



MICHIGAN DEPARTMENT OF  
ENVIRONMENT, GREAT LAKES, AND ENERGY

# Primacy/MiSTAR Informational Session Part II

---

Jason Mailloux

Gas Storage and Underground Injection Control Unit

517-245-2195 | [maillouxj@michigan.gov](mailto:maillouxj@michigan.gov)

August 23, 2022

# What is required to use MiSTAR?

- Signed and Submitted Letter of Assurance
- Updated EQP 7200-13 – Well Permittee Organizational report
  - (Rev 05/2022)
- Computer with internet access and modern browser
- Ability to create CSV or XLSX files

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

## **MiSTAR Letter of Assurance**

MiSTAR is a web application that allows operators to electronically submit data to fulfill the regulatory requirements of filing and reporting pursuant to the Administrative Rules of Part 615, Supervisor of Wells, of the Natural Resources and Environmental Protection Act (NREPA).

The first phase of MiSTAR implementation will include comprehensive Class II injection well data reporting. The second phase will include oil and gas production data reporting replacing the Oil and Gas Production E-file reporting system utilized by both the Michigan Public Service Commission and EGLE/OGMD.

To participate in the MiSTAR application, each operator must fill out and sign the Certification of MiSTAR Usage below and submit a revised Well Permittee Organizational Report (EQP 7200-13). Both the signed Certification and the revised Well Permittee Organizational Report must be returned via email at [EGLE-OGMDpermitapplications@Michigan.gov](mailto:EGLE-OGMDpermitapplications@Michigan.gov).

This information will be used to create usernames and passwords which will be provided via email to the designated individuals indicated on the Well Permittee Organizational Report. If designated individuals are to be added or removed from reporting responsibilities, a revised Well Permittee Organizational Report must be submitted to reflect the changes. Should the individual signing the Certification below no longer have authority over the submission of reports, a new signed Certification is required to be submitted. It is the responsibility of the operator to assure that the MiSTAR login credentials are held confidential and only used by those individuals authorized to submit the electronic filings on behalf of the organization they represent.

Each Class II injection well operator will go through a test period (generally 90 days) wherein the operator shall submit both paper and electronic records for Class II injection data. Upon EGLE/OGMD approval of test period results, the paper submission requirement will be eliminated for injection data. For operators who are currently approved for E-Filing production data, the test period for submitting production data will be waived.

The operator will need a computer with any of the following internet browsers: Google Chrome, Mozilla Firefox, or Microsoft Edge. Use of other browsers may result in the application not working or working with reduced functionality. The ability to create CSV (Comma Separated Values format) or .xlsx files is necessary. Assistance can be provided by EGLE/OGMD in submitting the electronic files to MiSTAR.

### **Certification of MiSTAR Usage:**

"I state that I have read and understand the MiSTAR Letter of Assurance requirements above and I am authorizing individuals to submit electronic reports to EGLE/OGMD as required by Part 615, Supervisor of Wells, of the Natural Resources and Environmental Protection Act, 1994, PA 451, as amended (NREPA). I acknowledge that data exclusively posted by EGLE/OGMD within the MiSTAR system is for the purpose of compliance assistance only and I further acknowledge that data may not be current, accurate or reliable and therefore I will not rely upon the data posted by EGLE/OGMD for the purpose of submitting any of my reports required by rule or law. The reports that will be submitted will be prepared under my supervision and direction. The facts as contained in the reports and documents to be submitted using the assigned username and password are true, accurate and complete to the best of my knowledge. I further understand that the assigned usernames and passwords to be assigned by EGLE/OGMD will serve as my signature and that I am required to assure that they are used exclusively for the purpose of the submission of this data, which I hereby certify by my signature below. If the individuals reporting data change, I will submit a revised Well Permittee Organization Report. If I no longer have authority over the submission of reports, the company is required to submit a new signed Certification. I understand that this Certification is subject to renewal as may be required by EGLE/OGMD."

Signature

Date

***The following information is required to set up your company's MiSTAR login credentials:***

Full Name (Please Print)

Title

Organization Name

Mailing Address

Your E-mail Address

Your Phone No.

Both the signed Certification and revised Well Permittee Organization Report must be returned to EGLE/OGMD via email at [EGLE-OGMDpermitapplications@Michigan.gov](mailto:EGLE-OGMDpermitapplications@Michigan.gov)



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

<b>1. ORGANIZATION</b> 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): <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			
If Reorganization or Name Change, provide name and address of previous organization:			
<b>2. PRINCIPALS</b> 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](mailto:EGLE-OGMDpermitapplications@Michigan.gov).

If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or call 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at [EGLE-NondiscriminationCC@Michigan.gov](mailto:EGLE-NondiscriminationCC@Michigan.gov) or 517-249-0906.

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





## Welcome to MiSTAR

By using MiSTAR, you may submit data and documents to the Michigan EGLE Oil, Gas, and Minerals Division. You may also view data and/or records. To get started, click on one of the buttons below or click on Menu above. For questions, contact [OGMD](#).

### ELECTRONIC DATA DELIVERABLES

Submit data via an EDD (.xlsx or .csv) or fill out the form directly.

View a list of EDD submissions. Navigate to an EDD to view/edit.

Submit EDD

View EDDs

### UIC WELLBORES

View a list of UIC wellbores and navigate to an individual wellbore to explore its data.

View UIC Wellbores

### DOCUMENTS

Submit and View Documents.

Submit and View Documents

### AOR EDD

Use a map-based tool to generate an AOR EDD template populated with data from OGMD's RBDMS database.

Generate AOR

### WELL NOTIFICATIONS

View and edit a list of well notifications.

View Well Notifications

### EPA 7520

Generate the EPA 7520 report.

For Agency USE ONLY

Generate EPA 7520 Report

# MiSTAR EDDs

- Electronic Data Deliverable (EDD) templates have been developed for the following Reports:
  - 1. Monthly/Annual Injection Well Operating Report** (EQP 7609) (Rule 324.810 (1)(2)(3)(4))
  - 2. Standard Annular Pressure Test** (EQP 7606) (Rule 324.806 & 324.808)
  - 3. Quarterly Annulus Fill Report** (Rule 324.810(7))
  - 4. Notification of Loss of Mechanical Integrity** (Rule 324.811 (1)(2))
  - 5. Scheduling Mechanical Integrity Tests** (Rule 324.806 (1)(2)(3) and (Rule 324.808 (1)(2)(3)(4))

# MiSTAR Other Documents

- Where electronic templates (EDD) are not feasible for certain reporting requirements under Part 8, MiSTAR also accepts documents that should be submitted in a PDF format. Those documents include:
  - 1. Annual Injectate Analysis** (Rule 324.810(8))
  - 2. Injectate Analysis Other** (324.810(8))
  - 3. MIT Gauge Records** (Rule 324.806(3) and 324.808(3))
  - 4. MIT Chart** (Rule 324.806(3) and 324.808(3))
  - 5. Commercial Sources Quarterly** (Rule 324.810(5))
  - 6. Commercial Sources New** (Rule 324.810(6))



# MiSTAR User Guide

- Includes:
  - Background
  - Requirements to use MiSTAR
  - Quick start guide
  - Click-by-click instructions for submissions

**Michigan's State Tracking and Reporting  
System**

**MiSTAR**

**Underground Injection Control User Guide**



**Oil, Gas, and Minerals Division**

**August 10, 2022**



# MiSTAR User Guide Table of Contents

## TABLE OF MAIN CONTENTS

MiSTAR Usernames and Passwords/Operator Number/System Requirements .....	4
Class II Injection Well Reporting Requirements .....	5
Quick Start Overview .....	9
MiSTAR Glossary .....	16
Basic Design and Template Upload Process .....	18
View/Edit/Delete an EDD .....	27
How to Use Tables .....	39
<a href="#"><u>Class II Injection Well Injection Well Operating Report EDD</u></a> .....	46
Class II Injection Well Injection Annular Pressure Test EDD .....	59
MiSTAR Quarterly Annulus Fill EDD .....	70
MiSTAR Well Notification EDD .....	78
MiSTAR Directional Survey EDD .....	86
MiSTAR UIC Wellbore Information Page .....	98
MiSTAR Well Notification Page .....	105
MiSTAR Class II Generic Document Uploads .....	109
MiSTAR Area of Review (AOR) Generation and EDD Tool .....	114

