

WELL PERMITTEE ORGANIZATION REPORT

Required by authority of Part 615 SUPERVISOR OF WELLS and Part 625 MINERAL WELL, Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. This form is used for the purpose of defining those responsible for making operational decisions and serves to register individuals authorized to prepare and/or submit information on behalf of the well permittee to the Department of Environment, Great Lakes, and Energy - Oil, Gas, and Minerals Division (EGLE-OGMD). Non-submission and/or falsification of this information may result in fines and/or imprisonment

PURPOSE FOR FILING: New Change of Principal or Agent Address Correction Name Change

ORGANIZATION Enter the complete organization name, plan, and current business addresses and phone number.

<p>1. Company name (as shown on permit to drill)</p> <p>Mailing Address City, State, Zip</p> <p>Street Address City, State, Zip</p> <p>Phone Fed. ID No.</p>	<p>2. If organization shown in 1 is a subsidiary or an assumed name (dba), give name and address of associated or parent company or person</p>
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3. Current Organization Plan (check one)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

4. If reorganization or name change, name & address of previous organization

5. **PRINCIPALS** List all corporate officers, directors, incorporators, partners, or shareholders who have the authority to or responsibility for making operational decisions including siting, drilling, operating, producing, reworking, and plugging of wells. Attach extra sheet if needed.

First Name	Last Name	Phone Number	Email	Address	City	State	Zip

6. **EMPLOYEES** List the names of persons, employees of the organization, who are authorized to submit applications, workplans, or records pursuant to the above cited Act(s). Attach extra sheet if needed.

First Name	Last Name	Phone Number	Email	In Checking 'YES' it is acknowledged that these individuals are authorized for electronic submittals on behalf of the company. OGMD will assign passwords and log-in information to these individuals, thereby allowing them to submit within the EFORMS system.
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

7. **AGENTS** List the names of persons, other than employees of the organization, who are authorized to submit applications, workplans, or records pursuant to the above cited Act(s). Attach extra sheet if needed.

First Name	Last Name	Phone Number	Email	In Checking 'YES' it is acknowledged that these individuals are authorized for electronic submittals on behalf of the company. OGMD will assign passwords and log-in information to these individuals, thereby allowing them to submit within the EFORMS system.
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Certification "I state that I am authorized to make this report. This report was prepared under my supervision and direction. The facts stated herein are true, accurate and complete to the best of my knowledge."

Name of a principal	Signature	Date
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