APPLICATION FOR A PERMIT (Form 1)

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS RESOURCES MANAGEMENT
2045 Morse Road, Building H-3
COLUMBUS, OHIO 43229-6693
(614) 265-6633

SEE INSTRUCTIONS ON PAGE 2 (BACK)

1. I, We (applicant) _____ 2. Owner #: _____
(address) _____ Phone #: _____
hereby apply this date _____ , 20 _____ for a permit to:

- ☐ Reissue (check appropriate blank)
- ☐ Drill New Well
- ☐ Drill Directionally
- ☐ Drill Horizontally
- ☐ Revised Location
- ☐ Plug Back
- ☐ Plug and Abandon
- ☐ Orphan Well Program
- ☐ Convert
- ☐ Deepen
- ☐ Reopen
- ☐ Temporary Inactive

3. TYPE OF WELL:
- ☐ Oil & Gas
- ☐ Stratigraphic Test
- ☐ Annular Disposal
- ☐ Gas Storage
- ☐ Saltwater Injection
- ☐ Other *(explain)*: _____
- ☐ Solution Mining*
- ☐ Input/Injection
- ☐ Enhanced Recovery*
- ☐ Water Supply
- ☐ Observation
- ☐ Production/Extraction

*(* if checked, select appropriate box below)*

4. MAIL PERMIT TO:

20. TYPE OF TOOLS:
- ☐ Cable
- ☐ Cable / Air Rotary
- ☐ Cable / Fluid Rotary
- ☐ Cable / Air / Fluid Rotary
- ☐ Air Rotary
- ☐ Air / Fluid Rotary
- ☐ Fluid Rotary
- ☐ Service Rig

5. COUNTY:
6. CIVIL TOWNSHIP:
7. SECTION: 8. LOT:
9. FRACTION: 10. QTR TWP:
11. TRACT / ALLOT:
12. WELL #:
13. LEASE NAME:
14. PROPOSED TOTAL DEPTH:

21. PROPOSED CASING PROGRAM:

15. PROPOSED GEOLOGICAL FORMATION:

16. DRILLING UNIT IN ACRES (must be same as acres indicated on plat):

22. FIRE AND MEDICAL DEPARTMENT TELEPHONE NUMBERS: (closest to well site)
Fire: _____
Medical: _____

17. **IF PERMITTED PREVIOUSLY:**
API #:
OWNER:
WELL #:
LEASE NAME:
TOTAL DEPTH:
GEOLOGICAL FORMATION:

23. MEANS OF INGRESS & EGRESS:
Township Road: _____
County Road: _____
Municipal Road: _____
State Highway: _____

18. IF SURFACE RIGHTS ARE OWNED BY THE OHIO DEPARTMENT OF NATURAL RESOURCES
Division Name: _____
Division Phone: _____

24. IS THE WELL LOCATION OR PRODUCTION FACILITIES WITHIN AN URBANIZED AREA AS DEFINED BY 1509.01(Y)
☐ Yes ☐ No

19. LANDOWNER ROYALTY INTEREST:
Is There An Attached List? ☐ Yes ☐ No
Name: _____
Address: _____
Name: _____
Address: _____
Name: _____
Address: _____

I, the undersigned, being first duly sworn, depose and state under penalties of law, that I am authorized to make this application, that this application was prepared by me or under my supervision and direction, and that the facts stated herein are true, correct, and complete, to the best of my knowledge.

I, the undersigned, further depose and state that I am the person who has the right to drill on the tract or drilling unit and to drill into and produce from a pool and to appropriate the oil or gas that I produce therefrom either for myself or others as described in this application. And furthermore, I the undersigned, being duly sworn, depose and state at this time that I a not liable for any final nonappealable order of a court for damage to streets, roads, highways, bridges, culverts, or drainage ways pursuant to Section 5577.12 of the Ohio Revised Code (ORC). I, the undersigned, further depose and state that all notices required by 1509.06 (A) (9) ORC for this application have been duly provided by me. If applying for a permi to plug and abandon a well, I hereby certify that the written notices, as required in Section 1509.13, ORC, have been given.

That I hereby agree to conform with all provisions of Chapter 1509., ORC, and Chapter 1501., OAC, and all orders and conditions issued by the Chief, Division of Oil and Gas Resources Management.