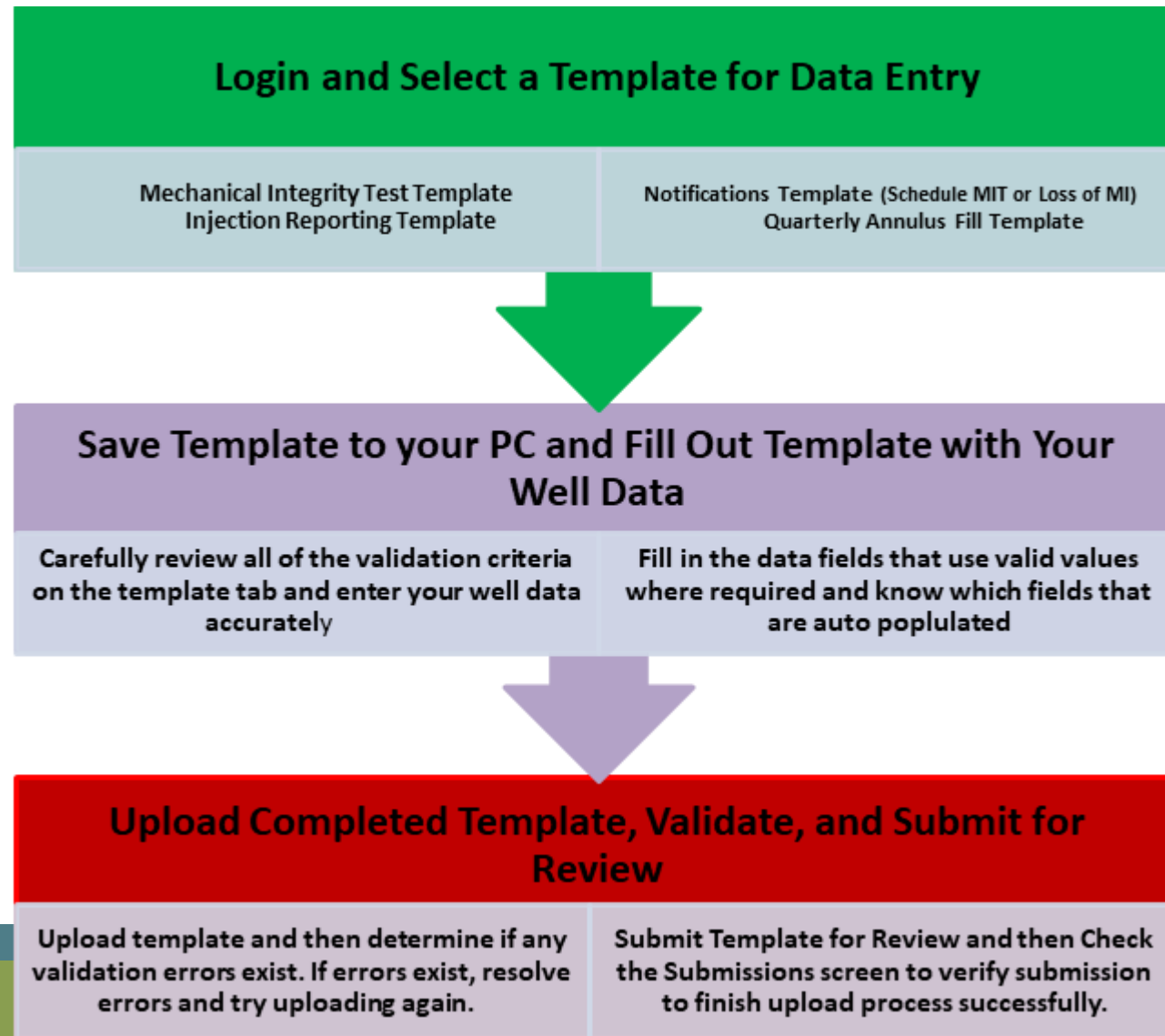
# Quick Start

## **Generalized System Flow – Quick Look**


There are five basic steps to submit data using a template (EDD)

1. Download the template of interest
2. Save the template to your PC
3. Fill out the template
4. Upload the filled-out template
5. Validate and verify submittal of template

# Quick Start



# UIC wellbores

MENU

MiSTAR

Jason Mailloux, OGMD

Welcome to MiSTAR

By using MiSTAR, you may submit data and documents to the Michigan EGLE Oil, Gas, and Minerals Division. You may also view data and/or records. To get started, click on one of the buttons below or click on Menu above. For questions, contact [OGMD](#).

**ELECTRONIC DATA DELIVERABLES**  
Submit data via an EDD (.xlsx or .csv) or fill out the form directly.  
[Submit EDD](#)

View a list of EDD submissions. Navigate to an EDD to view/edit.  
[View EDDs](#)

**UIC WELLBORES**  
View a list of UIC wellbores and navigate to an individual wellbore to explore its data.  
[View UIC Wellbores](#)


**DOCUMENTS**  
Submit and View Documents.  
[Submit and View Documents](#)

**AOR EDD**  
Use a map-based tool to generate an AOR EDD template populated with data from OGMD's RBDMS database.  
[Generate AOR](#)

**WELL NOTIFICATIONS**  
View and edit a list of well notifications.  
[View Well Notifications](#)

**EPA 7520**  
Generate the EPA 7520 report.  
For Agency USE ONLY  
[Generate EPA 7520 Report](#)

12



# UIC wellbores



≡ MENU

MiSTAR

Jason Mailloux, OGMD ▾

## UIC Wellbores

🔍 Search by Well Name, API Number, or Permit Number

🔽 Filters

🔧 Customize

Export Data (xls)

API Number ▴	Well Name & Number ▴	UIC Well Type ▴	Operator ▴	Wellbore Status ▴	Wellbore Status Date ▴	County ▴	Last MIT ▴	Last Inspection ▴	
--------------	----------------------	-----------------	------------	-------------------	------------------------	----------	------------	-------------------	--

# UIC wellbores



≡ MENU

MiSTAR

Jason Mailloux, OGMD ▾

## UIC Wellbores

🔍 Search by Well Name, API Number, or Permit Number

🔽 Filters

🔧 Customize

Export Data (xls)

Tribe Code

Select option ▾

API Number

Begins With ⚙️

Well Name & Number

Contains ⚙️

UIC Well Type

Select option ▾

EPA Summary Class

Select option ▾

Operator

Contains ⚙️

Wellbore Status

Select option ▾

Wellbore Status Date

On ⚙️ mm/dd/yyyy 📅

County

Select option ▾

Comments

Contains ⚙️

Last MIT

On ⚙️ mm/dd/yyyy 📅

Next MIT Due

On ⚙️ mm/dd/yyyy 📅

Last Inspection

On ⚙️ mm/dd/yyyy 📅

Permit Number

Contains ⚙️

# UIC wellbores



MENU

MiSTAR

Jason Mailloux, OGMD

## UIC Wellbores

[Filters](#)

[Customize](#)

[Export Data \(xls\)](#)

Tribe Code

Select option

EPA Summary Class

Select option

County

Select option

Last Inspection

On mm/dd/yyyy

API Number

Begins With

Operator

Contains west bay

Comments

Contains

Permit Number

Contains

Well Name & Number

Contains

Wellbore Status

Select option

Last MIT

On mm/dd/yyyy

UIC Well Type

Select option

Wellbore Status Date

On mm/dd/yyyy

Next MIT Due

On mm/dd/yyyy

API Number	Well Name & Number	UIC Well Type	Operator	Wellbore Status	Wellbore Status Date	County	Last MIT	Last Inspection	
21-025-39700-0000	NEELEY 1-22	Class IID Disposal	WEST BAY EXPLORATION COMPANY	Active	10/28/2009	CALHOUN	11/30/2020	07/12/2022	<a href="#">View</a>
21-075-60320-0000	NAPOLEON FARMS 2-5 HD1	Class IID Disposal	WEST BAY EXPLORATION COMPANY	Active	02/01/2015	JACKSON	11/30/2020	03/25/2022	<a href="#">View</a>
21-075-60830-0000	HAYSTEAD 9 SWD	Class IID Disposal	WEST BAY EXPLORATION COMPANY	Active	11/01/2014	JACKSON	11/30/2020	03/09/2022	<a href="#">View</a>

[«](#) [<](#) **1** [>](#) [»](#)

1 - 3 of 3 items



# UIC wellbores

NEELEY 1-22 (21-025-39700-0000)

Header Info

Edit

API Number	Well Name & Number	Operator	UIC Well Type
21-025-39700-0000	NEELEY 1-22	WEST BAY EXPLORATION COMPANY (104)	Class IID Disposal
Wellbore Status	County	Township	Permitted Maximum Injection Pressure
Active	CALHOUN	LEE	804
Permitted Maximum Injection Rate	EPA Jurisdiction	Next MIT Due	Cease Injection Date
	State of Michigan	11/30/2025	
Authorization To Inject Date	New Commercial Source Approval Date	Comments	

Detail Records

Injection Data

Annular Pressure Test

Well Notification

Quarterly Annulus

Filters

Customize

Export Data (xls)

Report Period	Month or Week	Weekly or Monthly Volume Injected	Injection Pressure	Annular Pressure	Injection Rate Per Day	Max Injection Pressure	Max Injection Rate	Max Annular Pressure	Cumulative Volume for Report Period	Date Specific Gravity Measured	
---------------	---------------	-----------------------------------	--------------------	------------------	------------------------	------------------------	--------------------	----------------------	-------------------------------------	--------------------------------	--



## Welcome to MiSTAR

By using MiSTAR, you may submit data and documents to the Michigan EGLE Oil, Gas, and Minerals Division. You may also view data and/or records. To get started, click on one of the buttons below or click on Menu above. For questions, contact [OGMD](#).

