

QUARTERLY REPORT
Solution Mining Project Report (Form 207)

Ohio Department of Natural Resources
 Division of Mineral Resources Management
 2045 Morse Rd., Bldg. H-3
 Columbus, OH 43229-6693

This report must be submitted no later than 45 days after the last day of each quarter. Ending dates for quarters are: 1st – March 31st; 2nd – June 30th; 3rd – September 30th; and 4th – December 31st.

Owner #:		Date:	
1. Owner name, address & telephone #:		5. Solution Mining Project Number:	
		6. Section:	Lot:
		7. Fraction:	Qtr. Twp.:
		8. Tract/Allot:	
2. County:			
3. Civil Township:			
4. Lease name:			
9. Quarter reporting for:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th		
10. Type of report:			
<input type="checkbox"/> Solution Mining Field or Project Report <input type="checkbox"/> Solution Mining Individual Well Report			
11. For field or project reports indicate number of injection wells and number of extraction wells respectively:			
Injection _____ Extraction _____			
12. List wells within field or project by API – Permit Number. Indicate type whether: Input (I) or Extraction (E).			
Permit #	Type	Permit #	Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Attach additional sheets as needed</i>		<i>Attach additional sheets as needed</i>	
13. When established ranges of concentrations of injected fluids exceed those ranges originally permitted, the analysis of said fluids shall be attached to this report.			
14. If monitoring wells are in use, attach analyses or test results which reflect any influence on underground sources of drinking water from injection operations during this reporting quarter.			
15. List the results and attach any documentation of any mechanical integrity tests run on this project during this reporting quarter:			

16. Injection Pressure (PSI) and volumes:					
Month	Days In Operation for the month	Total Volume Injected	Total Volume Withdrawn	Maximum Injection Pressure	Average Daily Injection Pressure

17. List any mechanical failures or downhole problems encountered during the preceding quarter and any corrective action taken and the results of those actions, if applicable:	

COMPLETE THIS SECTION DURING THE 4TH QUARTER TO MEET THE ANNUAL REPORTING REQUIREMENTS

18. List volume relationship with respect to injection-extraction ratios for entire operational year.				
Month	Gallons of Fluid Injected	Percent of Saturation	Gallons of Fluid Extracted	Percent of Saturation
Jan				
Feb				
Mar				
Apr				
May				
Jun				
Jul				
Aug				
Sep				
Oct				
Nov				
Dec				
Totals				

19. Attach the report on surveying of the monument grid to detect ground surface movement.

_____ (signature of owner/authorized agent)

_____ (title)

IF SIGNED BY AUTHORIZED AGENT, A CERTIFIED COPY OF APPOINTMENT OF AGENT MUST BE ATTACHED OR ON FILE WITH THE ODNR, DIVISION OF MINERAL RESOURCES MANAGEMENT.