



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Geologic Resources Management Division

Well Permittee Organizational 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 - Geologic Resources Management Division (EGLE-GRMD). Non-submission and/or falsification of this information may result in fines and/or imprisonment.

Purpose for filing:

- checkbox New, checkbox Name Change, checkbox Change of Principal/Employee/Agent/Address, checkbox Electronic Submittal Permission Change

Organization:

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

Company Name (as shown on permit to drill): _____

If organization shown in 1 is a subsidiary or an assumed name (dba), give name and address of associated or parent company or person: _____

Mailing Address: _____

Street Address (if different): _____

Phone Number: _____ Federal ID Number (Do not include SSN): _____

Current Organization Plan (check one):

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

If reorganization or name change, provide name and address of previous organization:

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, City, State, Zip

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). NOTE: In Checking the MISTAR box under Electronic Submittal below, it is acknowledged that these individuals are authorized for submittals on behalf of the company. GRMD will assign permissions to these individuals, through MiLogin and under the email listed, which will allow them to submit within the MISTAR system.

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

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

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 MISTAR box under Electronic Submittal below, it is acknowledged that these individuals are authorized for submittals on behalf of the company. GRMD will assign permissions to these individuals, through MiLogin and under the email listed, which will allow them to submit within the MISTAR system.

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

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 principal

Signature

Date

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

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 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.