

DIVISION OF OIL AND GAS
ATTN: SURETY SECTION
FOUNTAIN SQUARE
COLUMBUS, OHIO 43224
FORM 56: REVISED 12-10-80

RECEIVED

OCT 01 1984
RESTORATION REPORT
DIVISION OF OIL AND GAS
REGION A

34 0932 LL 85 ** 14

permit no.

SPUD/PLUGGING DATE 12-14-82

Preliminary-well exists

FINAL - well plugged

OWNER Dome Producing WELL NO. 4 LEASE NAME BARTER
COUNTY Lorain TOWNSHIP COLUMBIA SEC/LOT 19 LANDOWNER _____
(if not same as lease name)

- | | |
|--|--|
| 1) Copy of Restoration Plan, Div. Form 4, used in inspection | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2) Pits filled as required | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 3) Location restored as required (graded or terraced) | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 4) Drilling equipment removed | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 5) Production equipment removed | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 6) Debris removed | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 7) Area seeded or sodded | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 8) Roadways restored | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 9) Landowner Waiver, Div. Form 5, filed (copy attached) | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 10) Restoration Plan, Form 4, found accurate and correct
(see reverse side for filing guidance) | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |

REMARKS: _____

(TO BE SUBMITTED WITH INSPECTOR'S ACTIVITY REPORTS AFTER AREA IS IN COMPLIANCE WITH CHAPTER 150)
NOTIFICATION RECEIVED: YES NO

FOR DIVISION USE ONLY
Bond on file _____ OTHER _____
Bonding Company _____ Cancelled _____
Bond No. _____
LIABILITY CANCELLED _____ date _____
signature _____

Kenneth A. McKittrick JOSP
SIGNATURE AND TITLE
9-27-84
DATE SIGNED

OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL AND GAS, FOUNTAIN SQ. BLDG. A, COLUMBUS, OH 43224

copy to UDC ✓
 Form 8: Revised 06/01/81

1. Owner # 809 MST

2. Owner name, address & telephone numbers:
 DOME PRODUCING
 1505 OHIO SAVINGS PLAZA
 CLEVELAND OH
 216-589-0065 44114

This report is due in duplicate 30 days after completion of the well.
 If the permit has expired and the well was not drilled,
 check here,
 sign on reverse side, and return to our office within 30 days after
 expiration.

4. Type of permit:
 Oil & Gas

3. API #: 34 095 2 1185
 5. County: LOGAN
 6. Civil Township: COLUMBIA 1185

7. Type of well:
 Drill New Well

8. Footage:
 1300' BL & 500' EL OF LOT 19

9. X: 2,187,500: 609,950
 10. Quad: WEST VIEW
 11. Section: 12. Lot: 19
 13. Fraction: 14. Qtr Twp:
 15. Tract:
 16. Allot:
 17. Well #: 4
 18. Lease Name: BARTER
 19. PTD: 5500 20. Drilling Unit: 20

21. Date drilling commenced: 12-14-82
 22. Date drilling completed: 12-17-82
 23. Date put into production:
 24. Date plugged if dry:
 25. Producing formation: CLINTON
 26. Deepest formation: MEDINA
 27. Driller's total depth: 2920
 28. Logger's total depth: 2920

29. Type of tools:
 Cable Air Rotary
 Fluid Rotary Air/Fluid Rotary
 Cable/Air Rotary
 Cable/Fluid Rotary
 Cable/Air Rotary/Fluid Rotary

30. Type of completion:
 Open Hole
 Through Casing
 Slotted Liner

31. Elevation: Ground Level 789 Derrick Floor 795 Kelley Bushing 797

32. Perforated intervals & number of shots:
PERFED W/ 10 SHOTS 1 1/2" DIA. FROM 2802 - 2811

33. Method of shot, acid, or fracture treatments, production tests, pressures, etc.:
FRACED W/ 300 GAL OF 15% HCL PLUS 1500 BARRELS OF FLUID PLUS 30,000 # OF 20/40 SAND.

34. Mouse hole plugged: Yes 2 Sacks No N/A
 Rat hole plugged: Yes 2 Sacks No N/A

35. Amount of initial production:
 Natural: Gas 0 Oil 0 Water 0
 After Treatment: Gas 100 Oil 1 Water 0
 Lost Hole at _____ feet. Additional Data: _____

36. Record of disposal of water and other waste including liquids used in fracture treatment:
 a. Annular Disposal b. _____ Drilling Operations
 c. _____ Disposal Well: County _____ Permit # _____
 d. _____ Dust/Ice Control: County _____ Township or Municipality _____
 e. _____ Secondary Recovery: County _____ Permit # _____
 f. Salt Water Haulers: (Name and telephone number)
 1. RAY PANDOR 358-2482 (DIAMOND, OH)
 2. _____

37. Casing and tubing record: Please indicate which is used (cement or mudding)

Size	Feet Used in Drilling	Amount of Cement or Mud	Feet Left in Well
<u>8 5/8</u>	<u>395</u>	<u>100 SKS LT. W/3% CCL</u> <u>75 SKS CLASS A W/3% CCL</u>	<u>395</u>
<u>4 1/2</u>	<u>2919</u>	<u>125 SKS 50-50</u> <u>POZ CEMENT</u>	<u>2919</u>

Comments: _____

38. Name of drilling contractor: ARMSTRONG

39. Type of electrical and/or radioactivity logs run: (All logs must be submitted)
GR, CAL, Comp Density, Neutron

40. Name of logging company: BUCKEYE WELL SURVEY

DIVISION USE ONLY:
 Log Submitted: DF Well Class: FOOL A/D: Y

FORMATION		TOP	BASE	Shows of oil, gas, fresh water, or Brine — Indicate depth or interval and amount	REMARKS
Fresh Water Strata					
Coal Seams					
1st Cow Run	321-6				
2nd Cow Run	324-1				
Maxton Sand	328-4				
Keener Sand	337-1				
Big Injun Sand	337-2				
Berea Sand	337-8				
Ohio Shale	341-1				
Big Lime	344-4	1298	2642		
Oriskany	347-2	1502	1522		
Salina	351-2				
Newburg	351-3				
Lockport	354-1	2380	2642		
Little Lime	354-3	2698	2702		
Packer Shell	354-5	2718	2740		
Stray Clinton	357-2	2757	2769		
Red Clinton	357-3				
White Clinton	357-4	2780	2804	SHOW OF GAS	
Medina	357-7				
Queenston	361-3				
Trenton Lime	364-3				
Black River	364-4				
Gull River	364-5				
Glenwood Shale	364-6				
Rose Run	367-3				
Trempealeau	371-2				
Mt. Simon	377-3				
Granite wash	400-1				
Granite	400-2				

I (We) certify that the above information is true and correct, to the best of my knowledge.

SIGNATURE Jon O Newton DATE 12/21/82
NAME (TYPED OR PRINTED) JON O. NEWTON TITLE GENERAL PARTNER
REPRESENTING DOME ENERGY 1982 NO. 2