

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 460.51 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 the Acts.

<b>Report submitted for year ending:</b> December 31, 2006	
<b>Present name of respondent:</b> Superior Energy Company LLC	
<b>Address of principal place of business:</b> 14428 Wuoksi Ave., Kaleva, MI 49645	
<b>Utility representative to whom inquires regarding this report may be directed:</b>	
<b>Name:</b> Randy Stanford	<b>Title:</b> Controller
<b>Address:</b> 2674 S. Huron Road P.O. Box 158	
<b>City:</b> Kawkawlin	<b>State:</b> MI <b>Zip:</b> 48631
<b>Direct Telephone, Include Area Code:</b> XXX-XXX-XXX (989) 684-5121	
<b>If the utility name has been changed during the past year:</b>	
<b>Prior Name:</b>	
<b>Date of Change:</b>	
<b>Two copies of the published annual report to stockholders:</b>	
<input type="checkbox"/>	were forwarded to the Commission
<input type="checkbox"/>	will be forwarded to the Commission
<b>on or about</b>	
<b>Annual reports to stockholders:</b>	
<input checked="" type="checkbox"/>	are published
<input type="checkbox"/>	are not published

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

Contact the Michigan Public Service Commission (Bill Stosik) at (517) 241-5853 or stosikb@michigan.gov OR forward correspondence to:

Regulated Energy Division (Bill Stosik)  
Financial Analysis and Customer Choice Section  
6545 Mercantile Way  
P.O. Box 30221  
Lansing, MI 48909

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

ANNUAL REPORT OF:

(Name of Company)

TO THE MICHIGAN PUBLIC SERVICE COMMISSION

For the Calendar Year:

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

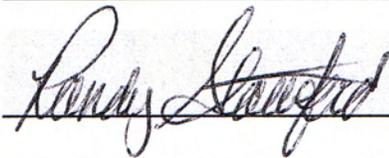
Name of Company: Superior Energy Company LLC

Post Office Address: 14428 Wuoksi Ave., Kaleva, MI 49645

Organization: LLC Partnership  
(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: Webster, Looby, Baumgarter

Signature of person who prepared this report: 

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

Name Title Address

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

Name Address

Matthew J. Coffey 13231 Frost Rd Hemlock, MI 48626 33 1/3%

Robert P. Roese 604 Shirmor Midland, MI 48640 33 1/3%

Richard F. Roese 3328 Catalina Bay City, MI 48706 33 1/3%

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

Name Address Number of Votes

Name of Respondent	This Report Is: (1) <input type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr)	Year of Report
--------------------	--	--------------------------------	----------------

**PROPERTIES USED IN OPERATION**

Line No.	Description and Location, Including County and City or Township (a)	Date Purchased (b)	Date Placed In Service (c)	Original Cost (d)
1	11428 Wuoksi Ave., Kaleva, MI	11-18-98	11-18-98	15,000.00
2	Manistee Twp. MI 49645			
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26	<b>TOTAL</b>			

Notes to Financial Statements

Name of Respondent		This Report Is: (1) [ ] An Original (2) [ ] A Resubmission	Date of Report (Mo, Da, Yr)	Year of Report
<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	1,778,889	1,814,495	
3	Construction Work in Progress			
4	Total Utility Plant (2 + 3)	1,778,889	1,814,495	
5	Accumulated Provision for Depreciation	272,585	323,261	
6	Net Utility Plant (4 - 5)	1,506,304	1,491,234	
7	Other Property	27,107	25,625	
8	Other Investments (please describe here)			
9	Total Property and Investments (6 thru 8)	1,533,411	1,516,859	
10	<b>CURRENT ASSETS</b>			
11	Cash	351,741	128,827	
12	Notes Receivable - Net			
13	Accounts Receivable - Net	79,187	39,007	
14	Material and Supplies			
15	Prepayments	2,345	2,464	
16	Other Current and Accrued Assets	20,810	9,401	
17	Total Current and Accrued Assets (10 thru 15)	454,083	179,699	
18	Deferred Debits			
19	Total Assets (9 + 17 + 18)	1,987,494	1,696,558	
20	<b>LIABILITIES &amp; STOCKHOLDERS EQUITY</b>			
21	<b>STOCKHOLDER EQUITY</b>			
22	<del>Capital Stock</del> Contributed Capital	182,200	182,200	
23	<del>Retained Earnings</del> Accumulated Profit	241,449	367,530	
24	Total Stockholders Equity (22 + 23)	423,649	549,730	
25	Long -Term Debt	1,189,412	783,002	
26	<b>CURRENT AND ACCRUED LIABILITIES</b>			
27	Notes Payable			
28	Accounts Payable	358,506	355,428	
29	Customer Deposits			
30	Other Current and Accrued Liabilities	15,927	8,398	
31	Total Current and Accrued Liabilities (27 thru 30)	374,433	363,826	
32	Deferred Credits			
33	Total Liabilities and Equity (24+25+31+32)	1,987,494	1,696,558	

