



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Oil and Gas Resource Management

One Natural Resources Way
Springfield, Illinois 62702-1271



**HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING
REGISTRATION FORM
HVHMF-01**

Initial Registration <input checked="" type="checkbox"/>	Annual Submission <input type="checkbox"/>	Update <input type="checkbox"/>
Registrants Name: Brigham Resources Operating, LLC		
Person Completing Form: Jen Harold		Title: Production Manager
Mailing Address: 5914 W Courtyard Drive, Suite 220		
City: Austin		
State: Texas		
Zip Code: 78730		
Registration # (if known):		

Has the registrant, parent, or any subsidiary/affiliate been found to be in serious violation of any federal or state laws, or regulations in the development or operation of an oil or gas exploration or production site via hydraulic fracturing within the last 5 years?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, provide a detailed description as to the nature of the violation(s) whether matters are resolved, or current status in Attachment 3	

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REGISTRATION FORM, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.	
PRINT NAME: Jen Harold	
SIGNATURE OF REGISTRANT:	
TITLE: Production Manager	DATE: 11/1/2013

NOTE

1. This Registration Form is subject to change and therefore the registrant may be required to provide additional information after the adoption of the Hydraulic Fracturing Regulatory Act Administrative Rules.
2. Once your registration is approved, if any information changes, you must provide updates within 60 days of the change using this same form and marking the 'Update' box.
3. Applications for Hydraulic Fracturing permits will not be accepted until the adoption of the Hydraulic Fracturing Regulatory Act Administrative Rules.



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HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING REGISTRATION FORM HVHFF-01, Attachment 1 - Proof of Insurance

Please provide proof of insurance to cover injuries, damages, or loss, related to pollution or diminution in the amount of at least \$5,000,000 from an insurance carrier authorized, licensed, or permitted to do this insurance business in this state, that holds at least an A- rating by A.M. Best & Co., or any comparable rating service (REF. 1-35(a)(3)).

Please enter text or copy and paste the image of your proof of insurance:

ACORD **CERTIFICATE OF LIABILITY INSURANCE** 11/8/2014 11/13/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION is WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	LOCKTON COMPANIES, LLC 5847 SAN FELIPE, SUITE 320 HOUSTON TX 77057 866-280-3538	CONTACT TITLE: _____ FAX: _____ E-MAIL: _____ ADDRESS: _____
INSURED	Brigham Resources Operating, LLC 1374104 5914 W Courtyard Drive, Suite 2 Austin TX 78730	INSURER A - General Insurance Company 10833 INSURER B - Gotham Insurance Company 25269 INSURER C: _____ INSURER D: _____ INSURER E: _____

COVERAGES CERTIFICATE NUMBER: 12675364 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	TYPE OF INSURANCE	NEW	RENEW	POLICY NUMBER	POLICY EFF.	POLICY EXPI.	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> EACH <input type="checkbox"/> LOC	N	N	JGH2001384	11/8/2013	11/8/2014	EACH OCCURRENCE \$ 1,000,000 POLICY LIMIT \$ 100,000 MED EXP (adv one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - CONSUMER AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIREN AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COMBINED SINGLE LIMIT (SA) \$ XXXXXXXX BODILY INJURY (per person) \$ XXXXXXXX BODILY INJURY (per accident) \$ XXXXXXXX PROPERTY DAMAGE (per person) \$ XXXXXXXX \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> RETENTION \$	N	N	JUH001235	11/8/2013	11/8/2014	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POLICY WITH THIS CERTIFICATE OF LIABILITY MUST BE CARRIED BY THE INSURED OR HIS/HER/ITS AGENT OR BROKER. If per. service under description of operations below	Y/N	N/A	NOT APPLICABLE			PER ACCIDENT \$ XXXXXXXX PER EMPLOYEE \$ XXXXXXXX \$
B	Excess Liability	N	N	ML201300000935	11/8/2013	11/8/2014	\$25,000,000 Each Occurrence \$25,000,000 Aggregate \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Sudden and Accidental pollution included in General Liability. Umbrella Liability is follow form of the General Liability policy.

