DEQ	MICHIGAN	DEPARTME	NT OF ENVIRO	NMENTAL OLIALI	TV 000	a= a= a						
APPL	ICATION FO	R PERMI	T TO:	NMENTAL QUALI	envisor of V	CE OF OIL	., GA	S, AND M	INERALS			
X DRII	L DEEPE		AIVEDT	Oil and Gas	ervisor or v	veis	_	art 625 Mi aste Dispo	neral Well	1	Fee en	closed
A			NVERI	☐Brine Disposa	4			ine Produ		1 —	Yes	
Ry authority of D	ND OPERAT	E A WEL	L	☐Hydrocarbon \$							No, revi	
Non-sut	Part 615 or Part 625 of A omission and/or falsifica	Act 451 PA 1994	, as amended.	☐Injection for Secondary			Processed brine disposal Storage			1	lication	
n	nay result in fines and/o		Recovery			Test, fee sched. on rev.				No, leg		
2. List all previ	ous permit numbers			. No. (do not use	SSN)		Locat	e well and	outline dril	ling unit	drainh on secti	ole on plat
4. Conformance	e bond 5.	Attached	6. Bond numb		7. Bond a	4	ſ					-
☐ Blanket 🗵	Single well	⊠On file	022050763	0.	\$33,000							
8. Applicant (n	ame of permittee as	bonded)			[\$33,000	<u>'</u>	ļ					
Marathon Oil (Company	ŕ					f		 	+		-
9. Address				Phone					ļ	1		
5555 San Felip	e								1	12		
Houston, TX 7	7056			713-296-468 I authorize DE0			W			4 <i>L</i>		 E
				to process this	application	nai days					6	7 4
				⊠ Yes		"						
10. Lease or we	Il name (be as brief	as possible)		Well number			-			-		
STATE BEAV	ER CREEK	,		D4-11						D4		
11. Surface own	ner	· · · · · · · · · · · · · · · · · · ·		D-1-11			-			רען	·	
STATE OF MI	CHIGAN						Į		<u> </u>			×
12. Surface loca	ation									S		
SW 1/4	020 1/4		1/4 of Sec	11 T 25N	R4W		nship	R CREE		County	EODD	
13. If directional	, bottom hole location	on .		12311	11.4.11			K CKEE		CRAW	FORL	
1/4			1/4 of Sec	т	R	lowr	nship			County		
14. The surface	location for this well	is		•								
293'	feet from neare	est (N/S) S	section	lino AND	717				_			
15. Is this a dire	ctional well? X No				717'	feet from	n nea	rest (E/M	<u>/) E</u>	sec	tion line)
	feet from neare		section	line15. The botto	om hole loc							
16. The bottom	hole location (wheth	er straight or o	directional) of thi	is well is	. ———	_ reet from	n nea	rest (E/M	<u> </u>	sec	tion line	<u> </u>
293'	feet from near	est (N/S) S										1
47 V:					7171							
17. Kind of tools		18			717'	feet from	n nea	rest (E/M	/) E	dril	ing unit	line
⊠Rotary □Ca	able Combination	18.	Is sour oil or ga	s expected?		19. Base	of lo	west know	vn fresh wa	ater aqui	ifer	
Rotary Ca	able Combination	n 18.	Is sour oil or ga No ⊠ Yes	s expected? ☑ H₂S Cont. plan	enclosed	19. Base Formation	of lo	west knov acial Dri	vn fresh wa ft	ater aqui De	fer pth 500)'
Rotary Care 20. Intended tot	able Combination	n 18.	Is sour oil or ga	s expected? X H₂S Cont. plan tal depth 22.	enclosed Producing	19. Base Formation	of lo	west knov acial Dri tion(s) 23	vn fresh wa ft 3. Objective	ater aqui De	fer pth 500)'
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Rotary C: 20. Intended tot MD 4700' 24. Depth (MD) 100'	able Combination al depth TVD 4700' HOLE Geol. Formation Glacial Drift Coldwater	PROPOSED Bit Dia. N/A 12-1/4"	Is sour oil or ga No Yes Formation at too MHERSTBUR DRILLING, CAS O.D. Size 20" 9-5/8"	s expected? H ₂ S Cont. plan tal depth CASING Wt/Ft Grade C Driven Condr 40# L-80 N	enclosed Producing A NTING AN ondition uctor ew	19. Base Formation of Formation	e of loon Glooma	west knov acial Dri tion(s) 23 N ROGRAM (Sacks N/A 415	vn fresh water fit. 3. Objective A CEMENT T.O.C. N/A SURF	w.o.c	pth 500 peld, or peld, or peld, or peld, or peld, or peld, or peld with the peld with	project JD Vis.
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Rotary C: 20. Intended tot MD 4700' 24. Depth (MD) 100' 917' 4700' 25. DETAIL CEN Surface 100% C Intermediate Production/Inject 26. Send corres Name Dennis M Address 5555 S CIERTIFICATION ** prepared under my	Amherstburg BENTING PROGRAM OH excess: 265 sx ion 50% OH excess pondence and perm fendenhall an Felipe, Houston Istate that I am authoris	18.	Is sour oil or ga No Yes Termation at too MHERSTBUR DRILLING, CAS O.D. Size 20" 9-5/8" 5-1/2" ALL CEMENT (4/35 Poz w/ 126)	s expected? H ₂ S Cont. plan tal depth CASING Wt/Ft Grade C Driven Cond 40# L-80 N 20# L-80 N CLASSES, ADDIT 47 cu ft) + 150 s W NaCl (929 cu E- tion was	enclosed Producing A NTING AN Condition Uctor EW EW TVES, AND A ft) + 525 mail DMe	19. Base Formation of the Polymer of	e of loop on Gl forma IG PF ID) A w/ @ma	west know acial Drition(s) 23 N ROGRAM (Sacks N/A 415 1075	vn fresh water than the state of the state o	w.o.c N/A 12+ 12+ cu ft)	MI Wt. N/A 9.3 10.4	project JD Vis. N/A 85 30 RING.
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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF OIL, GAS, AND MINERALS

