

DTE GAS COMPANY TRESPASS GAS CLAIM FORM

NAME OF PARTY CLAIMING (CLAIMANT) AND TRANSPORTING GAS: _____

BILLING ADDRESS: _____

ATTENTION: _____

NAME OF CONTACT PERSON: _____

PHONE NUMBER OF CONTACT PERSON: _____

DATE OF CLAIM: _____

CLAIMANT HEREBY CLAIMS OWNERSHIP OF VOLUMES OF GAS IDENTIFIED AS FOLLOWS:

DATE POSTED ON MYDTEENERGY.COM: _____

WELL HEAD VOLUME BEING CLAIMED: _____
(volume posted excludes related shrinkage & fuel)

PRODUCTION DATE(S): _____

LOW METER NUMBER: _____

WELL NAME: _____

OPERATOR: _____

PROOF OR LETTER OF AGREEMENT BETWEEN CLAIMANT AND OWNER OF GAS ATTACHED: YES NO

CLAIMANT WARRANTS THAT THE TRESPASS GAS CLAIMED HEREIN SHALL BE FREE AND CLEAR OF ALL LIENS, ENCUMBRANCES OR CLAIMS, AND THAT IT WILL INDEMNIFY AND HOLD DTE GAS COMPANY HARMLESS FROM ALL SUITS, ACTIONS, DEBTS, ACCOUNTS, DAMAGES, COSTS, LOSSES, AND EXPENSES ARISING FROM OR OUT OF ANY ADVERSE CLAIMS OF ANY AND ALL PERSONS TO SAID TRESPASS GAS.

CLAIMANT SIGNATURE _____

FORM SHOULD BE COMPLETED FOR EACH WELL AND RETURNED VIA EXPRESS MAIL TO: DTE GAS COMPANY
ATTENTION: STEPHANIE COLEMAN, WCB 1620,
ONE ENERGY PLAZA, DETROIT, MI 48226