### ELECTRONIC DATA DELIVERABLES

Submit data via an EDD (.xlsx or .csv) or fill out the form directly.

View a list of EDD submissions. Navigate to an EDD to view/edit.

Submit EDD

View EDDs

### UIC WELLBORES

View a list of UIC wellbores and navigate to an individual wellbore to explore its data.

View UIC Wellbores

### DOCUMENTS

Submit and View Documents.

Submit and View Documents

### AOR EDD

Use a map-based tool to generate an AOR EDD template populated with data from OGMD's RBDMS database.

Generate AOR

### WELL NOTIFICATIONS

View and edit a list of well notifications.

View Well Notifications

### EPA 7520

Generate the EPA 7520 report.

For Agency USE ONLY

Generate EPA 7520 Report

## Submit EDD

**CERTIFICATION:** In uploading this information, I affirm that I am authorized by the operator and that this information was prepared under my supervision and direction. The facts stated herein are true, accurate and complete to the best of my knowledge and I am aware that there are significant penalties for submitting false information.

To upload a file, please follow these steps:

1. Select the desired Type
2. Download the template and fill out, if needed. This application will accept the template in the following file formats: .xlsx, .csv
3. Browse to the filled out template you wish to upload
4. Click the 'Upload EDD File' button

To continue without uploading a file, fill out the form and click the 'Fill Out Form' button.

Type \*

MI Quarterly Annulus Fill Report v1.0  
MI Well Notification v1.1  
MI Annular Pressure Test v1.1  
MI Injection Well Operating Report v1.1  
MI Directional Survey v1.1  
MI Area of Review v1.3

Upload EDD File

-- OR --

Fill Out Form

# Submit EDD

**CERTIFICATION:** In uploading this information, I affirm that I am authorized by the operator and that this information was prepared under my supervision and direction. The facts stated herein are true, accurate and complete to the best of my knowledge and I am aware that there are significant penalties for submitting false information.

To upload a file, please follow these steps:

1. Select the desired Type
2. Download the template and fill out, if needed. This application will accept the template in the following file formats: .xlsx, .csv
3. Browse to the filled out template you wish to upload
4. Click the 'Upload EDD File' button

To continue without uploading a file, fill out the form and click the 'Fill Out Form' button.

Type \*

MI Quarterly Annulus Fill Report v1.0

[Download Template](#)

Operator Name \*

Select Organization...

Description \*

Upload EDD File

-- OR --

Fill Out Form

# Quarterly Annulus Fill EDD

<b>Quarterly Annulus Fill Report</b>				
Operator Name	OGMD			
Operator Number	1234			
Report Period (Quarter)	3rd			
Report Period (Year)	2022			
Revised Records?	No			
<b>Measurements</b>				
<i>14 digit API number</i>	<i>Well Name &amp; Number from EGLE-OGMD Permit</i>	<i>Report numeric value for quarter</i>	<i>MM/DD/YYYY</i>	<i>Describe any additional information</i>
<b>14-digit API Number</b>	<b>Well Name &amp; Number</b>	<b>Amount of Liquid Added to Annulus (Gallons)</b>	<b>Date Quarterly Annulus Liquid Checked</b>	<b>Comments</b>
12345678910111		1.5	8/15/2022	
12345678910112	Well name	1	8/15/2022	

# Quarterly Annulus Fill EDD

- Validation Criteria

	Required?	Tooltip	Validation Criteria
<b>Quarterly Annulus Fill Report</b>			
Operator Name	Yes	Official operator/owner	'Operator Name' is required.
Operator Number	Yes	EGLE Company Number	'Operator Number' is required and must match your company.
Report Period (Quarter)	Yes	1st, 2nd, 3rd, 4th	'Report Period (Quarter)' is required.
Report Period (Year)	Yes	YYYY	'Report Period (Year)' is required.
Revised Records?	Yes	Yes/No	'Revised Records?' is required and must be Yes or No.
<b>Data Grid</b>			
14-digit API Number	Yes	14 digit API number	1. 'API Number' is required and must be an API number permitted to your company. 2. 'API Number' must be an API Number of a Class II well.
Well Name & Number	Yes	Well Name & Number from EGLE-OGMD Permit	'Well Name & Number' is required.
Amount of Liquid Added to Annulus (Gallons)	Yes	Report numeric value for quarter	'Amount of Liquid Added to Annulus (Gallons)' is required and must be a decimal.
Date Quarterly Annulus Liquid Checked	Yes	MM/DD/YYYY	'Date Quarterly Annulus Liquid Checked' (MM/DD/YYYY) is required.
Comments	No	Describe any additional	

# Quarterly Annulus Fill EDD

## Submit EDD

**CERTIFICATION:** In uploading this information, I affirm that I am authorized by the operator and that this information was prepared under my supervision and direction. The facts stated herein are true, accurate and complete to the best of my knowledge and I am aware that there are significant penalties for submitting false information.

To upload a file, please follow these steps:

1. Select the desired Type
2. Download the template and fill out, if needed. This application will accept the template in the following file formats: .xlsx, .csv
3. Browse to the filled out template you wish to upload
4. Click the 'Upload EDD File' button

To continue without uploading a file, fill out the form and click the 'Fill Out Form' button.

Type \*

MI Quarterly Annulus Fill Report v1.0

[Download Template](#)

Operator Name \*

Select Organization...

Description \*

Upload EDD File

-- OR --

Fill Out Form



# Quarterly Annulus Fill EDD



MENU

MiSTAR

Jason Mailloux, OGMD

## Submit EDD

**CERTIFICATION:** In uploading this information, I affirm that I am authorized by the operator and that this information was prepared under my supervision and direction. The facts stated herein are true, accurate and complete to the best of my knowledge and I am aware that there are significant penalties for submitting false information.

To upload a file, please follow these steps:

1. Select the desired Type
2. Download the template and fill out, if needed. This application will accept the template in the following file formats: .xlsx, .csv
3. Browse to the filled out template you wish to upload
4. Click the 'Upload EDD File' button

To continue without uploading a file, fill out the form and click the 'Fill Out Form' button.

Type \*

MI Quarterly Annulus Fill Report v1.0

[Download Template](#)

Operator Name \*

OGMD(00001)

Description \*

test

Upload EDD File



MI\_QA\_Bailer.xlsx  
20.16 KB

-- OR --

Fill Out Form

Clear

Upload



# QA Fill EDD

MiSTAR

Michigan Department of Environment, Great Lakes, and Energy

[EDD Submissions](#) > EDD Upload Job

## EDD Upload Job

- 1 file upload record is being processed.

Below are the details of an uploaded EDD job (a job can have multiple files). The grid below displays each file uploaded. To view and edit a file, simply click the Edit button of the desired record.

Upload Date

08/19/2022 08:50 AM

Type

MI Quarterly Annulus Fill Report v1.0

Operator Name

[REDACTED]

Description

test

Save

Delete

Cancel

### Files Uploaded

Sequence ↑	Upload Date	Source File	File Status	Data Record Status	Action
1	08/19/2022 08:50 AM	MI_QA_Bailer.xlsx	Draft	Processing	<button>Edit</button>

1

1 - 1 of 1 items

# QA Fill EDD



MENU

MiSTAR

Michigan Department of Environment, Great Lakes, and Energy

Jason Mailloux, OGMD

[EDD Submissions](#) > EDD Upload Job

## EDD Upload Job

Below are the details of an uploaded EDD job (a job can have multiple files). The grid below displays each file uploaded. To view and edit a file, simply click the Edit button of the desired record.