INSTRUCTIONS FOR COMPLETING FORM 7200-1

- PART 615 SUPERVISOR OF WELLS or PART 625 MINERAL WELLS. Identify which statute this well will be permitted under and what type of well it will be Line 1a/b PERMIT FEE. For Part 615, Supervisor of Wells, the permit fee for all drilling and deepening permits is \$300. For Part 625, Mineral Wells, different fees apply to Line 1c. different types of wells: The permit fee is \$2500.00 for a Waste Disposal well; and \$500 for a Brine Production, Processed Brine Disposal or Storage Well. Individual test well (greater than 250' deep) permit fees are \$500. Permit fees for blanket test well permits (between 50' and 250' deep) are \$75 for 1-24 wells, \$150 for 35 40 wells. for 25-49 wells, \$300 for 50-74 wells, and \$600 for 75-200 wells. No fee is required if you are revising an existing application. Make checks payable to "State of fee. If application is for a leg of a horizontal drainhole, check that box. No new fee is required. See line 14 of form EQC 7200 for further instructions. Line 2
- PRIOR PERMITS. Identify all permit numbers of any wells drilled from the same surface location. Line 3
- Lines 4-7
- PRIOR PERMITS. Identify all permit numbers of any wells drilled from the same surface location.

 FEDERAL IDENTIFICATION NUMBER. Use a federal identification number. Do not use a Social Security Number.

 BOND. If the permittee as shown on line 8 is a partnership, all persons named share equal responsibility for the well. The bond submitted must be identical to and include all parties shown on line 8 as the permittee. Separate bonds for individuals in a partnership are not accepted. The bond number (line 6) is the Surety, certificate of Deposit or Letter of Credit number which identifies that instrument. Refer to R 324.212 for bond amounts (line 7) under Part 615. Under Part 625, bonds for a disposal, storage, or brine wells are \$30,000 for a single well or \$400,000 for blanket coverage (50 wells maximum). Refer to R299.2332 for bond amounts for Part 625 test wells. For additional information regarding bonding options and amounts contact the Permits and Bonding Unit at (517) 241-1530.

