

**MICHIGAN PUBLIC SERVICE COMMISSION**

**ANNUAL REPORT OF NATURAL GAS UTILITIES (MAJOR AND NONMAJOR)**  
**WITH ANNUAL SALES OF LESS THAN 200,000 MCF**

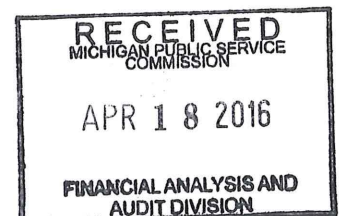
This form is authorized by 1919 PA 419, as amended, being MCL 460.55 et seq. and 1969 PA 306, as amended, being MCL 24.201 et seq. Filing of this form is mandatory. Failure to complete and submit this form will place you in violation of state law.

<b>Report submitted for year ending:</b> December 31, 2015																	
<b>Present name of respondent:</b> SUPERIOR ENERGY COMPANY																	
<b>Address of principal place of business:</b> 11690 CHIPPEWA HWY																	
<b>Utility representative to whom inquires regarding this report may be directed:</b>  <table><tr><td><b>Name:</b></td><td>EDWARD HARE</td><td><b>Title:</b></td><td>CONTROLLER</td></tr><tr><td><b>Address:</b></td><td colspan="3">2674 S HURON ROAD</td></tr><tr><td><b>City:</b></td><td>KAWKAWLIN</td><td><b>State:</b></td><td>MI      <b>Zip:</b> 48631</td></tr><tr><td><b>Direct Telephone, Include Area Code:</b></td><td colspan="3">989-439-7124</td></tr></table>		<b>Name:</b>	EDWARD HARE	<b>Title:</b>	CONTROLLER	<b>Address:</b>	2674 S HURON ROAD			<b>City:</b>	KAWKAWLIN	<b>State:</b>	MI <b>Zip:</b> 48631	<b>Direct Telephone, Include Area Code:</b>	989-439-7124		
<b>Name:</b>	EDWARD HARE	<b>Title:</b>	CONTROLLER														
<b>Address:</b>	2674 S HURON ROAD																
<b>City:</b>	KAWKAWLIN	<b>State:</b>	MI <b>Zip:</b> 48631														
<b>Direct Telephone, Include Area Code:</b>	989-439-7124																
<b>If the utility name has been changed during the past year:</b>  <table><tr><td><b>Prior Name:</b></td><td></td></tr><tr><td><b>Date of Change:</b></td><td></td></tr></table>		<b>Prior Name:</b>		<b>Date of Change:</b>													
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<b>Date of Change:</b>																	
<b>Two copies of the published annual report to stockholders:</b>  <table><tr><td><input type="checkbox"/></td><td></td><td>were forwarded to the Commission</td></tr><tr><td><input checked="" type="checkbox"/></td><td>X</td><td>will be forwarded to the Commission</td></tr><tr><td colspan="2"></td><td>on or about June 30, 2016</td></tr></table>		<input type="checkbox"/>		were forwarded to the Commission	<input checked="" type="checkbox"/>	X	will be forwarded to the Commission			on or about June 30, 2016							
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<b>Annual reports to stockholders:</b>  <table><tr><td><input type="checkbox"/></td><td></td><td>are published</td></tr><tr><td><input checked="" type="checkbox"/></td><td>X</td><td>are not published</td></tr></table>		<input type="checkbox"/>		are published	<input checked="" type="checkbox"/>	X	are not published										
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<input checked="" type="checkbox"/>	X	are not published															

**FOR ASSISTANCE IN COMPLETION OF THIS FORM:**

Contact the Michigan Public Service Commission (Heather Cantin) at  
(517) 284-8266 or [cantinh@michigan.gov](mailto:cantinh@michigan.gov) OR forward correspondence to:

Michigan Public Service Commission  
Financial Analysis & Audit Division (Heather Cantin)  
7109 W. Saginaw Hwy  
PO Box 30221  
Lansing, MI 48909



**NONMAJOR GAS UTILITIES WITH ANNUAL  
SALES OF LESS THAN 200,000 MCF**

**ANNUAL REPORT OF:**

**SUPERIOR ENERGY COMPANY**

(Name of Company)

TO THE

**MICHIGAN PUBLIC SERVICE COMMISSION**

For the Calendar Year:

**2015**

(Read Instructions on Last Page Carefully Before Filling Out Report)