Upload Date

08/19/2022 08:45 AM

Type

MI Well Notification v1.1

Operator Name

[REDACTED]

Description

test

Save

Delete

Cancel

### Files Uploaded

Sequence	Upload Date	Source File	File Status	Data Record Status	Action
1	08/19/2022 08:45 AM	[REDACTED]	Draft	Validated	<button>Edit</button>

1 - 1 of 1 items

Copyright 2022 State of Michigan

# Quarterly Annulus Fill EDD



MENU

MiSTAR

Michigan Department of Environment, Great Lakes, and Energy

Jason Mailloux, OGMD

[EDD Submissions](#) > EDD Upload Job

## EDD Upload Job

- 1 file upload record has failed validation.

Below are the details of an uploaded EDD job (a job can have multiple files). The grid below displays each file uploaded. To view and edit a file, simply click the Edit button of the desired record.

Upload Date

08/19/2022 08:50 AM

Type

MI Quarterly Annulus Fill Report v1.0

Operator Name

BAILER OIL COMPANY LLC(8187)

Description

test

Save

Delete

Cancel

## Files Uploaded

Sequence	Upload Date	Source File	File Status	Data Record Status	Action
1	08/19/2022 08:50 AM	MI_QA_Bailer.xlsx	Draft	Validation Errors	<button>Edit</button>

1

1 - 1 of 1 items

# QA Fill EDD



MENU

MiSTAR

Michigan Department of Environment, Great Lakes, and Energy

Jason Mailloux, OGMD

[EDD Submissions](#) > **EDD Overview**

## EDD Overview - Quarterly Annulus Fill Report

- Quarterly Annulus data has already been submitted for one or more of your records.
- 3 data records have failed validation.

Below are the header and detail records of the selected file. Upload Date, Data Record Type, and Status are system generated. All other data elements originate from the uploaded file. From this page, authorized users may edit header record values and/or select detail records for edit. When the record status becomes "Reviewed" or "Data Migrated", the record may no longer be edited.

For EDD's where review is required before the data can be migrated, authorized "Reviewers" may see additional "Review" data entry fields below the data record. In this scenario, to save a record as "Reviewed", simply click the "Reviewed" button.

Upload Date

08/19/2022 08:48 AM

File Status

Draft

Update

Delete

Cancel

Download File

MI\_QA\_Bailer.xlsx

[Original Upload](#)

[Current Revisions](#)

### Header Info

Upload Date

Data Record Type

Data Record Status

# Quarterly Annulus Fill EDD

[EDD Submissions](#) > **EDD Overview**

## EDD Overview - AOR

Below are the header and detail records of the selected file. Upload Date, Data Record Type, and Status are system generated. All other data elements originate from the uploaded file. From this page, authorized users may edit header record values and/or select detail records for edit. When the record status becomes "Reviewed" or "Data Migrated", the record may no longer be edited.

For EDD's where review is required before the data can be migrated, authorized "Reviewers" may see additional "Review" data entry fields below the data record. In this scenario, to save a record as "Reviewed", simply click the "Reviewed" button.

### Upload Date

05/27/2021 07:57 AM

Delete

Cancel

### File Status

Draft

Update

Draft

Pending Review

Accepted

Return

Rejected

### Download File

MI\_AOR\_EDD\_Generated\_v2Dv2 Well Example  
Test.xlsx

📄 [Original Upload](#)

📄 [Current Revisions](#)



## Welcome to MiSTAR

By using MiSTAR, you may submit data and documents to the Michigan EGLE Oil, Gas, and Minerals Division. You may also view data and/or records. To get started, click on one of the buttons below or click on Menu above. For questions, contact [OGMD](#).

### ELECTRONIC DATA DELIVERABLES

Submit data via an EDD (.xlsx or .csv) or fill out the form directly.

View a list of EDD submissions. Navigate to an EDD to view/edit.

[Submit EDD](#)[View EDDs](#)

### UIC WELLBORES

View a list of UIC wellbores and navigate to an individual wellbore to explore its data.

[View UIC Wellbores](#)

### DOCUMENTS

Submit and View Documents.

[Submit and View Documents](#)

### AOR EDD

Use a map-based tool to generate an AOR EDD template populated with data from OGMD's RBDMS database.

[Generate AOR](#)

### WELL NOTIFICATIONS

View and edit a list of well notifications.

[View Well Notifications](#)

### EPA 7520

Generate the EPA 7520 report.

For Agency USE ONLY

[Generate EPA 7520 Report](#)



# QA Fill EDD



MENU

MiSTAR

Jason Mailloux, OGMD

## EDD Submissions

The grid below displays EDD's that have been uploaded. To view and edit an uploaded EDD, please click the Edit button of the desired EDD upload record. If the grid is empty, you may wish to upload a new EDD by simply navigating to the new EDD upload page.

Job ID	Type	Operator	Description	File	Upload Date	File Status	Data Record Status	Action
<a href="#">26</a>	MI Quarterly Annulus Fill Report v1.0	BAILER OIL COMPANY LLC	QA three wells	MI_QA_Bailer.xlsx	04/15/2022 08:31 AM	Accepted	Data Migrated	<button>Edit</button>

# Fill Out Form Option



MENU

MiSTAR

Jason Mailloux, OGMD

## Submit EDD

**CERTIFICATION:** In uploading this information, I affirm that I am authorized by the operator and that this information was prepared under my supervision and direction. The facts stated herein are true, accurate and complete to the best of my knowledge and I am aware that there are significant penalties for submitting false information.

To upload a file, please follow these steps:

1. Select the desired Type
2. Download the template and fill out, if needed. This application will accept the template in the following file formats: .xlsx, .csv
3. Browse to the filled out template you wish to upload
4. Click the 'Upload EDD File' button

To continue without uploading a file, fill out the form and click the 'Fill Out Form' button.

Type \*

MI Quarterly Annulus Fill Report v1.0

[Download Template](#)

Operator Name \*

Select Organization...

Description \*

Upload EDD File

– OR –

Fill Out Form

# Fill Out Form Option

[EDD Submissions](#) > EDD Upload Job

## EDD Upload Job

Below are the details of an uploaded EDD job (a job can have multiple files). The grid below displays each file uploaded. To view and edit a file, simply click the Edit button of the desired record.

Upload Date

08/18/2022 01:25 PM

Type

MI Quarterly Annulus Fill Report v1.0

Operator Name

OGMD(00001)

Description

test

Save

Delete

Cancel

Files Uploaded						
Sequence	Upload Date	Source File	File Status	Data Record Status	Action	
1	08/18/2022 01:25 PM	MI_QuarterlyAnnulusFillReport_Template_v1.0.xlsx	Draft		<div>Edit</div>	

1

1 - 1 of 1 items

# Fill Out Form Option



MENU

MiSTAR

Jason Mailloux, OGMD

[EDD Submissions](#) > EDD Overview

## EDD Overview - Quarterly Annulus Fill Report

Below are the header and detail records of the selected file. Upload Date, Data Record Type, and Status are system generated. All other data elements originate from the uploaded file. From this page, authorized users may edit header record values and/or select detail records for edit. When the record status becomes "Reviewed" or "Data Migrated", the record may no longer be edited.

For EDD's where review is required before the data can be migrated, authorized "Reviewers" may see additional "Review" data entry fields below the data record. In this scenario, to save a record as "Reviewed", simply click the "Reviewed" button.

Upload Date

08/18/2022 01:25 PM

Delete

Cancel

File Status

Draft

Update

Download File

MI\_QuarterlyAnnulusFillReport\_Template\_v1.0.xlsx

[Original Upload](#)

[Current Revisions](#)

### Header Info

Upload Date

08/18/2022 01:25 PM

Data Record Type

Header Info

Data Record Status

Operator Name

Operator Number

Report Period (Quarter)

Report Period (Year)

Revised Records?

Save

### Detail Records [Add Data Record](#)

14-digit API Number

Well Name & Number

Amount of Liquid Added to Annulus (Ga...)


Date Quarterly Annulus Liquid Checked

Review

Data Record Status

Action

# Fill Out Form

 MENU

MiSTAR

Jason Mailloux, OGMD

## Add Data Record

Please select the Data Record Type and click the button labeled Create Data Record.

