project Name: _____

A. Project Location: _____

Include site plan to scale showing exact location of the Qualifying facility and desired point of interconnection with El Paso Electric Company (EPE).

B. Project Developer: _____

C. Project Owner: _____

D. Contact: _____ Telephone: _____
(If different from applicant)

E. Project Developer's Address: _____ Zip: _____
(If different from applicant)

IV. Type of Qualifying Facility

___ Cogeneration ___ Small Power Production

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SERVICE**

FOR _____ ON

MAY 1 1990

BY F.O. Case # 2279

APPROVED

NEW MEXICO PUBLIC SERVICE COMMISSION

Advice Notice No. 145

Signature/Title


Vice President

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Continuation of Form No. 21
Application to Interconnect
To
El Paso Electric Company's Electrical System
By a Qualifying
Cogeneration or Small Power Production
Facility

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V. Description of Project:

(Please provide a brief narrative description of the Qualifying Facility sufficient to describe any unique characteristics of the Facility.)

VI. If Cogeneration Facility

A. Is the Cogeneration Facility a:

_____ Bottom Cycle or _____ Topping Cycle Facility

B. Fuel Source(s)

_____ Natural Gas _____ Fuel Oil _____ Coal _____ Other (specify) _____

C. Prime Mover(s)

Number _____ Type(s) of Prime Mover _____

D. Generating Unit(s)

1. What is the design capacity of each unit?

Number _____ KW _____
Number _____ KW _____
Number _____ KW _____

2. What is the nameplate voltage of the generating unit(s) _____

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3. Is the generating unit(s):
_____ Three phase or _____ Single phase
4. Is the generator(s):
_____ Synchronous or _____ Induction
5. What percent of the designed capacity will this facility normally be operated _____ %
6. Days of week this facility will normally be in operation:
Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____ All Holidays _____
7. Specify what hours of each operating day of the week this facility will normally be in operation.

VII. If small power production facility.

A. Renewable Energy Source:

___ Sun ___ Wind ___ Biomass ___ Geothermal ___ Other (specify)

B. If Biomass, please specify type.

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J. McLowman
Vice President

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C. If augmented by a non-renewable energy resource, what is the type of fuel used?

Type of fuel:

Natural Gas Fuel oil Coal

D. Generating Unit(s)

1. What is the design capacity of each unit?

Number _____ KW _____
Number _____ KW _____
Number _____ KW _____

2. What is the nameplate voltage of the generating unit(s) _____

3. Are the generating unit(s):

Three phase or Single phase

4. Is the generator(s):

Synchronous or Induction

5. What percent of the designed capacity will this facility normally be operated _____ %

6. Days of week this facility will normally be in operation:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___

Friday ___ Saturday ___ Sunday ___ All Holidays ___

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Vice President

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7. Specify what hours of each operating day of the week this facility will be in operation, and at what percent of the designed capacity. If depended on solar or wind power, write N/A.

VIII. Will this facility qualify under Federal Energy Regulatory Commission Regulations, Subpart B, 18 CFR Part 292, promulgated pursuant to Section 201 of the Public Utility Regulatory Policies Act of 1978, P.L. 95-617, 92 Stat. 3117, November 9, 1978?

1. Please attach copy of your Federal Energy Regulatory Commission (FERC) application for Qualifying Facility.

A. If applicable: FERC Docket Number (please attach copy of Letter of Notification) _____ and status of Docket Number.

IX. Will there be any electric utility company or subsidiary of an electric utility company ownership of this project? ____ If yes, what percentage? ____% Name of Company _____

X. Estimated date this facility will be ready for interconnection with El Paso Electric Company. _____

XI. Estimated date this facility will be in operation under test conditions. _____

XII. What electric power and energy requirements need to be supplied by El Paso Electric Company?

A. Desired type of service: _____ volts, _____ phase, _____ wire

B. Supplementary Power _____ KW

C. Back-up Power _____ KW

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S. Mowman

Vice President

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D. Scheduled Maintenance Power _____ KW

1. What will be the normal maintenance schedule for the unit(s)? (Please submit manufacturer's data) _____

E. Interruptible Power _____ KW

XIII. Project Licensed Professional Engineer:

Name: _____

Address: _____

Telephone: _____

Before the project is interconnected with EPE's electrical system, a statement must be submitted to EPE by the Licensed Professional Engineer certifying that the design of the Qualifying Facility and its interconnection equipment complies with utility requirements and with reasonable interconnection safety and design standards and prudent electrical practices.

XIV. Technical information pertaining to interconnection and safety requirements.

- A. Please prepare a one-line electrical diagram of the proposed Qualifying Facility Projects and attach it to this form.
- B. Please describe the proposed protection schemes and attach to this form.
- C. Please describe the proposed relay settings and attach to this form.
- D. Please describe the proposed operating procedure for the facility and attach to this form.
- E. Please outline the proposed construction schedule and attach to this form.

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F. Please prepare a fault study and protection analysis for the entire facility and attach to this form.

Received By

El Paso Electric Company

Date: _____

Applicant's Name: _____

By: _____

Title: _____

Date: _____

Application Approval by
El Paso Electric Company

By: _____

Date: _____

Application Disapproval
El Paso Electric Company

By: _____

Date: _____

Project Interconnection and
Safety Requirements Approval
El Paso Electric Company

By: _____

Date: _____

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J. Blowers
Vice President

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MACHINE DATA

(Complete this section separately for each generating unit in the project)

GENERATOR DATA

TYPE: _____ (Induction/Synchronous)

NAME PLATE RATING: _____ KVA/HP

RATED POWER FACTOR: _____ %

RATED VOLTAGE: _____ Volts

EFFICIENCY: _____ %

INERTIA CONSTANT (When Available) _____ lbm ft.

GENERATOR PARAMETERS

Synchronous

Reactances*:	Synchronous	(Xd) _____ %
	Transient	(X'd) _____ %
	Subtransient	(X''d) _____ %
	Negative Sequence Armature	(X2) _____ %
	Rotor (Field)	(Xr) _____ %
	*Base KVA _____	

Resistances: Armature	(ra) _____
Rotor (Field)	(rr) _____

Time Constant: Direct Axis Subtransient (T''d) _____ sec.

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[Handwritten Signature]

APPROVED

Vice President