Name of Company: SUPERIOR ENERGY COMPANY, LLC

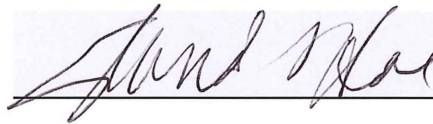
Post Office Address: 11690 CHIPPEWA HWY, BEAR LAKE, MI 49614

Organization: LLC  
(Corporation, Partnership or Individual)

Date of Organization: January 5, 1998 Under the laws of what state? Michigan

Printed name of person who prepared this report: EDWARD HARE

Signature of person who prepared this report:



If incorporated, give the titles, names and addresses of all company officials at close of year:

<u>Name</u>	<u>Title</u>	<u>Address</u>
ROBERT ROESE	MANAGING MEMBER	604 SHIRMOR, MIDLAND, MI 48640
RICHARD ROESE	MEMBER	3328 CATALINA, BAY CITY, MI 48706

If not incorporated, state the name and address of owner or owners and the extent of their respective interests:

<u>Name</u>	<u>Address</u>
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Name of any stockholders owning or controlling 10% or more of the stock, and number of votes to which each said stockholder is entitled:

<u>Name</u>	<u>Address</u>	<u>Number of Votes</u>
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Name of Respondent SUPERIOR ENERGY COMPANY		This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 4/14/2016	Year of Report 12/31/15
<b>BALANCE SHEET</b>				
Line	Title of Account (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)	
1	<b>INVESTMENTS</b>			
2	Total Utility Plant in Service	2,654,594	2,708,954	
3	Construction Work in Progress	0	0	
4	Total Utility Plant (2 + 3)	2,654,594	2,708,954	
5	Accumulated Provision for Depreciation	916,281	1,031,378	
6	Net Utility Plant (4 - 5)	1,738,313	1,677,576	
7	Other Property	35,026	172,205	
8	Other Investments (please describe here)	266,762	280,409	
9	Total Property and Investments (6 thru 8)	2,040,101	2,130,191	
10	<b>CURRENT ASSETS</b>			
11	Cash	55,686	83,435	
12	Notes Receivable - Net	0	0	
13	Accounts Receivable - Net	403,237	333,706	
14	Material and Supplies	0	0	
15	Prepayments	16,205	14,333	
16	Other Current and Accrued Assets	46,242	58,000	
17	Total Current and Accrued Assets (10 thru 15)	521,370	489,473	
18	Deferred Debits			
19	Total Assets (9 + 17 + 18)	2,561,471	2,619,663	
20	<b>LIABILITIES &amp; STOCKHOLDERS EQUITY</b>			
21	<b>STOCKHOLDER EQUITY</b>			
22	Capital Stock	1,337,209	2,079,041	
23	Retained Earnings	741,067	149,903	
24	Total Stockholders Equity (22 + 23)	2,078,276	2,228,943	
25	Long -Term Debt	300,000	331,879	
26	<b>CURRENT AND ACCRUED LIABILITIES</b>			
27	Notes Payable	0	0	
28	Accounts Payable	152,346	18,583	
29	Customer Deposits	17,147	25,916	
30	Other Current and Accrued Liabilities	13,703	14,342	
31	Total Current and Accrued Liabilities (27 thru 30)	183,195	58,841	
32	Deferred Credits	0	0	
33	Total Liabilities and Equity (24+25+31+32)	2,561,471	2,619,663	



Name of Respondent SUPERIOR ENERGY COMPANY		This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 4/14/2016	Year of Report 12/31/15
<b>STATEMENT OF INCOME</b>				
Line	Title of Account (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)	
1	Operating Revenues	3,123,397	2,777,324	
2	Natural Gas Production Expense	0	0	
3	Cost of Purchased Gas	1,157,955	1,445,819	
4	Transmission Expense			
5	Distribution Expense Operation	432,886		
6	Distribution Expense - Maintenance	70,872		
7	Administrative & General Expense	577,683	1,036,899	
8	Other Expenses	0		
9	Total Operation & Maintenance Expense (2 thru 8)	2,239,396	2,482,718	
10	Depreciation & Amortization Expense	102,812	110,261	
11	Tax Expense	27,417	34,190	
12	Interest Expense	13,221	2,919	
13	Other Deductions	47	535	
14	Total Cost of Gas Service (9 thru 13)	2,382,893	2,630,623	
15	Income From Operations (1 - 14)	740,504	146,701	
16	Miscellaneous Non-Operating Income	617	3,202	
17	Miscellaneous Non-Operating Deductions		0	
18	Total Non-Operating Income (Loss)	617	3,202	
19	<b>NET INCOME (15 + 18)</b>	741,121	149,903	



Name of Respondent SUPERIOR ENERGY COMPANY	This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 04/14/16	Year of Report 12/31/15
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### OFF-SYSTEM SALES OF NATURAL GAS

Report the details concerning off-system sales. Off-system sales include all sales other than MPSC approved rate schedule sales.