Signature of Owner/Authorized Agent _____

Name (Type or Print) _____ Title _____

If signed by Authorized Agent, a certificate of appointment of agent must be on file.

Sworn to and subscibed before me this the _____ day of _____, 20_____.

_____
(Notary Public)

_____
(Date Commission Expires)

DNR 5619 (Rev. 10/2011)

Before this application can be processed, an Authority and Organization Form (Form 9), indicating the exact owner name on this form, and proof of compliance with the surety and insurance requirements of Chapter 1509.07, Ohio Revised Code, must be on file with the Division of Oil and Gas Resources Management. The signature of owner/authorized agent must correspond with the signature(s) listed on the Form 9 on file with the Division.

All information requested on this form must be provided unless exempted by the instructions below. Incomplete applications may be returned to the applicant. An application for a permit requires the following:

1. Drill, Reopen, Deepen and Plug Back an *Oil and Gas Well* (non-urban valid for 24 months; urban valid for 12 months)

a. Original and two (2) copies of Application for a Permit (Form 1);
b. Original and four (4) copies of an Ohio registered surveyor's plat;
c. Original and one (1) copy of the Restoration Plan (Form 4);
d. Reopen, deepen, plug back and convert will require three (3) copies of the Well Completion Record (Form 8);
e. $500.00 check or money order payable to the Division of Oil and Gas Resources Management and;
f. If requesting an expedited review, an additional $250 fee is required; and an Oil & Gas Affidavit (if the proposed well location is in a coal-bearing township).
g. For an **urbanized area** new well drilling permit, the fee is as follows: $500 for a township with a population up to 9,999; $750 for a township with a population of 10,000 to 14,999; $1,000 for a township with a population exceeding 15,000; and $1,000 for all municipal corporations regardless of population.
h. For **mandatory pooling,** an additional $5,000.

2. Reissue or Revised Location

a. Same as above: 1(a), (b), (c), (d), (f);
b. $250 check or money order payable to the Division of Oil and Gas Resources Management.

3. Plug and Abandon (valid for 24 months)

a. Original copy of Application for a Permit (Form 1);
b. Two (2) copies of the Ohio registered surveyor's plat originally filed, or modified, if available;
c. Three (3) copies of the Well Completion Record (Form 8) if available; if there is no Well Completion Record on file with the Division, provide any drilling information that is available;
d. $250 check or money order payable to the Division of Oil and Gas Resources Management;
e. If requesting an expedited review, an additional $500 fee is required.

4. Drill, Reissue, Reopen, Deepen, Plug Back or Convert a Well to *Saltwater Injection*

a. Same as above: 1(a), (b), (c), (d); and
b. $1,000 check or money order payable to the Division of Oil and Gas Resources Management.

5. Temporary Inactive (valid for 12 months)

a. Original and one (1) copy of Application for a Permit (Form1);
b. A map, on a scale not smaller than four hundred feet to the inch, that shows the location of the well and the tank battery, that includes the latitude and longitude of the well;
c. A written statement that the well is of future utility, and that there is a viable plan to use the well within a reasonable period of time and the well poses no threat to the health or safety of persons, property or the environment;

d. For first application, $100 check or money order payable to the Division of Oil and Gas Resources Management;

e. For first renewal, $250 check or money order payable to the Division of Oil and Gas Resources Management;
f. For subsequent renewals, $500 check or money order payable to the Division of Oil and Gas Resources Management; additional bonding may be required.

Item 1. Permit holder's name - as it appears on Form 9. Indicate the type of or combination of activities to be permitted.

Item 2. Indicate owner number, if the owner number is not known, please contact the Division.

Item 3. Indicate the type of well for which the application is being submitted.

Item 4. Provide name, address, city, state and zip code where the permit is to be mailed.

Items 5-11. Indicate drilling location.

Items 12-16. Provide requested information.

Item 17. Complete when application is for a permit to reopen, deepen, reissue, plug back, convert, or plug and abandon. If the well was never permitted, list "NONE" under permit #; all other wells require the permit number.

Item 18. Complete if surface rights are owned by the Ohio Department of Natural Resources.

Item 19. List names and addresses of all landowner royalty interest holders. Names must coincide with those shown on the designated unit or subject tract on the surveyor's plat or an explantion must be included. Additional sheets may be attached (overriding royalty and working interests are not required).