Data Record Type

Measurement

Create Data Record



[EDD Submissions](#) > [EDD Overview](#) > [Data Record](#)

## Data Record [\(Open Header Data Record\)](#)

Below are the details of a selected Data Record. Upload Date, Data Record Type, and Status are system generated. All other data elements originate from the uploaded file. Once uploaded, authorized users may edit data values directly on this page. When the record status becomes "Reviewed" or "Data Migrated", the data may no longer be edited.

For EDD's where review is required before the data can be migrated, authorized "Reviewers" may see additional "Review" data entry fields below the Data Record Detail fields. In this scenario, to save a record as "Reviewed", simply click the "Reviewed" button.

To move through the data record set more quickly, use the Prev and Next Record buttons.

<b>Upload Date</b> 08/18/2022 01:32 PM	<b>Data Record Type</b> Measurement	<b>Data Record Status</b> 	<b>Sequence</b> 2
<b>14-digit API Number</b> <input type="text"/>	<b>Well Name &amp; Number</b> <input type="text"/>		<b>Amount of Liquid Added to Annulus (Gallons)</b> <input type="text"/>
<b>Date Quarterly Annulus Liquid Checked</b> <input type="text"/>	<b>Comments</b> <input type="text"/>		
<div><div>SaveSave &amp; ReturnDeleteCancel</div><div>Prev RecordNext Record</div></div>			

# EDD Overview - Quarterly Annulus Fill Report

- 1 data record has failed validation.

Below are the header and detail records of the selected file. Upload Date, Data Record Type, and Status are system generated. All other data elements originate from the uploaded file. From this page, authorized users may edit header record values and/or select detail records for edit. When the record status becomes "Reviewed" or "Data Migrated", the record may no longer be edited.

For EDD's where review is required before the data can be migrated, authorized "Reviewers" may see additional "Review" data entry fields below the data record. In this scenario, to save a record as "Reviewed", simply click the "Reviewed" button.

Upload Date

08/21/2022 09:32 AM

DeleteCancel

File Status

Draft

Update

Download File

MI\_QuarterlyAnnulusFillReport\_Template\_v1.0.xlsx

Original UploadCurrent Revisions

## Header Info

Upload Date

08/21/2022 09:32 AM

Data Record Type

Header Info

Data Record Status

Operator Name

Operator Number

Report Period (Quarter)

Report Period (Year)

Revised Records?

Save

Detail Records <a href="#">Add Data Record</a>							
14-digit API Number	Well Name & Number	Amount of Liquid Added to Annulu...	Date Quarterly Annulus Liquid Che...	Review		Data Record Status	Action
21-157-20121-0000	WALAT, WALTER & KATHLEEN 1	0	01/24/2020			Validation Failed	Edit



# EDD Overview - Quarterly Annulus Fill Report

Below are the header and detail records of the selected file. Upload Date, Data Record Type, and Status are system generated. All other data elements originate from the uploaded file. From this page, authorized users may edit header record values and/or select detail records for edit. When the record status becomes "Reviewed" or "Data Migrated", the record may no longer be edited.

For EDD's where review is required before the data can be migrated, authorized "Reviewers" may see additional "Review" data entry fields below the data record. In this scenario, to save a record as "Reviewed", simply click the "Reviewed" button.

### Upload Date

08/21/2022 09:32 AM

Delete

Cancel

### File Status

Pending Review

Update

### Download File

MI\_QuarterlyAnnulusFillReport\_Template\_v1.0.xlsx

 [Original Upload](#)

 [Current Revisions](#)

## Header Info

### Upload Date

08/21/2022 09:32 AM

### Data Record Type

Header Info

### Data Record Status

### Operator Name

### Operator Number

### Report Period (Quarter)

### Report Period (Year)

### Revised Records?

Save

## Detail Records [Add Data Record](#)

14-digit API Number	Well Name & Number	Amount of Liquid Added to Annulu...	Date Quarterly Annulus Liquid Che...	Review	Data Record Status	Action
21-157-20121-0000	WALAT, WALTER & KATHLEEN 1	0	01/24/2020		Validated	<a href="#">Edit</a>



## Welcome to MiSTAR

By using MiSTAR, you may submit data and documents to the Michigan EGLE Oil, Gas, and Minerals Division. You may also view data and/or records. To get started, click on one of the buttons below or click on Menu above. For questions, contact [OGMD](#).

### ELECTRONIC DATA DELIVERABLES

Submit data via an EDD (.xlsx or .csv) or fill out the form directly.

View a list of EDD submissions. Navigate to an EDD to view/edit.

Submit EDD

View EDDs

### UIC WELLBORES

View a list of UIC wellbores and navigate to an individual wellbore to explore its data.

View UIC Wellbores

### DOCUMENTS

Submit and View Documents.

Submit and View Documents

### AOR EDD

Use a map-based tool to generate an AOR EDD template populated with data from OGMD's RBDMS database.

Generate AOR

### WELL NOTIFICATIONS

View and edit a list of well notifications.

View Well Notifications

### EPA 7520

Generate the EPA 7520 report.

For Agency USE ONLY

Generate EPA 7520 Report

# QA Fill EDD



MENU

MiSTAR

Jason Mailloux, OGMD

## EDD Submissions

The grid below displays EDD's that have been uploaded. To view and edit an uploaded EDD, please click the Edit button of the desired EDD upload record. If the grid is empty, you may wish to upload a new EDD by simply navigating to the new EDD upload page.

Job ID	Type	Operator	Description	File	Upload Date	File Status	Data Record Status	Action
<a href="#">26</a>	MI Quarterly Annulus Fill Report v1.0	BAILER OIL COMPANY LLC	QA three wells	MI_QA_Bailer.xlsx	04/15/2022 08:31 AM	Accepted	Data Migrated	<button>Edit</button>

# Mechanical Integrity Pressure Test EDD



1	Required?	Tooltip	Validation Criteria
2			
3	Yes	Official operator/owner	'Operator Name' is required.
4	Yes	EGLE Company Number	'Operator Number' is required and must match your company.
5	Yes	14-Digit API Number	'14-digit API Number' is required and must belong to your company. 14-digit API Number' must be a UIC Class II Well.
6	Yes	Well Name & Number from EGLE-OGMD Permit	'Well Name & Number' is required
7	Yes	See list of valid values	'UIC Well Type' is required and must be a valid value.
8	Yes	Date test performed	'Date of Test (MM/DD/YYYY)' is required.
9	Yes	Outside Diameter in	'Casing Diameter (decimal inches)' is required and must be a decimal.
10	Yes	Outside Diameter in	'Tubing Diameter (decimal inches)' is required and must be a decimal.
11	Yes	Serial number of the	'Gauge Serial Number' is required
12	Yes	Analog or Digital	'Type of Pressure Gauge' is required and must be a valid value.
13	No	Provide gauge brand and any additional comment	Provide gauge brand and any additional comment
14	Yes	Gauge face diameter in inches; use zero for digital gauge.	'Gauge Inch Face' is required and must be numeric.
15	Yes	Gauge PSI Range: ie 0-500	'Gauge PSI Range' is required.
16	Yes	Gauge PSI increments: ie 5	'Gauge PSI Increments' is required and must be integer.
17	Yes	Yes/No	'New Gauge' is required and must be Yes or No.
18	Conditional	Date of last calibration	'Calibration Date (MM/DD/YYYY)' is required if 'New Gauge' is No.
19	Yes	Yes/No	'Is Calibration Certification Submitted?' is required and must be Yes or No.
20	Yes	Describe Packer	'Packer Type/Model' is required.
21	Yes	Measured Depth in Feet	'Packer Depth (MD ft)' is required and must be an integer.
22	Yes	Measured Depth in Feet	'Top of Permitted Injection Zone (MD ft)' is required and must be an integer.
23	Yes	Yes/No	Is Packer set at depth compliant with R324.804(2)?' is required and must be Yes or No. Packer shall be set within 100 ft of the base of injection casing or within 100 ft of the top perforation of injection interval or receive justification by the supervisor.
24	Conditional	Yes/No	Packer Notes- has justification been submitted?' is required if the packer is more than 100 feet above the top of the injection zone or more than 100 ft above top perforation of injection interval.
25	Yes	Number of gallons	'Fluid Return (gallons)' is required and must be a decimal.
26	Yes	See list of valid values	'Purpose of Test' is required and must be a valid value.
27	Yes	Max. Allowable Pressure Change (5%): Initial Pressure x 0.05 psi	'Max Allowable Pressure Change' is required and must be a decimal.
28	Yes	psig	'Test Period Pressure Change' is required and must be a decimal.
29	Yes	Minutes	'Duration of Test (Min)' is required and must be an integer.
30	Yes	See list of valid values	'Test Result' is required and must be a valid value.
31	Yes	Yes/No	'Was test witnessed by an EGLE representative?' is required and must be Yes or
32	Conditional	First and Last Name	'Name of EGLE Representative' is required if 'Was test witnessed by an EGLE representative?' equals 'Yes'
33	No	Describe any issues encountered during the	

34			
35	Yes	HH:MM	'Time (Military Time)' is required and must be a valid time format (HH:MM).
36	Yes	psig	'Annulus Pressure' is required and must be a decimal.
37	Yes	psig	'Tubing Pressure' is required and must be a decimal.