CERTIFICATE HOLDER	CANCELLATION See Attachment
12675364 Illinois Department of Natural Resources Office of Oil and Gas Resource Management One Natural Resources Way Springfield IL 62702-1271	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING REGISTRATION FORM HVHFF-01, Attachment 2 – Parent Corporation, Subsidiaries, and/or Affiliates of Registrant

Please provide Name and Address of any parent corporation, subsidiaries and/or affiliates related to the registrant.

List parent corporation first. Sort by State with Illinois entities listed first, and then sort within the State by Name.

Please enter text

Brigham Resources, LLC (Parent Company)
Brigham Resources Operating, LLC (Registrant)

5914 W. Courtyard Dr., Suite 200
Austin, TX 78730



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Mines and Minerals
Division of Oil and Gas One Natural Resources Way
(217) 782-7756 Springfield, Illinois 62702-1271



HYDRAULIC FRACTURING PERMITTEE REGISTRATION FORM HVHF-01, Attachment 3 – Violation(s) and Resolution(s)

If the applicant, parent, or any subsidiary/affiliate has been found to be in serious violation of any federal or state laws, or regulations in the development or operation of an oil or gas exploration or production site via hydraulic fracturing within the last 5 years; please provide a detailed description as to the nature of the violation(s) and resolution(s).

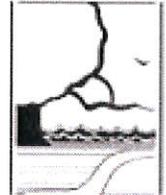
Please sort by State, listing Illinois first, and then sort by violation, listing Fracking violations first.

Please enter text for violations and resolutions:

Not Applicable - No violations.



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OG-1 PERMITTEE STATUS REPORTING FORM

MAILING ADDRESS VERIFICATION (All information must be completed)

PERMITTEE #: _____ IF APPLICABLE).

NAME: Brigham Resources Operating, LLC

STREET ADDRESS / R.R. # /
 P.O. BOX: 5914 W. Courtyard Dr., Suite 200

CITY, STATE, ZIP: Austin, TX 78730

PHONE/FAX NUMBER: 512-220-1200

E-MAIL ADDRESS _____

CONTACT NAME: Jen Harold PHONE NUMBER 512-220-1211

CONTACT'S E-MAIL: jharold@brighamresources.net

PERMITTEE STATUS: (All applicable information must be reported)

1. *Sole Proprietorship* (individual owner) *Corporation* *Limited Liability Company* *Partnership*
2. Does the Permittee name listed on the Annual Well Fee Bill own the right to drill, produce and allocate production from the wells shown on the Fee Bill? YES NO
 If NO, explain relationship of current Permittee to owner of right to drill, produce and allocate production:

3. Is the Permittee name listed on the Annual Well Fee Bill an assumed business name? YES NO
 If yes, is the assumed business name registered as required by the Assumed Business Name Act?
 YES NO In what County or Counties? _____
4. Does Permittee have a Federal Employee Identification Number (FEIN)? YES NO
 If yes, Permittee is required to report the FEIN. 37-1663874
5. If Permittee is a *Sole Proprietorship (individual owner)*:
 - a. Name: _____
 - b. Social Security Number: _____ (voluntary).
 - c. Doing Business As (d/b/a): _____

6. If Permittee is a Corporation or Limited Liability Company (LLC):

a. Is the Corporation or LLC registered to do business in Illinois? YES NO

b. List Registered Agent:

(Name)

(Address)

c. List Corporate officers or LLC members or managers: (please mark one)

_____ President	_____ Manager
_____ Vice-President	_____ Member
_____ Secretary	_____ Member
_____ Treasurer	_____ Member

d. List secretary of State corporation / LLC file number

801544941

7. If Permittee is a Partnership:

a. Type of Partnership: _____

b. Doing Business As (d/b/a): _____

c. List Partners:

_____	S.S.# _____	(voluntary)

8. If Permittee is an entity other than a Corporation, LLC, Partnership or Sole Proprietorship, please describe the nature of Permittee's organization:

Oil and gas exploration and production

1. List below the name of person(s) having current Power of Attorney with authorization to sign applications, bonds, etc.. on your (or company/corporation) behalf and provide a copy of the "Illinois Statutory Short Form" for the Power of Attorney.

J Silva

Person completing form (please print)



12/2/2013

Date

Signature of Person Completing Form (must be owner or officer, Section 240.230)

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 225 ILCS 725 et. seq. Disclosure of this information is REQUIRED. Failure to provide any information may result in a fine up to \$250. This form has been approved by the Forms Management Center.

