D.C. C.	MICHIG	AN DEPART	MENT OF E	NVIRON	MENTAL QUA	ITY - OFFI	~E OE O		C AND 44	NIEDAL 6			
APPL	ICATION FO	OR PER	MIT TO	1	a. Part 615 Su	nervisor of M	Valle	46 6	art 625 Mi	INERALS	. – – – –		
☑ DRILL ☐ DEEPEN ☐ CONVERT ☐ Oil and Gr						is			/aste Dispo	1.12	1c. Fee enclosed		
AND OPERATE A WELL						isposal arbon Storage n for Secondary			rine Produ		⊠Yes		
By authority of Part 615 or Part 625 of Act 451 PA 1994, as amended. Non-submission and/or falsification of this information.									rocessed b	, L	No, revi		
									torage		application		
may result in fines and/or imprisonment.					Recovery			Test, fee sched, on rev.				□No, leg of horz	
2. List all previous permit numbers 3. Fed. ID.					. No. (do not use SSN)			Locate well and outline drilling				drainhole	
. Conformanc	·		2	5-14105	39	•					N	CON SEC	ion piat
4. Conformanc ☐ Blanket ☒ s	e bond 5		d 6. Bon	d numbe		7. Bond a	mount						
		⊠On file	02205	0763		\$33,000							
	ame of permittee	as bonded)											
Marathon Oil C	Company												
Address					Phone								
5555 San Felip					713-296-46	84					1 2.		
Houston, TX 7	7056				I authorize DE		al dave	W		 	40		
					to process thi	s application	i.		ļ	ļ.,		\	72
					⊠ Ye	s 🗌 No							
0. Lease or we	Il name (be as bri	ef as possibl	e)		Well number	er			- 	-	+		₩—
TATE BEAV					D4-11						ח	411	¥:
 Surface own 											1		<u></u>
TATE OF MI	CHIGAN								L_		للإ		7
2. Surface loca							Tou	nship			S		
SW 1/4		/4 of S	E 1/4 o	f Sec 1	1 T 25N	N R4W			, ER CREE	ĸ	CRAN	, VFORE	、
	, bottom hole loca	tion						nshir					
1/4		/4 of	1/4 o	f Sec	т	R	100	oiiif	,		County	,	
The surface	location for this w	ell is			· · · · · · · · · · · · · · · · · · ·								
293'	feet from nea	arest (N/S)	3 .	section lir	ne Akir	o 717'	fort f			. F			ļ
5. Is this a dire	ctional well? 🛛 I	Vo Yes	If yes, c		ine15. The bot		reet fro	m ne	arest (E/M	<i>I</i>) E	se	ction line	e
	feet from nea	erest (N/S)	9	section lir	ne ANI	iom nole loc				Λ		_4! P	_
6. The bottom	hole location (whe	ther straight	or direction:	al) of this	well is		_ 1661 110	ııı ne	arest (E/M	<u>" ——</u>	se	ction line	e
293'	feet from nea	arest (N/S)		drilling un		D 717'	£=-+ ¢		4	e 10			
7. Kind of tools			18. Is sour	oil or gas	expected?		19 Rec	III ne	arest (E/M	/) E	dri	lling unit	line
△ Rotary						19. Base of lowest known fresh water aquifer Formation Glacial Drift Depth 500'							
0. Intended total	al depth		21. Formati	on at tota		2. Producing	/injection	form	ation(c)	LL Objects	D(spin 3U(<u>, </u>
AD 4700'	TVD 4700'		AMHERS	TBURG		IA	,	.01111	NI	A Objectiv	e hoo!	neiu, of	project
4.		PROPOS			NG AND CEM		Derain			**			
	HOLE			, UNS	CASIN	G AN	ID SEALI	NG P		PENTENT			
Depth (MD)	Geol. Formation	Bit Dia	O.D. S	Size V	Vt/Ft Grade			MD)	CEMENT		110/ 0 0	MUD	
100'	Glacial Drift	N/A	20'					—∸∦	Sacks	T.O.C.		+	Vis.
917'	Coldwater	12-1/4			Driven Cond		100'	_	N/A	N/A	N/A	N/A	N/A
4700'	Amherstburg				40# L-80 1		917'		415	SURF	12+	9.3	85
	2 miner stourg	8-3/4	5-1/2	2"	20# L-80 1	New	4700	<u>'</u>	1075	500'	12+	10.4	30
												1	\top
		 											\top
A DETAIL OF	ENTINO												1 1
DETAIL CEM	ENTING PROGR	AM. IDENT	IFY ALL CE	MENT C	LASSES, ADD	TIVES, AND	VOLUM	ES (I	N CU. FT.)	FOR EA	CH CAS	ING ST	RING.
surface 100% C	H excess: 265 s	x 65/35 Po	z w/ 3% C	aCl (44°	7 cu ft) + 150	sx Class A	(180 cu	ft)					
ntermediate													-
Production/Injecti	on 50% OH evo	ecc. 550 ~	65/25 Da	/ 100/	N-01 (000	0)							
6 Send correct	on 50% OH exc pondence and per		03133 POZ	. w/ 12%	NaCI (929 c	u n) + 525	sx Class	Aw	/ 12% Na	Cl (645	cu ft)		
lame Dennis M		mit to											
					E	E-mail DMe	ndenhall	@ma	arathonoil	.com			
Nadress 5555 S	an Felipe, Hous	ton, TX 77	056					_	Phone 7	13-296-4	684		_
repared under my	state that I am author	orized by said	applicant. This	s application		nclose the rec	eipt of elec	tronic	payment or a	check ma	de pavab	le to State	e of
complete to the best	t of my knowledge."	tion. The fact	s stated hereir	n are true,	accurate and M	iicnigan. I ne pi	ermit fee is	\$300	for Part 615	wells: \$2.50	00 for a P	art 625 w	aste l
Annlication -	repared by (print	or type)	Pho	ne	- In	isposal well; \$5 EQ Cashier	use only	e proc	uction, proce	essed brine	disposal	, or storac	e well.
								•					
Dennis Mender	hall		713	3-296-46	84								
Dennis Menden 28. Signature					84								
Dennis Menden 28. Signature	Muhl	U	Date 6/1	e 0/15	84								
Dennis Menden 28. Signature		L ias, and Mine	Date 6/1	e 0/15	84								



