



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
OIL, GAS AND MINERALS DIVISION

WELL PERMITTEE ORGANIZATIONAL REPORT

Required by authority of Part 615 SUPERVISOR OF WELLS and Part 625 MINERAL WELLS, 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 ☐ Principal/Employee/Agent/Address Change ☐ Name Change
☐ Electronic Submittal Permission Change

1. ORGANIZATION Complete information below

Company Name (as shown on permit to drill):

Federal ID Number (Do not include SS #):

Mailing Address:

Phone Number:

Street Address (if different)

If this organization is a subsidiary or an assumed name (dba), give name and address of associated/parent company or person:

Current Organization Plan (check one):

- ☐ Corporation ☐ Joint Venture ☐ Limited Partnership ☐ Limited Liability Company
☐ Partnership ☐ Trust ☐ Sole Proprietorship ☐ Other

If Reorganization or Name Change, provide name and address of previous organization:

2. 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).

Name (Last, First, MI)	Phone Number	Email Address	Address, City, State, Zip

3. EMPLOYEES List the names of 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). NOTE: In Checking the EFORMS and MISTAR boxes under Electronic Submittal below, it is acknowledged that these individuals are authorized for submittals on behalf of the company. OGMD will assign password/log-in information to these individuals, thereby allowing them to submit data and/or documentation within the EFORMS and MISTAR systems as indicated.

Name (Last, First, MI)	Phone Number	Email Address	Electronic Submittal
			<input type="checkbox"/> EFORMS <input type="checkbox"/> MISTAR
			<input type="checkbox"/> EFORMS <input type="checkbox"/> MISTAR
			<input type="checkbox"/> EFORMS <input type="checkbox"/> MISTAR
			<input type="checkbox"/> EFORMS <input type="checkbox"/> MISTAR
			<input type="checkbox"/> EFORMS <input type="checkbox"/> MISTAR

4. 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). NOTE: In Checking the EFORMS and MISTAR boxes under Electronic Submittal below, it is acknowledged that these individuals are authorized for submittals on behalf of the company. OGMD will assign password/log-in information to these individuals, thereby allowing them to submit data and/or documentation within the EFORMS and MISTAR systems as indicated.

Name (Last, First, MI)	Phone Number	Email Address	Electronic Submittal
			<input type="checkbox"/> EFORMS <input type="checkbox"/> MISTAR
			<input type="checkbox"/> EFORMS <input type="checkbox"/> MISTAR
			<input type="checkbox"/> EFORMS <input type="checkbox"/> MISTAR
			<input type="checkbox"/> EFORMS <input type="checkbox"/> MISTAR
			<input type="checkbox"/> EFORMS <input type="checkbox"/> MISTAR

5. CERTIFICATION "I certify that I am authorized to sign 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

Mail original to: EGLE-OGMD, Permits and Bonding Unit, P.O. Box 30256, Lansing, MI 48909-7756; or EGLE-OGMDpermitapplications@Michigan.gov.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.