

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 460.55 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 state law.

<b>Report submitted for year ending:</b> December 31, 2024										
<b>Present name of respondent:</b> SUPERIOR ENERGY COMPANY										
<b>Address of principal place of business:</b> 11690 CHIPPEWA HWY										
<b>Utility representative to whom inquires regarding this report may be directed:</b>  <table><tr><td><b>Name:</b> EDWARD HARE</td><td><b>Title:</b> CONTROLLER</td></tr><tr><td colspan="2"><b>Address:</b> PO BOX 291</td></tr><tr><td><b>City:</b> KAWKAWLIN</td><td><b>State:</b> MI</td><td><b>Zip:</b> 48631</td></tr><tr><td colspan="3"><b>Direct Telephone, Include Area Code:</b> 989-439-7124</td></tr></table>	<b>Name:</b> EDWARD HARE	<b>Title:</b> CONTROLLER	<b>Address:</b> PO BOX 291		<b>City:</b> KAWKAWLIN	<b>State:</b> MI	<b>Zip:</b> 48631	<b>Direct Telephone, Include Area Code:</b> 989-439-7124		
<b>Name:</b> EDWARD HARE	<b>Title:</b> CONTROLLER									
<b>Address:</b> PO BOX 291										
<b>City:</b> KAWKAWLIN	<b>State:</b> MI	<b>Zip:</b> 48631								
<b>Direct Telephone, Include Area Code:</b> 989-439-7124										
<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>  <table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>were forwarded to the Commission</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>will be forwarded to the Commission</td></tr><tr><td colspan="2"></td><td><b>on or about</b> June 9, 2025</td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	were forwarded to the Commission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	will be forwarded to the Commission			<b>on or about</b> June 9, 2025	
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	will be forwarded to the Commission								
		<b>on or about</b> June 9, 2025								
<b>Annual reports to stockholders:</b>  <table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>are published</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>are not published</td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	are published	<input checked="" type="checkbox"/>	<input type="checkbox"/>	are not published				
<input type="checkbox"/>	<input type="checkbox"/>	are published								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	are not published								

**SUBMIT the searchable PDF version of this record to [LARA-MPSC-UtilityPUA@michigan.gov](mailto:LARA-MPSC-UtilityPUA@michigan.gov)**

Questions? Contact the Michigan Public Service Commission (Jillian Bowden) at [BowdenJ2@michigan.gov](mailto:BowdenJ2@michigan.gov)

Or forward correspondence to:  
Michigan Public Service Commission  
Regulated Energy Division (Attn: Jillian Bowden)  
7109 W Saginaw Hwy  
PO Box 30221  
Lansing, MI 48917

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

**ANNUAL REPORT OF:**

**SUPERIOR ENERGY COMPANY**

(Name of Company)

**TO THE  
MICHIGAN PUBLIC SERVICE COMMISSION**

For the Calendar Year:  
**2024**

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

Name of Company: SUPERIOR ENERGY COMPANY

Post Office Address: 11690 CHIPPEWA HWY, BEAR LAKE, MI 48614

Organization: LLC  
(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: EDWARD L HARE

Signature of person who prepared this report: 

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

<u>Name</u>	<u>Title</u>	<u>Address</u>
ROBERT ROESE	MANAGING MEMBER	11209 RIVERBEND CT, PORT ST. LUCIE, FL 34984

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

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

<u>Name</u>	<u>Address</u>	<u>Number of Votes</u>
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Name of Respondent SUPERIOR ENERGY COMPANY	This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 4/8/2025	Year of Report 12/31/24
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**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	11690 CHIPPEWA HWY, BEAR LAKE, MI 49614			
2	BEAR LAKE TWP, MANISTEE COUNTY	11/14/15	11/14/15	\$132,799
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26	<b>TOTAL</b>			\$132,799

Notes to Financial Statements

Name of Respondent SUPERIOR ENERGY COMPANY	This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 4/8/2025	Year of Report 12/31/24
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**BALANCE SHEET**