# Valid Values

1	<b>EDD Template</b>	<b>Valid Values for Specific Template</b>
2		
3	<b>Injection Template</b>	<b>Operator Number (Header)</b>
4	Injection Fluid Type	Co2 or Gas or Liquid
5	Changes in Source Characteristics?	Yes or No
6	Report Type	Monthly or Annual (Header)
7	Revised Records?	Yes or No (Header)
8		
9	<b>Annular Pressure Test Template</b>	<b>Operator Number (Header)</b>
10	Type of Pressure Gauge	Analog or Digital
11	Purpose of Test	5-Year Test or After Rework or New Permitted Well or Other
12	Test Result	Pass or Fail
13		
14	<b>Quarterly Annulus Fill Template</b>	<b>Operator Number (Header)</b>
15	Report Period (Quarter)	1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , or 4 <sup>th</sup> (Header)
16	Revised Records?	Yes or No (Header)
17		
18	<b>Well Notification Template</b>	<b>Operator Number (Header)</b>
19	Notification Type	Notice of Loss of Mechanical Integrity or Notice of MIT Scheduled



# Auto Populated Fields

1	<b>EDD Template</b>	<b>Auto Populated Fields</b>
2		
3	<b>Injection Template</b>	<b>Well Name &amp; Number</b>
4		<b>UIC Well Type</b>
5		<b>Permitted Max Injection Pressure (PSIG)</b>
6		<b>Permitted Max Injection Rate (BBLS/MCF day)</b>
7		
8	<b>Annular Pressure Test Template</b>	<b>Well Name &amp; Number</b>
9		<b>UIC Well Type</b>
10		
11	<b>Quarterly Annulus Fill Template</b>	<b>Well Name &amp; Number</b>
12		
13	<b>Well Notification Template</b>	<b>Well Name &amp; Number</b>

# Monthly/Annual Injection Well Operating Report EDD

1	Injection Well Operating Report
2	Operator Name
3	Operator Number
4	Report Type
5	Report Period (MM/YYYY or YYYY)
6	Revised Records?



## INJECTION WELL OPERATING REPORT

By authority of Part 615 of Act 451 PA 1994, as amended, or Supervisor of Wells order.

Non submission and/or falsification of this information may result in suspension of operations.

This report must be filed with the Supervisor of Wells within 45 days after the end of the month of injection.



Operator <input type="text"/> 2	Permit No. <input type="text"/>
Address <input type="text"/>	Well Name & No. <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	USEPA Permit Number <input type="text"/>
This report is for 4,5 <input type="checkbox"/> Month <input type="text"/> Year <input type="text"/> (use one line per week) <input type="checkbox"/> Calendar year <input type="text"/> (use one line per month)	Well type: <input type="checkbox"/> Disposal <input type="checkbox"/> Secondary recovery Injection fluid: <input type="checkbox"/> Brine/water <input type="checkbox"/> Natural gas <input type="checkbox"/> H2S <input type="checkbox"/> CO2 <input type="checkbox"/> Other: <input type="text"/>

Month or Week	Annular pressure	Injection pressure	Injection rate per day	Total volume injected	
	PSIG	PSIG	Bbls or Mcf	Bbls	Mcf
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
Maximum					
Average					
Total cumulative volumes for period					

If measured values for the fracture pressure gradient and the injection fluid specific gravity are used in determining the maximum surface injection pressure, a yearly measurement for specific gravity is to be submitted as part of your annual report. If fracture pressure gradient is assumed to be .800 lbs/ft and the specific gravity of the injected liquid is assumed to be 1.2, no yearly measurement is needed.

Measured specific gravity of injection fluid  Date

Have there been any changes in characteristics or sources of fluids that are being injected?

☐ No ☐ Yes If yes, please explain.

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

Company Representative

Date

# INJECTION WELL OPERATING REPORT

By authority of Part 615 of Act 451 PA 1994, as amended, or Supervisor of Wells order.

Non submission and/or falsification of this information may result in suspension of operations.

This report must be filed with the Supervisor of Wells within 45 days after the end of the month of injection.



Operator <input type="text" value="2"/>	Permit No. <input type="text"/>
Address <input type="text"/>	Well Name & No. <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	USEPA Permit Number <input type="text"/>
This report is for 4,5 <input type="checkbox"/> Month <input type="text"/> Year <input type="text"/> (use one line per week) <input type="checkbox"/> Calendar year <input type="text"/> (use one line per month)	Well type: <input type="checkbox"/> Disposal <input type="checkbox"/> Secondary recovery Injection fluid: <input type="checkbox"/> Brine/water <input type="checkbox"/> Natural gas <input type="checkbox"/> H2S <input type="checkbox"/> CO2 <input type="checkbox"/> Other: <input type="text"/>

Month or Week	Annular pressure	Injection pressure	Injection rate per day	Total volume injected	
	PSIG	PSIG	Bbls or Mcf	Bbls	Mcf
1					
2					
3					
4					
5					
6					
7					

1	Injection Well Operating Report	
2	Operator Name	
3	Operator Number	
4	Report Type	
5	Report Period (MM/YYYY or YYYY)	
6	Revised Records?	

1		Required?	Tooltip	Validation Criteria
2	Injection Well Operating Report			
3	Operator Name	Yes	Official operator/owner	'Operator Name' is required.
4	Operator Number	Yes	EGLE Company Number	'Operator Number' is required and must match your company.
5	Report Type	Yes	N/A	'Report Type' is required and must be Monthly or Annual
6	Report Period (MM/YYYY or YYYY)	Yes	N/A	Report Period (MM/YYYY or YYYY) is required. For monthly reports, the valid format is MM/YYYY. For annual reports valid format is YYYY.
7	Revised Records?	Yes	N/A	'Revised Records?' is required and must be Yes or No.

submitted as part of your annual report. If fracture pressure gradient is assumed to be .800 lbs/ft and the specific gravity of the injected liquid is assumed to be 1.2, no yearly measurement is needed.

Measured specific gravity of injection fluid  Date

Have there been any changes in characteristics or sources of fluids that are being injected?

☐ No ☐ Yes If yes, please explain.

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

Company Representative

Date



## INJECTION WELL OPERATING REPORT

By authority of Part 615 of Act 451 PA 1994, as amended, or Supervisor of Wells order.

Non submission and/or falsification of this information may result in suspension of operations.

This report must be filed with the Supervisor of Wells within 45 days after the end of the month of injection.



Operator <input type="text"/> 2	Permit No. <input type="text"/>
Address <input type="text"/>	Well Name & No. <input type="text"/> 10
<input type="text"/>	<input type="text"/>
<input type="text"/>	USEPA Permit Number <input type="text"/>
This report is for 4,5 <input type="checkbox"/> Month <input type="text"/> Year <input type="text"/> (use one line per week) <input type="checkbox"/> Calendar year <input type="text"/> (use one line per month)	Well type: 11 <input type="checkbox"/> Disposal <input type="checkbox"/> Secondary recovery Injection fluid: <input type="checkbox"/> Brine/water <input type="checkbox"/> Natural gas 12 <input type="checkbox"/> H2S <input type="checkbox"/> CO2 <input type="checkbox"/> Other: <input type="text"/>

## Injection Records

9

10

11

12

13

14

Acf

14 digit API number

Well Name & Number from EGLE-OGMD  
Permit

See list of valid values

See list of valid values

Permitted value

Permitted Value

API Number

Well Name &amp; Number

UIC Well Type

Injection Fluid Type

Permitted Max Injection  
Pressure (PSIG)Permitted Max  
Injection Rate  
(BBLs/MCF per  
Day)12  
Maximum

9	API Number	Yes	14 digit API number	'14-digit API Number' is required and must belong to your company. '14-digit API Number' must be a UIC Class II Well.
10	Well Name & Number	Yes	Well Name & Number from EGLE-OGMD Permit	'Well Name & Number' is required.
11	UIC Well Type	Yes	See list of valid values	'UIC Well Type' is required and must be a valid value.
12	Injection Fluid Type	Yes	See list of valid values	'Injection Fluid Type' is required and must be a valid value.
13	Permitted Max Injection Pressure (PSIG)	No	Permitted value	'Permitted Max Injection Pressure (PSIG)' must be numeric.
14	Permitted Max Injection Rate (BBLs/MCF per Day)	No	Permitted Value	'Permitted Max Injection Rate (BBLs or MCF per Day)' must be a decimal.

