



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY  
Geologic Resources Management Division

**High Volume Hydraulic Fracturing Operations  
Water Withdrawal and Usage Report**

Required pursuant to Part 615 of Act 451 PA 1994, as amended. Attach additional pages as necessary.  
Falsification of this information may result in fines and/or imprisonment.

**A. Oil/Gas Well Information**

Well Name and Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_ API Number: \_\_\_\_\_

Type of Well: \_\_\_\_\_ Field name: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

Section: \_\_\_\_\_ T: \_\_\_\_\_ R: \_\_\_\_\_ Quarter(Q): \_\_\_\_\_ QQ: \_\_\_\_\_ QQQ: \_\_\_\_\_

Permittee: \_\_\_\_\_

**B. High Volume Hydraulic Fracturing (HVHF) Well Completion Information**

- Attach:
- 1. Continuous record of annulus pressures during the well stimulation.
  - 2. Service company records.
  - 3. Supplemental plat(s) showing location of water withdrawal wells, oil/gas well, and monitoring well (per R 324.1403 (1), if present).

**C. HVHF Carrier Fluid Information**

- 1. Fracture treatment type(s) (i.e., gel, foam, water, acid, combination): \_\_\_\_\_
- 2. Total proppant utilized: \_\_\_\_\_ pounds
- 3. Total well stimulation treatment volume (liquid phase): \_\_\_\_\_ gallons
- 4. Total volume of water utilized for HVHF: \_\_\_\_\_ gallons
- 5. Water withdrawal: Total volume \_\_\_\_\_ gallons Dates \_\_\_\_\_  
Source\*  On-site  Off-site  Both

\*On-site water sources include temporary or permanent water wells that are on or adjacent to the well surface (pad) location and permitted under Part 615. Off-site water sources include municipal water supplies and private water wells that are not permitted under Part 615.

**D. Large Volume Water Withdrawal Information (Complete only if >3,000,000 gallons withdrawn)**

- 1. On-site source

Well No./ID	Aquifer type	Casing depth (ft)	Total depth (ft)	Rate (GPM)	Withdrawal date(s)	Volume (gallons)	Latitude	Longitude

2. Off-site source (if municipal source, only total volume and withdrawal dates required)

Well No./ID	Aquifer type	Casing depth (ft)	Total depth (ft)	Rate (GPM)	Withdrawal date(s)	Volume (gallons)	Latitude	Longitude

**Certification**

As a representative of the permittee, I am authorized to prepare this form and certify that the facts stated herein are true, accurate, and complete to the best of my knowledge.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions**

Submit this form and attachments no later than 60 days after completion of hydraulic fracturing operations via email to [EGLE-GeologicalRecords@Michigan.gov](mailto:EGLE-GeologicalRecords@Michigan.gov).

People with disabilities may request this material in an alternate format by emailing [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or calling 800-662-9278.

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