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF OIL, GAS, AND MINERALS

INSTRUCTIONS FOR COMPLETING FORM 7200-1

- Line 1a/b 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. 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 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 mineral Wells, and \$600 for 75-200 wells. No fee is required if you are revising an existing application. Make checks payable to "State of Michigan" bank drafts are seed accorded. An application to revise the surface location of an existing application. Make checks payable to "State of National Control of the surface location of an existing application. Line 1c Michigan", <u>bank drafts are not accepted.</u> An application to revise the surface location of an existing permit must be accompanied by the <u>original</u> permit and a new 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.
- PRIOR PERMITS. Identify all permit numbers of any wells drilled from the same surface location. Line 2 Line 3
- 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, 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 Permitts 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.
- LEASE 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 LEASE OF 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 the first word should be chosen so that it will put the well name where one would expect to find it. (4) If the drilling unit contains State or Federally owned minerals, include "State" and Township name or "USA" in the well name (e.g. State Chester & Smith, or USA & Smith). Line 11
- 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
- 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.
- If the 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 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 Line 19
- 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 20
- 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 (MD) and true vertical depth (TVD) at total depth.

 FORMATION AT TOTAL DEPTH. What is the geological formation at total depth of the well?
- Line 21
- 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 and viscosities of drilling fluid during each phase of drilling. If drilling muds are not added and the drilling fluid is essentially water, indicate fresh water (FW) or salt 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 26
- Identify the individual who can serve as a contact for the applicant and the mailing address to send the permit to.
- 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* **CHECK PAYMENT OVERNIGHT/EXPRESS DELIVERY** When paying online for Part 615 permits, go to: Please mail a check payable to STATE OF https://www.thepayplace.com/mi/deg/oilandgas lease send the online payment receipt or check MICHIGAN, one ORIGINAL and one COPY of the payable to STATE OF MICHIGAN, one ORIGINAL entire application and documentation to this When paying online for Part 625 permits, go to: and one COPY of the entire application and documentation to this address 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 OFFICE OF FINANCIAL MANAGEMENT REVENUE CONTROL/CASHIER'S OFFICE ACCOUNTING SERVICES CENTER 425 WEST OTTAWA STREE LANSING, MICHIGAN 48933 PO BOX 30657 LANSING, MICHIGAN 48909-7756 LANSING, MICHIGAN 48909-8157 *preferred method