 APPLICANT. The permittee shall be the owner of the well or an authorized representative of the owner of the well. If you are a new applicant, have changed
- APPLICANT. The permittee shall be the owner of the well or an authorized representative of the owner of the well. If you are a new applicant, have changed address, or changed officers, or changed corporate structure, submit form EQP 7200-13, Well Permittee Organization Report. Line 8 Line 9
- Provide the address and phone number of the permittee, this may be different than the address to mail the permit on Line 26. Check yes if the permittee authorizes the DEQ an additional 4 days to process the permit (per PA 325 of 2004). In some cases this may prevent a permit from being denied if there are corrections or revisions pending to make a permit decision. Otherwise check no. Line 10
- TEASE or WELL NAME AND WELL NUMBER. Wherever possible a single word lease name is preferable. (1) Last names first. Use comma after the last name when a first name is used. (2) Use "&" to join names (e.g. Doe & Hall not Doe-Hall.) (3) Please do not include project names in the name of the well. Generally include "State" and Township name or "USA" in the well name (e.g. State Chester & Smith, or USA & Smith). Line 11
- Line 12
- SURFACE LOCATION. Identify the surface location of the well site by describing it in a quarter, quarter, quarter section (10 acre) spot within its township and range. Also identify the county and township name. Line 13
- BOTTOM HOLE LOCATION. Fill in this line only if this is a directionally drilled well. Identify the location of the endpoint of the borehole in the same manner as on Line 14.
- Identify the surface location of the well measured from nearest section lines (as identified in line 2, form EQP 7200-2). Line 15.
- well is directionally drilled, identify the location of the endpoint of the well bottom hole location measured from the from nearest section lines (as identified in line 3 form EQP 7200-2) Line 16.
- Identify the bottom hole location of the well (same as surface location for straight holes) measured from the nearest drilling unit lines or property lines for Part Line 17
- KIND OF TOOLS. Identify if the well will be drilled with Rotary, Cable, or Combination tools. Line 18
- SOUR OIL OR GAS. Indicate if the well is located in an area where sour (containing hydrogen sulfide, H₂S) oil and gas is likely to be encountered. If so drilling and operation of the well must follow special requirements. For details consult the Hydrogen Sulfide Management General Provisions, R324.1101-R 324.1129. Indicate
- BASE OF LOWEST KNOWN FRESH WATER AQUIFER. Identify the formation and the depth where the base of the lowest known fresh water aquifer is expected Line 19
- INTENDED TOTAL DEPTH. For straight holes show the total depth of the well as measured depth (MD). For directionally drilled wells identify the measured depth Line 20
- Line 21 Line 22
- INTENDED TOTAL DEPTH. For straight holes show the total depth of the well as measured depth (MID). For directionally drilled wells identify the intended depth (MD) and true vertical depth (TVD) at total depth.

 FORMATION AT TOTAL DEPTH. What is the geological formation at total depth of the well?

 PRODUCING/INJECTING FORMATION. Identify the intended producing formation for oil, gas or brine wells. For injection wells, identify the intended injection interval. For storage wells, identify the storage formation. For test wells, identify the formation to be examined. Identify or discuss further in attachments if more
- OBJECTIVE POOL, FIELD OR PROJECT. If this is an exploratory well, indicate "exploratory". If this is a development well, identify the producing field. If it is an Antrim project well identify the project or Uniform Spacing Plan (USP) name. Line 23 Line 24
- PROPOSED DRILLING, CASING, CEMENTING AND SEALING PROGRAM. Provide all casing and sealing data applicable to the proposed drilling. If the PROPOSED DRILLING, CASING, CEMENTING AND SEALING PROGRAM. Provide all casing and sealing data applicable to the proposed drilling. If the proposed program of drilling, casing, cementing, and sealing does not conform with those established by rule, or special order, then requests for exceptions must accompany an application for permit. For drilling through gas storage fields, refer to R 324.413 of Part 615. a) Depths: For directionally drilled wells use the tested burst and collapse pressures. c) Cement: Identify the number of sacks of cement for each string of casing. Identify the expected depth of the top of cement behind each casing under T.O.C. Identify the number of hours cement will be left undisturbed before commencing drilling under W.O.C. d) Mud: Indicate weights water (SW).
- DETAIL CEMENTING PROGRAM. Identify all cement classes, additives, and volumes (in cu. ft.) for each string of casing to be run. Identify the amount of excess Line 25 Line 26
- Identify the individual who can serve as a contact for the applicant and the mailing address to send the permit to. Line 28
- At least one copy of form EQP7200-01 must have an original signature of the individual authorized by the applicant to file the application.

Permit fee is \$300 for all Part 615 wells; \$2,500 for a Part 625 waste disposal well; or \$500 for a brine production, processed brine disposal, or storage well: Part 625 Test wells are subject to the fee structure defined in Line 1C above.

ONLINE PAYMENT*

When paying online for Part 615 permits, go to: https://www.thepayplace.com/mi/deq/oilandgas

When paying online for Part 625 permits, go to: https://www.thepayplace.com/mi/deq/welldrillprmt

Please enclose the receipt of electronic payment, one ORIGINAL and one COPY of the entire application and documentation to this address:

OFFICE OF OIL, GAS, AND MINERALS PERMITS AND BONDING UNIT PO BOX 30256 LANSING, MICHIGAN 48909-7756

CHECK PAYMENT

Please mail a check payable to STATE OF MICHIGAN, one ORIGINAL and one COPY of the entire application and documentation to this address

OFFICE OF FINANCIAL MANAGEMENT REVENUE CONTROL/CASHIER'S OFFICE PO BOX 30657 LANSING, MICHIGAN 48909-8157

OVERNIGHT/EXPRESS DELIVERY

Please send the online payment receipt or check payable to STATE OF MICHIGAN, one ORIGINAL and one COPY of the entire application and documentation to this address

ACCOUNTING SERVICES CENTER 425 WEST OTTAWA STREET LANSING, MICHIGAN 48933

*preferred method

Please see further instructions on EQC 7200 for preparing a Part 615 application and EQC 7200-3 for preparing a Part 625 application.