Name of Respondent		This Report Is: (1) [ ] An Original (2) [ ] A Resubmission	Date of Report (Mo, Da, Yr)	Year of Report
<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	1,316,123	1,558,667	
2	Natural Gas Production Expense			
3	Cost of Purchased Gas	641,256	879,179	
4	Transmission Expense			
5	Distribution Expense Operation	175,766	143,065	
6	Distribution Expense - Maintenance			
7	Administrative & General Expense	119,143	126,890	
8	Other Expenses			
9	Total Operation & Maintenance Expense (2 thru 8)	936,165	1,149,134	
10	Depreciation & Amortization Expense	53,973	54,991	
11	Tax Expense			
12	Interest Expense	87,385	59,729	
13	Other Deductions			
14	Total Cost of Gas Service (9 thru 13)	1,077,523	1,263,854	
15	Income From Operations (1 - 14)	238,600	294,813	
16	Miscellaneous Non-Operating Income			
17	Miscellaneous Non-Operating Deductions			
18	Total Non-Operating Income (Loss)			
19	<b>NET INCOME (15 + 18)</b>	238,600	294,813	

Name of Respondent	This Report Is: (1) [ ] An Original (2) [ ] A Resubmission	Date of Report (Mo, Da, Yr)	Year of Report
--------------------	--	--------------------------------	----------------

**SALES DATA BY RATE SCHEDULE FOR THE YEAR**

- 1 Report below the distribution of customers, sales and revenue for the year by individual rate schedules.
- 2 Column (a): List all rate schedules by identification number or symbol. Where the same rates schedule designation applies to different rates in different zones, cities or districts, list separately data for each such area.
- 3 Column (b): Give the type of service to which rate schedule is applicable (ex. Commercial heating, space heating, etc)
- 4 Column (c): Indicate the class or classes of customers served under each rate schedule.
- 5 Column (d): Give the average number of customers billed under each rate schedule during the year.
- 6 Columns (e) and (f): For each rate schedule listed, enter the total number of Mcf sold to, and revenues received from customers billed under that rate schedule.
- 7 If a rate schedule was not in effect during the entire year, indicate in a foot note the period in which it was in effect.

Line No.	Rate Schedule Designation (a)	Type of Service to Type of Service to (b)	Class of Service (c)	Ave Number of Customers per Month (d)	Mcf Sold (e)	Revenue (f)
1	Residential			1040	76,055	843,156
2						
3	Commercial			90	16,665	191,059
4						
5	Governmental			23	5,050	56,104
6						
7	Churches			22	6,820	75,250
8						
9	Industrial			2	3,750	37,366
10						
11	Schools			7	14,860	156,963
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Notes to Financial Statements

Name of Respondent	This Report Is: (1) <input type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr)	Year of Report
--------------------	--	--------------------------------	----------------

**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 Delivery (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 Customers Mcf		
							Date (g)	Noncoincidental (h)	Coincidental (i)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

Name of Respondent		This Report Is: (1) <input type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission		Date of Report (Mo, Da, Yr)	Year of Report		
REVENUE FROM TRANSPORTATION OF GAS OF OTHERS - NATURAL GAS (Account 489)							
Line No.	Name of Company and Description of Service Performed (a)	Distance Transported (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)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25	TOTAL						

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. 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. 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. Designate points of receipt and delivery so that they can be identified on map of the respondent's pipeline system. Enter Mcf at 14.73 psi at 60 degrees Fahrenheit. 6 Minor items (less than 1,000,000 Mcf) may be grouped.

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 Michigan

} ss.

County of Midland, acting in Bay

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

(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.

*[Handwritten Signature]*

(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 Kawkawlin, Michigan

this 5/11/2007

WENDY K. YELSIK  
NOTARY PUBLIC - STATE OF MICHIGAN  
COUNTY OF SAGINAW  
My Commission Expires 4-7-08  
Acting in Bay County

My Commission expires

*[Handwritten Signature]*

*[Handwritten Signature]*

(Signature of person executing this report)

Controller

(Official Title)