Item 20. Indicate type of tools that may be used.

Item 21. Indicate size and amount of casing to be used, and/or formations to be cased off.

Item 22. Indicate fire and medical department emergency telephone numbers closest to the well site.

Item 23. List all county, township, and/or municipal roads, streets and highways by name or number that applicant anticipates to use as means of ingress and egress to and from the well site.

Item 24. An "urbanized area" is a municipal corporation or a township that has an unincorporated population of more than than five thousand, as defined under Section 1509.01 (Y) of the Ohio Revised Code. Notice must be provided by regular mail to the owner of each parcel of real property that is located within five hundred feet of the surface location of the well, and to either the executive authority of the municipal corporation or the board of township trustees (see 1509.06 (A) (9)).

SUPPLEMENT TO APPLICATION

PERMIT FOR A SOLUTION MINING PROJECT

Form 206: rev. 8/00/sly

AREA OF REVIEW. An application for a Solution mining project will be evaluated on the basis of an "area of review" surrounding the proposed well or project. For individual solution mining projects consisting of one well, the area of review shall be a fixed radius around the well or not less than one-quarter mile. For solution miming projects consisting of more than one well, the area of review shall be the project area plus a circumscribing area the width of which is not less than one-quarter mile.

31. **PROPOSED INJECTION ZONE**

Geological Formation: _____

Injection Interval: From: _____ feet to _____

For new projects where the proposed injection zone is a water bearing formation, determine fluid pressure, fracture pressure, and physical and chemical characteristics of the formation fluids. When the injection zone is not a water bearing formation, submit only the fracture pressure. Attach all calculations and analyses.

32. **WELL CONSTRUCTION AND OPERATION**

A. Description of the proposed casing and cement program for new wells, or of the casing, cementing or sealing with prepared clay for existing wells to be converted: _____

B. Proposed method for testing the casing: _____

C. Description of the proposed method for completion, stimulation and operation of the injection/withdrawal well: _____

33. Describe any expected changes in pressure, native-fluid displacement and direction of movement of injection fluids: _____

34. Description of existing or proposed monument grids and surveying methods to be used in obtaining yearly measurement of second order accuracy for the detection of ground surface movement. Describe monument types, construction and emplacement: _____

35. Describe plan for meeting the monitoring requirements of paragraph (B) of Rule 1501:9-7-09 of the Administrative Code: _____

36. QUALITATIVE ANALYSIS OR RANGES IN CONCENTRATIONS. Attach documentation in accordance with paragraph (G)(4)(b)(iii) of Rule 1501:9-7-07 of the Administrative Code.

37. **PROPOSED INJECTION VOLUMES:** Indicate the estimated volume of fluid to be injected per project or per well per day (individual or project basis; circle one):

AVERAGE: _____ MAXIMUM: _____

38. **PROPOSED INJECTION PRESSURES**: Indicate the estimated pressure to be used for injection of fluids into the proposed injection zone:

AVERAGE: _____ MAXIMUM: _____

39. **PROPOSED CORRECTIVE ACTION**: Explain any corrective action proposed for wells penetrating the injection formation or zone within the area of review: _____

40. **PROPOSED CONTINGENCY PLANS**: Explain any contingency plans to cope with all well failures or shut-ins so as to prevent the migration of the contaminating fluids into underground sources of drinking water: _____

41. **MAP**. Each application for a permit for a solution mining project shall be accompanied by a map or maps showing and containing the following information:

A. The subject tract of land on which the proposed solution mining project is to be located;

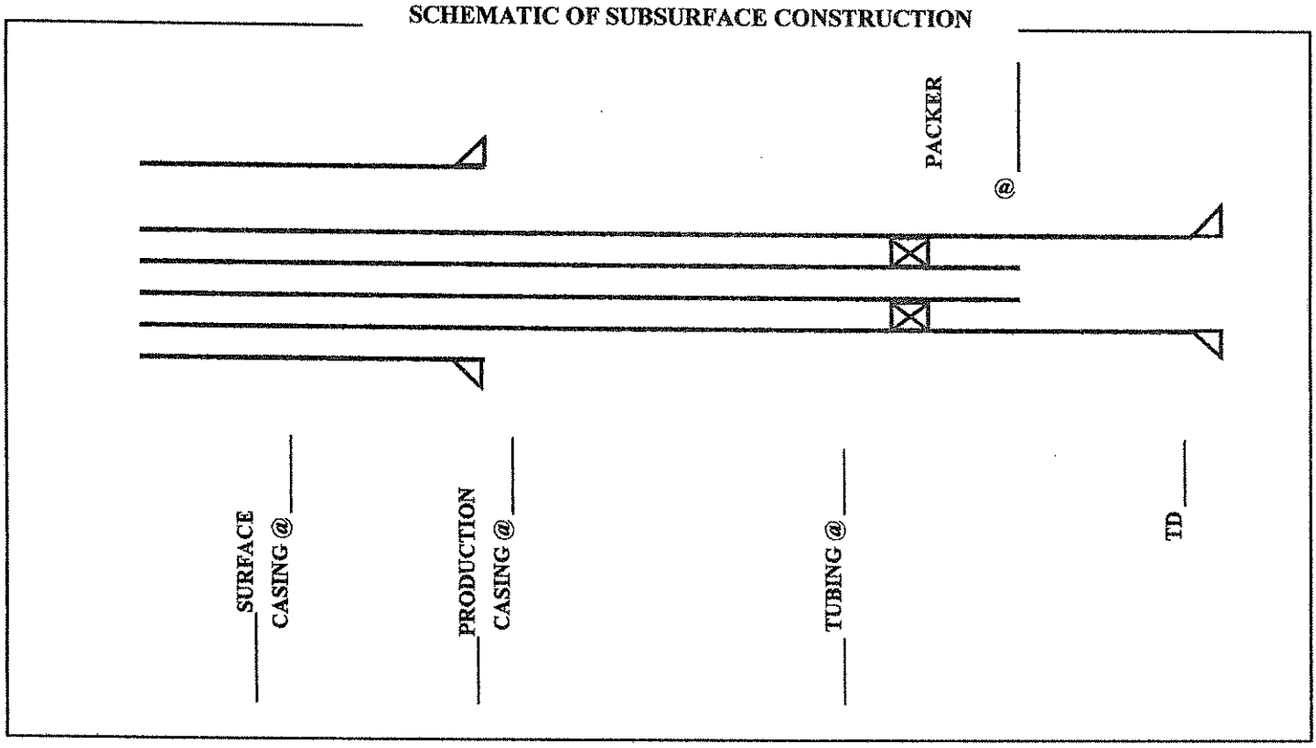
B. The location and designation of all injection, withdrawal and monitoring wells on the tract or tracts to be utilized in the project established by an Ohio registered surveyor showing the distances in feet from the proposed well sites to the boundary lines on the subject tracts as well as measurements from permanent land subdivisions;

C. The geographic location of all wells penetrating the formation proposed for injection, regardless of status within the area of review; and

D. All tracts or parts thereof situated within the area of review labeled with the names of all owners or operators of record utilizing the same formations or zone for solution mining of minerals, storage or any other purpose as described in Public Notice (see item 43 on reverse side).

42. **SCHEMATIC DRAWING OF SUBSURFACE CONSTRUCTION.** Label the schematic drawing below indicating size and setting depth of surface casing, intermediate (if any) and production casings; amount of cement used, measured or calculated tops of cement; size and setting depth of tubing; type and setting depth of packer; geologic name of injection zone showing top and bottom of injection interval. If the proposed input well design is substantially different from the schematic below, attach on a separate sheet a schematic of your proposal labeled with the above information.

SCHEMATIC OF SUBSURFACE CONSTRUCTION



43. Public notice of an application for a solution mining project is required by rule. In addition, the applicant must submit, on an attached sheet, a list of the names and address of those persons required to receive personal notice in accordance with Public Notice procedures.

After submitting the application, and after a determination by the Division that it is complete as required by the rules of the Division, a legal notice must be published by the applicant in a newspaper of general circulation in the area of review. The legal notice must contain the information described in Rule 1501:9-5-05(E)(1) of the Ohio Administrative Code. A copy of the notice must be delivered to all owners or operators of wells within the area of review producing from or injecting into the same formation proposed as the injection formation. Proof of publication, publication date, and an oath as to the delivery to those entitled to receive personal notice under this method must be filed with the Division within forty days after the Division determines that the application is complete.