Line	Title of Account (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)
<b>1</b>	<b>INVESTMENTS</b>		
2	Total Utility Plant in Service	3,264,057	3,327,583
3	Construction Work in Progress	0	0
4	Total Utility Plant (2 + 3)	3,264,057	3,327,583
5	Accumulated Provision for Depreciation	1,925,693	2,049,908
6	Net Utility Plant (4 - 5)	1,338,364	1,277,675
7	Other Property	190,714	190,714
8	Other Investments (please describe here)	321,914	321,914
9	Total Property and Investments (6 thru 8)	1,850,992	1,790,303
<b>10</b>	<b>CURRENT ASSETS</b>		
11	Cash	476,516	460,904
12	Notes Receivable - Net		0
13	Accounts Receivable - Net	368,249	441,321
14	Material and Supplies		0
15	Prepayments	31,739	35,731
16	Other Current and Accrued Assets	123,576	122,902
17	Total Current and Accrued Assets (10 thru 15)	1,000,080	1,060,859
18	Deferred Debits	0	0
19	Total Assets (9 + 17 + 18)	2,851,072	2,851,162
<b>20</b>	<b>LIABILITIES &amp; STOCKHOLDERS EQUITY</b>		
<b>21</b>	<b>STOCKHOLDER EQUITY</b>		
22	Capital Stock	2,605,203	2,526,767
23	Retained Earnings	41,564	140,332
24	Total Stockholders Equity (22 + 23)	2,646,767	2,667,099
25	Long -Term Debt	0	0
<b>26</b>	<b>CURRENT AND ACCRUED LIABILITIES</b>		
27	Notes Payable	0	0
28	Accounts Payable	170,848	149,350
29	Customer Deposits	12,375	11,125
30	Other Current and Accrued Liabilities	21,082	23,588
31	Total Current and Accrued Liabilities (27 thru 30)	204,305	184,063
32	Deferred Credits	0	0
33	Total Liabilities and Equity (24+25+31+32)	2,851,072	2,851,162

Name of Respondent		This Report Is:	Date of Report	Year of Report
SUPERIOR ENERGY COMPANY		(1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	(Mo, Da, Yr) 4/8/2025	12/31/24
STATEMENT OF INCOME				
Line	Title of Account (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)	
1	Operating Revenues	3,108,059	2,823,940	
2	Natural Gas Production Expense	0	0	
3	Cost of Purchased Gas	1,291,115	818,486	
4	Transmission Expense	0	0	
5	Distribution Expense Operation	0	0	
6	Distribution Expense - Maintenance	0	0	
7	Administrative & General Expense	1,628,192	1,743,189	
8	Other Expenses	0	0	
9	Total Operation & Maintenance Expense (2 thru 8)	2,919,307	2,561,675	
10	Depreciation & Amoritization Expense	123,243	124,215	
11	Tax Expense	48,201	39,884	
12	Interest Expense	1	0	
13	Other Deductions	0	0	
14	Total Cost of Gas Service (9 thru 13)	3,090,752	2,725,774	
15	Income From Operations (1 - 14)	17,307	98,166	
16	Miscellaneous Non-Operating Income	24,257	42,166	
17	Miscellaneous Non-Operating Deductions	0	0	
18	Total Non-Operating Income (Loss)	24,257	42,166	
19	<b>NET INCOME (15 + 18)</b>	41,564	140,332	

Name of Respondent SUPERIOR ENERGY COMPANY	This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 4/8/2024	Year of Report December 31, 2024
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**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						
2		RESIDENTIAL		2,652	174,587	\$1,639,977
3		COMMERCIAL		162	27,670	\$256,587
4		GOVERNMENT		33	6,580	\$31,358
5		CHURCHES		41	7,631	\$72,116
6		INDUSTRIAL		0		
7		SCHOOLS		5	8,534	\$162,407
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Notes to Financial Statements

Name of Respondent SUPERIOR ENERGY COMPANY	This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 04/08/25	Year of Report 12/31/24
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**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	N/A								
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Name of Respondent		This Report Is:		Date of Report	Year of Report		
SUPERIOR ENERGY COMPANY		(1) <input type="checkbox"/> X <input type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission		(Mo, Da, Yr) 04/08/25	12/31/24		
REVENUE FROM TRANSPORTATION OF GAS OF OTHERS - NATURAL GAS (Account 489)							
1 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.							
2 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.							
3 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.							
4 Designate points of receipt and delivery so that they can be identified on map of the respondent's pipeline system.							
5 Enter Mcf at 14.73 psi at 60 degrees Fahrenheit. <span style="float: right;">6 Minor items (less than 1,000,000 Mcf) may be grouped.</span>							
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)
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25	TOTAL						

**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 AN OFFICER

(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.



(Signature of person executing this report)

PO BOX 291, KAWKAWLIN, MI 48631

(Address of person executing this report)

SUBSCRIBED AND SWORN BEFORE ME

at 2674 S. Huron, Kawkawlin, MI

this 4-8-2025



(Signature of person executing this report)

**Robert A. Woods**  
**Notary Public, Midland County, MI**  
**Acting in Bay County**  
**My Commission Expires Dec. 24, 2025**

My Commission expires .....

MANAGING MEMBER

(Official Title)