Line No.	Name (a)	Point of Delievery (City/Town, State) (b)	Account (c)	Mcf of Gas Sold (apprx BTU per CubicFt) (d)	Revenue For Year (e)	Average Revenue Per Mcf (f)	Peak Day Delivery to Cusotomers		
							Date (g)	Mcf	
								Noncoin- cidental (h)	Coin- cidental (i)
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Name of Respondent SUPERIOR ENERGY COMPANY	This Report Is: (1) <input type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 04/14/16	Year of Report 12/31/15				
<b>REVENUE FROM TRANSPORTATION OF GAS OF OTHERS - NATURAL GAS (Account 489)</b>							
<p>1 Report below the details of revenue from transportation or compression (by respondent) of natural gas for others. Subdivide revenue between transportation or compression for Interstate pipeline companies and others.</p> <p>2 Natural gas means either natural gas unmixed, or any mixture of natural and manufactured gas. Designate with an asterisk if gas transported or compressed is other than natural gas.</p> <p>3 In column (a), include the names of companies from which revenues were derived, points of receipt and delivery, and names of companies from which gas was received and to which delivered. Also specify the Commission order or regulation authorizing such transaction.</p> <p>4 Designate points of receipt and delivery so that they can be identified on map of the respondent's pipeline system.</p> <p>5 Enter Mcf at 14.73 psi at 60 degrees Fahrenheit.                      6 Minor Items (less than 1,000,000 Mcf) may be grouped.</p>							
Line No.	Name of Company and Description of Service Performed (a)	Distance Trans-ported (in miles) (b)	Mcf of Gas Received (c)	Mcf of Gas Delivered (d)	Revenue (e)	Ave Revenue per Mcf of Gas Delivered (in cents) (f)	FERC Tariff Rate Schedule Designation (g)
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25	TOTAL						



### GENERAL INSTRUCTIONS

- 1 This form for Annual Report should be filled out and copied in duplicate with one copy returned to the office of the Michigan Public Service Commission by April 30, following the year for which made. The remaining copy should be retained by the Utility Company in its permanent files in case correspondence with regard to this report becomes necessary.
- 2 Additional statements inserted for the purpose of further explanation of accounts or schedules should be made on durable paper the same size as this report and securely attached.
- 3 There should always appear some notation to indicate that the questions asked have not been overlooked. The word "None" may be used against any particular item or items where that word expresses the fact.
- 4 The Oath on this page must be administered by a Notary Public or other officer authorize to administer oaths.

### OATH

State of .....

} ss.

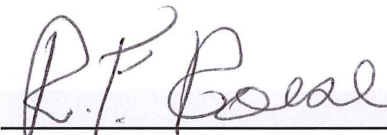
County of .....

I, the undersigned, on oath do say that I am

AN OFFICER

(State official position as owner or officer)

of the Utility Company for whom the foregoing annual report was prepared; that the same was prepared by myself or under my direction; that I have full and complete knowledge of the affairs of the said Natural Gas Purchaser and/or Carrier that I have examined the foregoing annual report and declare the same to be a correct and complete statement of the business and affairs of said Utility Company in respect to each and every matter and thing therein set forth, to the best of my knowledge, information and belief.



(Signature of person executing this report)

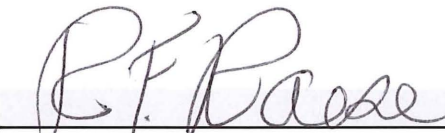
2674 S. Huron Road, Kawkawlin, MI 48631

(Address of person executing this report)

SUBSCRIBED AND SWORN BEFORE ME

at 2674 S. Huron

this 15th, April 2016



(Signature of person executing this report)



My Commission expires ..... **Robert A. Woods** Member  
**Notary Public, Midland County, MI**  
**Acting in Bay County** (Official Title)  
**My Commission Expires Dec. 24, 2019**