In addition, notice of all applications for enhanced recovery projects will be published in the Division's Weekly Circular.

The undersigned hereby agrees to comply with all provisions for an enhanced recovery project as required by Chapter 1501:9-5 of the Ohio Administrative Code. In addition, the undersigned deposed and says that he shall conform to all provisions of Section 1509.072 of the Ohio Revised Code, and to all orders and rules issued by the Chief, Division of Mineral Resources Management.

Owner/Authorized Agent (Type or Print): _____

Signature of Owner/Authorized Agent: _____ Title: _____

Permanent Address of Home Office: _____

If signed by Authorized Agent, a certified copy of appointment of agent must be on file with the Division.

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

(SEAL) _____
Notary Public

_____
Date Commission Expires

QUARTERLY REPORT
Solution Mining Project Report (Form 207)

Ohio Department of Natural Resources
Division of Oil and Gas Resources Management
2045 Morse Rd., Bldg. F-2
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:	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th				

10. Type of report:

☐ Solution Mining Field or Project Report ☐ 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

Attach additional sheets as needed *Attach additional sheets as needed*

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.

AFFIDAVIT

State of _____, _____ County, ss.

_____ being first duly sworn says that as principal, or authorized agent, for _____ _____, he or she has made application for a solution mining project in the State of Ohio, _____ County, _____ Township, section/lot number _____, on the _____ lease, and further certifies that notice of application has been delivered to each individual entitled to personal notification in accordance with paragraph (H)(1)(B) of Rule 1501:9-7-07 of the Ohio Administrative Code. And further affiant saith not.

_____
Affiant Signature

Sworn to before me and subscribed in my presence this _____ day of _____, 19 ____.

_____
Notary Public

My Commission Expires _____.

RESTORATION PLAN (Form 4)

Ohio Department of Natural Resources

Division of Oil and Gas Resources Management, 2045 Morse Road, Bldg. F-2, Columbus OH 43229-6693

1. DATE OF APPLICATION:

2. OWNER NAME, ADDRESS, & TELEPHONE NO.:

3. API #:

4. WELL #:

5. LEASE NAME:

6. PROPERTY OWNER:

7. COUNTY:

8. CIVIL TOWNSHIP:

9. SECTION: 10. LOT:

11. CURRENT LAND USE:
- ☐ Cropland ☐ Commercial
- ☐ Pasture ☐ Idle Land
- ☐ Wetlands ☐ Recreational
- ☐ Residential ☐ Industrial
- ☐ Unreclaimed strip mine
- ☐ Woodland: ☐ Broadleaf ☐ Needlelike

12. SLOPE GRADIENT & LENGTH DETERMINED FROM:
- ☐ Ground Measurement
- ☐ U.S. Geological Survey Topographical Maps
- ☐ Other: (explain) _____

13. TYPE OF FALL VEGETAL COVER:
- ☐ Little or no vegetal cover
- ☐ Short grasses
- ☐ Tall weeds or short brush (1 to 2 ft.)
- ☐ Brush or bushes (2 to 6 ft.)
- ☐ Agricultural crops
- ☐ Trees with sparse low brush
- ☐ Trees with dense low brush

14. SOIL & RESOILING MATERIAL AT WELLSITE:
- ☐ Stockpile and protect topsoil to be used when preparing seedbed
- ☐ Use of soil additives (e.g., lime, fertilizer)
- ☐ No resoiling planned
- ☐ Proposed alternative _____

15. DISPOSAL PLAN FOR TREES AND TREE STUMPS:
- ☐ No trees disturbed ☐ Haul to landfill
- ☐ Cut into firewood ☐ Sell to lumber company
- ☐ Bury with landowner's approval
- ☐ Mulch small trees and branches, erosion control
- ☐ Use for wildlife habitat with landowner approval
- ☐ Proposed alternative _____

16. SURFACE AND SUBSURFACE DRAINAGE FACILITIES:
- ☐ No existing drainage facilities for removal of surface and/or subsurface water
- ☐ Tile drainage system underlying land to be disturbed
- ☐ Drain pipe(s) underlying land to be disturbed
- ☐ Surface drainage facilities on land to be disturbed

