



OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL & GAS RESOURCES MANAGEMENT

2045 MORSE RD., F-2, COLUMBUS, OH 43229-6693
Phone: (614) 265-6922 • Fax: (614) 265-6910



AUTHORITY & ORGANIZATION FORM (Form 9)

1. OWNER NUMBER:	
2. NAME & MAILING ADDRESS: EMAIL: PHONE NUMBER: CELL PHONE NUMBER: FAX NUMBER: 3. STREET ADDRESS:	5. PURPOSE OF FILING: <input type="checkbox"/> NEW OWNER <input type="checkbox"/> ADDRESS AND/OR TELEPHONE CHANGE <input type="checkbox"/> CHANGE OF AUTHORIZED AGENT <input type="checkbox"/> CHANGE OF STATUTORY AGENT <input type="checkbox"/> TEMPORARY PLUG ONLY <input type="checkbox"/> NAME CHANGE 6. CURRENT ORGANIZATION: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER: _____
4. IF ORGANIZATION IS A SUBSIDIARY OR AN ASSUMED NAME (dba), PROVIDE NAME & ADDRESS OF ASSOCIATED COMPANY:	
7. EXEMPT DOMESTIC WELL OWNER (see criteria on back of form) <i>NOTE: Exempt domestic well owner only complete boxes 2, 3, 5, and 7.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE NUMBER OF ACRES: _____	
8. IF A REORGANIZATION, PROVIDE NAME AND ADDRESS OF PREVIOUS ORGANIZATION:	
9. LIST NAME AND STREET ADDRESS OF AUTHORIZED AGENT AND ENCLOSE A COPY OF CERTIFICATE OF APPOINTMENT: EMAIL: _____ PHONE NUMBER: _____ FAX NUMBER: _____ CELL PHONE NUMBER: _____	
10. LIST NAME AND STREET ADDRESS OF STATUTORY AGENT (Corporations only): EMAIL: _____ PHONE NUMBER: _____ FAX NUMBER: _____ CELL PHONE NUMBER: _____	

I, the undersigned, being first duly sworn, depose and state under penalties of law, that I am authorized to complete this Authority and Organization Form on behalf of the organization listed above, that this form was prepared by me or under my supervision and direction, and that date and facts stated herein are true, correct, and complete to the best of my knowledge.

That I hereby agree to conform with all provisions of Chapter 1509, ORC, to all orders and rules issued by the Chief of the Division of Oil and Gas Resources Management.

SIGNATURE OF AUTHORIZED AGENT: _____

TITLE: _____

NAME (Typed or Printed): _____

SWORN to and subscribed before me this _____ day of _____, 20_____

(SEAL)

(Notary Public)

(Date Commission Expires)

NOTE: A certificate issued by an insurance company stating the owner has in force a combined (general aggregate): \$1 million bodily injury coverage and property damage for well(s) located in non-urban areas, \$3 million bodily injury coverage and property damage for well(s) located in urban areas*, or \$5 million bodily injury and property damage for owners of a horizontal well(s). The certificate **MUST BE ATTACHED** or on file at the Division of Oil and Gas Resources Management **UNLESS YOU QUALIFY AS AN EXEMPT DOMESTIC WELL OWNER.**

* Check the 2010 Census information found at oilandgas.ohiodnr.gov/Urban-Drilling-Requirements to determine if your well is located in an urban area.



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AUTHORITY & ORGANIZATION FORM (Form 9) INSTRUCTION SHEET

1. OWNER NUMBER:

The owner number is used to identify individuals or organizations who have been issued permits by the Division of Oil and Gas Resources Management. This number is assigned by the Division after receipt of this form. Each individual or organization will be notified of their designated number and will be required to use it on all future applications.

2. NAME & MAILING ADDRESS:

Please provide name, mailing address, email, phone number, cell phone number, and fax number for the owner in box Number 1.

3. STREET ADDRESS:

If a post office box is included for box Number 2, a street address must be entered in box Number 3 for execution of this form.

4. NAME & ADDRESS OF ASSOCIATED COMPANY:

If the organization is a subsidiary or an assumed name doing business as (dba), provide the name and address of the subsidiary or assumed name in box Number 4.

5. PURPOSE OF FILING:

Indicate the purpose of the filing by checking the appropriate item in box Number 5. The form **must be filed again** if any of the information changes or upon request by the Chief.

6. CURRENT ORGANIZATION:

Check the appropriate organization in box Number 6.

7. EXEMPT DOMESTIC WELL OWNER:

Indicate if exempt domestic well owner status applies in box Number 7 (see criteria below). Provide number of acres.

Exempt Domestic Well Owner Criteria:

1. The well is owned by the owner of the estate of the tract on which the well is located. In other words, the person(s) signing this form as Authorized Agent must own the property and rights to appropriate the gas for their own use.
2. The well must be used to primarily provide gas for the owner's **Domestic** use. Wells primarily supplying gas to rental properties, residences adjacent to the tract on which the well is located or businesses **do not** qualify as domestic wells.
3. The well must be more than 200 feet from any inhabited private dwelling house not located on the tract on which the well is located.
4. The well must be more than 200 feet from any public building.
5. The owner owns a minimum of five acres and provides an Exempt Domestic Well owner Affidavit-Release of Lease(s).
6. If the owner owns less than five acres, the domestic well owner shall post a five thousand dollar bond (\$5,000) with the Division of Oil and Gas Resources Management.
7. If the owner owns more than 5 acres but the Assignor has not released all of the oil and gas leases that are included in the applicable formation of the drilling unit the domestic well owner shall post a five thousand dollar bond (\$5,000) with the Division of Oil and Gas Resources Management.

8. PREVIOUS NAME OF ORGANIZATION:

If a reorganization, provide name and address of previous organization in box Number 8.

9. AUTHORIZED AGENT:

Provide name, address, email, phone number, cell phone number, and fax number of the authorized agent in box Number 9. Enclose a copy of the authorized agent's certificate of appointment.

10. STATUTORY AGENT:

If a corporation, provide the name, address, email, phone number, cell phone number, and fax number of the statutory agent in box Number 10. Enclose a copy of the statutory agent's certificate of appointment.