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

Company Representative

Date

By authority of Part 815 of Act 451 PA 1994, as amended, or Supervisor of Wells order.

Non submission and/or falsification of this information may result in suspension of operations.

This report must be filed with the Supervisor of Wells within 45 days after the end of the month of injection.

Month or Week	Annular pressure	Injection pressure	Injection rate per day	Total volume injected	
	PSIG	PSIG	Bbls or Mcf	Bbls	Mcf
1	15	16	18	19	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
Maximum					
Average					
Total cumulative volumes for period					

15	Month or Week	Yes	Week values 1-5, Month values 1-12	'Month or Week' is required and valid values are 1-5 for monthly reports and 1-12 for annual reports.
16	Injection Pressure (PSIG)	Yes	Numeric Value	'Injection Pressure (PSIG)' is required and must be numeric.
17	Annulus Pressure (PSIG)	Yes	Numeric Value	'Annulus Pressure (PSIG)' is required and must be numeric.
18	Injection Rate Per Day (BBLS or MCF)	Yes	Decimal Value	'Injection Rate Per Day (BBLS or MCF)' is required and must be a decimal.
19	Weekly or Monthly Volume Injected (BBLS or MCF)	Yes	Decimal Value	'Weekly or Monthly Volume Injected (BBLS or MCF)' is required and must be a decimal.

Date \_\_\_\_\_

INJECTION WELL OPERATING REPORT

20	21	22	23	24	25	26	27
For Report Period	For Report Period	For Report Period	For Report Period	Yes/No	Decimal Value	MM/DD/YYYY	As Applicable (R810(10))
Cumulative Volume Injected (BBLs or MCF)	Max Injection Pressure (PSIG)	Max Annulus Pressure (PSIG)	Max Injection Rate (BBLs or MCF per Day)	Changes in Sources or Characteristics? (R.810(8))	Measured Specific Gravity of Fluid (R802(g)(iv))	Date Specific Gravity Measured	Comment: Note MIP exceed, anomalies or problems

☐ Calendar year \_\_\_\_\_  
 (use one line per month)

Injection fluid: ☐ Brine/water ☐ Natural gas  
                           ☐ H<sub>2</sub>S ☐ CO<sub>2</sub>  
                           ☐ Other: \_\_\_\_\_

Month or Week	Annular pressure	Injection pressure	Injection rate per day	Total volume injected	
	PSIG	PSIG	Bbls or Mcf	Bbls	Mcf
1 15	17	16	18	19	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
Maximum	22	21	23		
Average					
Total cumulative volumes for period				20	

If measured values for the fracture pressure gradient and the injection fluid specific gravity are used in determining the maximum surface injection pressure, a yearly measurement for specific gravity is to be submitted as part of your annual report. If fracture pressure gradient is assumed to be .800 lbs/ft and the specific gravity of the injected liquid is assumed to be 1.2, no yearly measurement is needed.

Measured specific gravity of injection fluid 25 Date 26

Have there been any changes in characteristics or sources of fluids that are being injected?  
☐ No ☐ Yes If yes, please explain. \_\_\_\_\_

24

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

Company Representative \_\_\_\_\_

Date \_\_\_\_\_

INJECTION WELL OPERATING REPORT

20	21	22	23	24	25	26	27
For Report Period	For Report Period	For Report Period	For Report Period	Yes/No	Decimal Value	MM/DD/YYYY	As Applicable (R810(10))
Cumulative Volume Injected (BBLS or MCF)	Max Injection Pressure (PSIG)	Max Annulus Pressure (PSIG)	Max Injection Rate (BBLS or MCF per Day)	Changes in Sources or Characteristics? (R.810(8))	Measured Specific Gravity of Fluid (R802(g)(iv))	Date Specific Gravity Measured	Comment: Note MIP exceed, anomalies or problems

☐ Calendar year  (use one line per month)
 Injection fluid: ☐ Brine/water ☐ Natural gas  
 12 ☐ H<sub>2</sub>S ☐ CO<sub>2</sub>  
☐ Other:

Month or Week	Annular pressure	Injection pressure	Injection rate per day	Total volume injected
---------------	------------------	--------------------	------------------------	-----------------------

20	Cumulative Volume Injected (BBLS or MCF)	Yes	For Report Period	'Cumulative Volume Injected (BBLS or MCF)' is required and must be a decimal.
21	Max Injection Pressure (PSIG)	Yes	For Report Period	'Max Injection Pressure (PSIG)' is required and must be numeric.
22	Max Annulus Pressure (PSIG)	Yes	For Report Period	'Max Annulus Pressure (PSIG)' is required and must be numeric.
23	Max Injection Rate (BBLS or MCF per Day)	Yes	For Report Period	'Max Injection Rate (BBLS or MCF per Day)' is required and must be a decimal.
24	Changes in Sources or Characteristics? (R.810(8))	Yes	Yes/No	'Changes in Sources or Characteristics? (R.810(8))' is required and must be Yes or No.
25	Measured Specific Gravity of Fluid (R802(g)(iv))	Yes	Decimal Value	'Measured Specific Gravity of Fluid (R802(g)(iv))' is required and must be a decimal.
26	Date Specific Gravity Measured	Yes	MM/DD/YYYY	'Date Specific Gravity Measured' is required and must be (MM/DD/YYYY).
27	Comment: Note MIP exceed, anomalies or problems	No	As Applicable (R810(10))	

11					
12					
Maximum	22	21	23		
Average					
Total cumulative volumes for period				20	

If measured values for the fracture pressure gradient and the injection fluid specific gravity are used in determining the maximum surface injection pressure, a yearly measurement for specific gravity is to be submitted as part of your annual report. If fracture pressure gradient is assumed to be .800 lbs/ft and the specific gravity of the injected liquid is assumed to be 1.2, no yearly measurement is needed.

Measured specific gravity of injection fluid  25 Date  26

Have there been any changes in characteristics or sources of fluids that are being injected?  
☐ No ☐ Yes If yes, please explain.

24

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

Company Representative  Date



# INJECTION WELL OPERATING REPORT

By authority of Part 615 of Act 451 PA 1994, as amended, or Supervisor of Wells order.

Non submission and/or falsification of this information may result in suspension of operations.

This report must be filed with the Supervisor of Wells within 45 days after the end of the month of injection.



Operator <u>2</u>	Permit No. <u>        </u>
Address <u>        </u>	Well Name & No. <u>10</u>
<u>        </u>	<u>        </u>
<u>        </u>	USEPA Permit Number <u>        </u>
This report is for 4,5 <input type="checkbox"/> Month <u>        </u> Year <u>        </u> (use one line per week) <input type="checkbox"/> Calendar year <u>        </u> (use one line per month)	Well type: 11 <input type="checkbox"/> Disposal <input type="checkbox"/> Secondary recovery Injection fluid: <input type="checkbox"/> Brine/water <input type="checkbox"/> Natural gas 12 <input type="checkbox"/> H2S <input type="checkbox"/> CO2 <input type="checkbox"/> Other: <u>        </u>

Month or Week	Annular pressure		Injection pressure		Injection rate per day		Total volume injected	
	PSIG		PSIG		Bbls or Mcf		Bbls	Mcf
1 15		17		16		18		19
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
Maximum		22		21		23		
Average								
Total cumulative volumes for period							20	

If measured values for the fracture pressure gradient and the injection fluid specific gravity are used in determining the maximum surface injection pressure, a yearly measurement for specific gravity is to be submitted as part of your annual report. If fracture pressure gradient is assumed to be .800 lbs/ft and the specific gravity of the injected liquid is assumed to be 1.2, no yearly measurement is needed.

Measured specific gravity of injection fluid 25 Date 26

Have there been any changes in characteristics or sources of fluids that are being injected?