17. TYPE OF WELL:
- ☐ Oil ☐ Gas ☐ Other

18. STEEPEST SLOPE GRADIENT CROSSING SITE:
- ☐ 0 to 2% ☐ 2.1 to 8%
- ☐ 8.1 to 10%
- ☐ 10.1 to 24% ☐ greater than 24%

19. LENGTH OF STEEPEST SLOPE CROSSING SITE:
- ☐ 1 to 100 ft. ☐ 101 to 200 ft.
- ☐ 201 to 400 ft. ☐ greater than 400 ft.

20. RESTORATION OF DRILLING PITS: **
- ☐ Haul drilling fluids and fill pits
- ☐ Use steel circulating tanks
- ☐ Proposed alternative _____

21. BACKFILLING AND GRADING AT SITE:
- ☐ Construct diversions channeled to naturally established drainage systems
- ☐ Construct terraces across slopes
- ☐ Grade to approximate original contour
- ☐ Grade to minimize erosion & control offsite runoff
- ☐ Proposed alternative _____

22. VEGETATIVE COVER TO BE ESTABLISHED AT SITE:
- ☐ Seeding plan ☐ Sod
- ☐ Agricultural crops ☐ Trees and/or Bushes
- ☐ Proposed alternative _____

23. ADDITIONAL HOLES:
- ☐ Rat/Mouse, if used, will be plugged

24. PROPOSED OR CURRENT LENGTH OF ACCESS ROAD:
- ☐ 100 ft. or less ☐ 101 to 500 ft.
- ☐ 501 to 1500 ft. ☐ greater than 1500 ft.

25. CURRENT LAND USE OF PATH OF ACCESS ROAD:
- ☐ Cropland ☐ Pasture ☐ Commercial
- ☐ Idle land ☐ Wetlands ☐ Recreational
- ☐ Industrial ☐ Residential
- ☐ Unreclaimed strip mine
- ☐ Woodland: ☐ Broadleaf ☐ Needlelike

****PITS MUST BE FILLED WITHIN TWO MONTHS AFTER COMMENCEMENT OF THE WELL AND WITHIN FOURTEEN DAYS AFTER COMMENCEMENT OF THE WELL IN AN URBANIZED AREA.**

REQUIRED BY SECTION 1509.06 (A)(10), OHIO REVISED CODE -- FAILURED TO SUBMIT MAY RESULT IN AN ASSESSMENT OF CRIMINAL FINES NOT LESS THAN $100.00 NOR MORE THAN $2,000.00 OR CIVIL PENALTIES NOT LESS THAN $4,000.00.

26. SURFACING MATERIAL FOR ACCESS ROAD: ☐ Gravel ☐ Brick and/or tile waste ☐ Slag ☐ Crushed stone ☐ No surfacing material to be used ☐ Proposed alternative _____	29. STEEPEST SLOPE GRADIENT ON ACCESS ROAD: ☐ 0 to 5% ☐ 6 to 10% ☐ greater than 10%
27. PATH OF ACCESS ROAD TO BE DETERMINED BY: ☐ Landowner ☐ Contractor ☐ Existing access road ☐ Operator	30. APPROXIMATE LENGTH OF STEEPEST SLOPE ON ROAD: ☐ 0 to 100 ft. ☐ 101 to 200 ft. ☐ 201 to 400 ft. ☐ greater than 400 ft.
28. GRADING AND EROSION CONTROL PRACTICE ON ROAD: ☐ Diversions ☐ Filter strips ☐ Drains ☐ Riprap ☐ Open top culverts ☐ Water breaks ☐ Outsloping of road ☐ Pipe culverts ☐ Proposed alternative _____	31. HAS LANDOWNER RECEIVED A COPY OF THIS RESTORATION PLAN? ☐ Yes ☐ No

The undersigned hereby agrees to implement all restoration operations identified on this form, and conform to all provisions of Section 1509.072 of the Ohio Revised Code, and to all Orders and rules issued by the Chief, Division of Oil and Gas Resources Management.

Signature of Owner/Authorized Agent _____

Name (Typed or Printed) _____ Date _____

RESTORATION PLAN MUST BE SUBMITTED TO THE DIVISION IN DUPLICATE.