

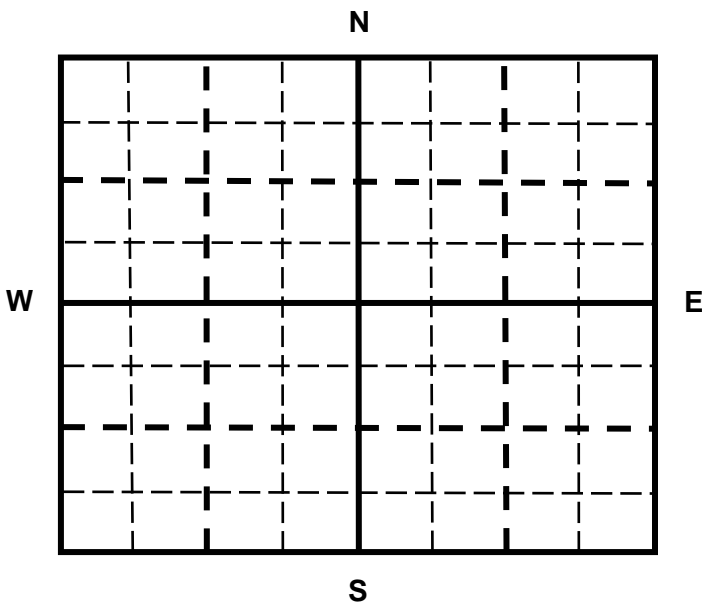
APPLICATION FOR STANDARD WELL CONNECTION PERMIT

This form is authorized under the authority of Act 9, P.A. 1929, as amended. Filing of this form is voluntary. However, only those applications for the issuance of a standard well connection permit which are submitted on this form will be given consideration by the Commission.

General Instructions:

- Type or print legibly in ink.
- Complete all areas – incomplete applications will be returned.
- If more space is needed to fully respond to an item, attach a plain sheet of paper labeled “Appendix”. Be sure to note on the appendix sheet the item number you are responding to.
- For clarification or assistance in completing this form, contact the Public Service Commission by calling (517) 241-6070.

1. Operator:				2. Doing Business As (if applicable):				3. Operator Telephone No.:											
4. Address:				5. City:				6. State:		7. ZIP Code:									
8. Contact Name:				9. Contact Title:				10. Contact Telephone No.:				11. Contact Fax No.:							
12. Contact Email Address :								13. Applicant Federal Identification No: (if sole proprietorship enter S.S. no.)											
14. Well Name:								15. Well Number:											
16. Drilling Permit Number:				17. API Number:				18. Field:											
19. Location:								20. Plot well location and lease or unit boundary lines. If property is irregular in form, attach a legal description by metes and bounds together with a large sketch giving dimensions and distances in feet.											
A Surface Hole Location																			
County				Township															
Location																			
Section				T		R													
ft. from nearest				North or South												Sec. line			
ft. from nearest				East or West												Sec. line			
GPS Coordinates (if available): Latitude:				Longitude:															
B Bottom Hole Location *				<input type="checkbox"/>		Same as surface location.													
County				Township															
Location																			
Section				T		R													
ft. from nearest				North or South												Sec. line			
ft. from nearest				East or West												Sec. line			
GPS Coordinates (if available): Latitude:				Longitude:															



* For multiple bottom hole locations, attach additional locations on a separate sheet.

21. Drilling Permit Number: <p style="text-align: center;">(Same as 16)</p>				22. Operator: <p style="text-align: center;">(Same as 1)</p>			
23. Legal description of drilling and producing unit assigned this well on which gas rights are common or are pooled by community or unitization agreement for proration purposes:							
Drilling Unit:		acres					
Producing Unit:		acres					
24. Date Well Completed:		25. Gas to be purchased by:		26. Contract Date:		27. Name of Transmitter:	
28. Date Well Gauged:		29. Well Gauged By:		30. Method of Gauging:			
31. Open Flow Capacity:		Mcf/day		32. Shut in bottom hole pressure:		psig	
33. Formation:							
34. Depth to Top of Pay (ft):		35. Depth to Bottom of Pay (ft):		36. Total Depth (ft):			
37. Specific Gravity:		38. % CH ₄		39. % N ₂		40. % CO ₂	
41. % H ₂ S		42. Btu Content:		Btu/CF @ 14.73 psia Dry and 60 °F			
43. Casing:							
Size		Weight		#/ft. Set at		Perforations	
44. Tubing:							
Size		Weight		#/ft. Set at		Perforations	
45. Type of completion (describe):							
46. Additional filing requirements:							
A) Filing Fee Check or money order in the amount of \$100.00 (U.S. Funds) made payable to "State of Michigan." B) Open Flow Calculations Graph the results of four (4) point test or one (1) point test method including all supporting data. C) Bottom Hole Pressure Test D) Current Gas Analysis Current sample taken within the past six months. E) Copy of Gas Purchase Contract and Amendments (if not previously submitted)							
47. Verification:							
I,		(Name of person providing information)				, verify that the facts stated	
in this <i>Application for Standard Well Connection Permit</i> are true and correct, and are true of my own knowledge, except as those stated upon information and belief, which I believe to be true. If representing a company, corporation, or organization, I further certify that I am authorized and qualified to submit this information.							
				(Signature)		(Date)	

Mailing Instructions: Mail the completed application form, appendix (if any), check or money order in payment of application fee, and additional required documents to:

**MI Dept of Labor & Economic Growth, Public Service Comm., Operations & Wholesale Markets Division,
6545 Mercantile Way, P.O. Box 30221, Lansing, Michigan 48909**