☐ No ☐ Yes If yes, please explain.         

24

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

Company Representative

Date

# Completed Sample EDD

	A	B	C	D	E	F	G	H	I	J	K
1	<b>Injection Well Operating Report</b>										
2	Operator Name	OGMD									
3	Operator Number	1234									
4	Report Type	MONTHLY									
5	Report Period (MM/YYYY or YYYY)	12/2021									
6	Revised Records?	NO									
7											
8	<b>Injection Records</b>										
9	14 digit API number	Well Name & Number from EGLE-OGMD Permit	See list of valid values	See list of valid values	Permitted value	Permitted Value	Week values 1-5, Month values 1-12	Numeric Value	Numeric Value	Decimal Value	Decimal Value
10	API Number	Well Name & Number	UIC Well Type	Injection Fluid Type	Permitted Max Injection Pressure (PSIG)	Permitted Max Injection Rate (BBLS/MCF per Day)	Month or Week	Injection Pressure (PSIG)	Annulus Pressure (PSIG)	Injection Rate Per Day (BBLS or MCF)	Weekly or Monthly Volume Injected (BBLS or MCF)
11	12345678910111	Test-1234	CLASS II	LIQUID			1	-1	5	6	43
12	12345678910111	Test-1234	CLASS II	LIQUID			2	-4	5	5	37
13	12345678910111	Test-1234	CLASS II	LIQUID			3	-2	4	5	32
14	12345678910111	Test-1234	CLASS II	LIQUID			4	-6	2	5	32
15	12345678910111	Test-1234	CLASS II	LIQUID			5	-11	0	14	41
16											
17											
18											

# Completed Sample EDD

<i>For Report Period</i>	<i>For Report Period</i>	<i>For Report Period</i>	<i>For Report Period</i>	<i>Yes/No</i>	<i>Decimal Value</i>	<i>MM/DD/YYYY</i>	<i>As Applicable (R810(10))</i>
Cumulative Volume Injected (BBLs or MCF)	Max Injection Pressure (PSIG)	Max Annulus Pressure (PSIG)	Max Injection Rate (BBLs or MCF per Day)	Changes in Sources or Characteristics? (R.810(8))	Measured Specific Gravity of Fluid (R802(g)(iv))	Date Specific Gravity Measured	Comment: Note MIP exceed, anomalies or problems
185	-1	5	43	NO	1.0	01/01/2001	Test well for demonstration
185	-1	5	43	NO	1.0	01/01/2001	Test well for demonstration
185	-1	5	43	NO	1.0	01/01/2001	Test well for demonstration
185	-1	5	43	NO	1.0	01/01/2001	Test well for demonstration
185	-1	5	43	NO	1.0	01/01/2001	Test well for demonstration

- Fields MUST be filled in for each row or validation errors will occur

# Well Notification EDD

	A	B	C	D	E	F	G	H
1	<b>Well Notification</b>							
2	Operator Name							
3	Operator Number							
4								
5	<b>Notifications</b>							
6	<i>State issued API number</i>	<i>Name &amp; Number</i>	<i>Full Name</i>	<i>Minor civil division</i>	<i>See list of valid values</i>	<i>MM/DD/YYYY</i>	<i>HH:MM</i>	<i>Provide additional details and pertinent contact information for questions</i>
7	<b>14-digit API Number</b>	<b>Well Name &amp; Number</b>	<b>County Name</b>	<b>Township Name</b>	<b>Notification Type</b>	<b>Applicable Date</b>	<b>Applicable Time (Military time)</b>	<b>Description</b>
8								
9								

# Well Notification EDD

	A	B	C	D
1		Required?	Tooltip	Validation Criteria
2	<b>Well Notification</b>			
3	Operator Name	Yes	Official operator/owner	'Operator Name' is required.
4	Operator Number	Yes	EGLE Company Number	'Operator Number' is required and must match your Company.
5	<b>Notifications</b>			
6	14-digit API Number	Yes	State issued API number	'14-digit API Number' is required and must belong to your company. '14-digit API Number' must be a UIC Class II Well.
7	Well Name & Number	No	Well Name & Number	Well Name & Number is auto populated using the 14-digit API Number
8	County Name	Yes	Full Name	'County Name' is required.
9	Township Name	Yes	Minor civil division	'Township Name' is required.
10	Notification Type	Yes	See list of valid values	'Notification Type' is required and must be a valid value.
11	Applicable Date	Yes	MM/DD/YYYY	'Applicable Date' is required and must be a valid date format (MM/DD/YYYY).
12	Applicable Time	No	HH:MM	
13	Description	No	Provide additional details and pertinent contact information for questions	

- Notice of Loss of Mechanical Integrity
- Notice of MIT Scheduled

# MiSTAR Other Documents

- Where electronic templates (EDD) are not feasible for certain reporting requirements under Part 8, MiSTAR also accepts documents that should be submitted in a PDF format. Those documents include:
  - 1. Annual Injectate Analysis** (Rule 324.810(8))
  - 2. Injectate Analysis Other** (324.810(8))
  - 3. MIT Gauge Records** (Rule 324.806(3) and 324.808(3))
  - 4. MIT Chart** (Rule 324.806(3) and 324.808(3))
  - 5. Commercial Sources Quarterly** (Rule 324.810(5))
  - 6. Commercial Sources New** (Rule 324.810(6))



## Welcome to MiSTAR

By using MiSTAR, you may submit data and documents to the Michigan EGLE Oil, Gas, and Minerals Division. You may also view data and/or records. To get started, click on one of the buttons below or click on Menu above. For questions, contact [OGMD](#).

### ELECTRONIC DATA DELIVERABLES

Submit data via an EDD (.xlsx or .csv) or fill out the form directly.

View a list of EDD submissions. Navigate to an EDD to view/edit.

Submit EDD

View EDDs

### UIC WELLBORES

View a list of UIC wellbores and navigate to an individual wellbore to explore its data.

View UIC Wellbores

### DOCUMENTS

Submit and View Documents.

Submit and View Documents

### AOR EDD

Use a map-based tool to generate an AOR EDD template populated with data from OGMD's RBDMS database.

Generate AOR

### WELL NOTIFICATIONS

View and edit a list of well notifications.

View Well Notifications

### EPA 7520

Generate the EPA 7520 report.  
For Agency USE ONLY

Generate EPA 7520 Report

# Other Documents Upload

Documents

New Document Upload

Upload Document \*

Choose a file... 20 MB max file size

Browse

Allowed file types: .doc, .docx, .xls, .xlsx, .pdf, .tiff, 20MB max file size.

Document Type \*

Select option

Relevant Date

mm/dd/yyyy

Associated Wells \*

Search by Well Name, API Number, or Permit Number

Document Status \*

Select option

Upload Date

8/18/2022

Uploaded By

Jason Mailloux

Notes

Cancel

Save

Search by Document ID, File Name or Document Type

Filters

Customize

Document Type	Relevant Date	Document Status	Associated Well(s)	Uploaded Date	
<div>« 1 »</div>					0 of 0 items



# Other Documents Upload

MISTAR - MISTAR x +  
https://www.egle.state.mi.us/MISTAR/Document

MiSTAR Jason Mailloux, OGMD

## Documents

+ New Document Upload

**Upload Document \***

Choose a file... Browse

Allowed file types: .doc, .docx, .xls, .xlsx, .pdf, .tiff. 20MB max file size.

**Document Type \***

Select option

- Injectate Analysis Other
- Commercial Sources New** Press enter to select
- Commercial Sources Quarterly
- Correspondence
- MIT Gauge Records
- Injectate Analysis Annual
- MIT Chart
- MIT RCOWS

**Relevant Date**

mm/dd/yyyy

**Upload Date**

8/15/2022

**Associated Wells \***

Search by Well Name, API Number, or Permit Number

Jason Mailloux

Cancel Save

# Other Documents Upload

## Documents

[+ New Document Upload](#)

Upload Document \*

Choose a file... Browse

Allowed file types: .doc, .docx, .xls, .xlsx, .pdf, .tiff. 20MB max file size.

Document Type \*

Select option

Relevant Date

mm/dd/yyyy

Associated Wells \*

NEELEY 1-22 x HAYSTEAD 9 SWD x NAPOLEON FARMS 2-5 HD1 x

Document Status \*

Select option

Upload Date

8/18/2022

Uploaded By

Jason Mailloux

Notes

Cancel Save

Search by Document ID, File Name or Document Type

Filters

Customize

0 of 0 items

# Live Demo