

STATE OF OHIO
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS

OIL AND GAS WELL
DRILLING PERMIT

API WELL NUMBER

3 4 031 2 6629
PERMIT **1 4

FORM 51: REVISED 2/85

OWNER/OPERATOR NAME, ADDRESS:

MACKENCO INC
5858 N HIGH ST
WORTHINGTON OH 43085

DATE ISSUED:

09/05/96

PERMIT EXPIRES:

09/05/97

TELEPHONE NUMBER:

614-438-1229

IS HEREBY GRANTED PERMISSION TO:
IF UNPRODUCTIVE.

DRILL NEW WELL

AND ABANDON NEW WELL

PURPOSE OF WELL: OIL AND GAS

SUBSTANCE TO BE STORED OR COMPLETION DATE IF PERMIT TO PLUG:

DESIGNATION AND LOCATION:

LEASE NAME: MCGINNIS JOHN
WELL NUMBER: 1
COUNTY: COSHOCTON
CIVIL TOWNSHIP: MONROE
TRACT OR ALLOTMENT: 560' NL & 650' FL OF SEC. 9
FOOTAGE LOCATION:

SECTION: 9
LOT:
FRACTION:
QUARTER TOWNSHIP:

2,136,325
280,360

TYPE OF TOOLS:

CABLE

PROPOSED TOTAL DEPTH: 3600
GROUND LEVEL ELEVATION: 853

FEET

GEOLOGICAL FORMATION(S)

CLINTON

ULTIMATE DISPOSAL OF WATER AND OTHER WASTE SUBSTANCES:

BRINE INJECTION WELL
BRINE HAULER

HAULER REGISTRATION NUMBER

1. 127 PAUL'S WATER HAULING

2.

187 KING PETROLEUM CO

CONDITIONALLY APPROVED CASING PROGRAM (SUBJECT TO APPROVAL OF OIL AND GAS WELL INSPECTOR):

TO DRIVE PIPE LINED IN BEDROCK APPROX. 50'
8 5/8" 50' BELOW BIG INJUN APPROX., 400' MUDDED TO SURFACE
7" APPROX. 900' THRU BERA
4 OR 5" PRODUCTION CASING CEMENTED IF PRODUCTIVE

CONDUCTOR MINIMUM OF 60'

7 OR 8" 50' BELOW BIG INJUN, APPROX. 400' WITH CEMENT CIRCULATED TO SURFACE
4 OR 5" PRODUCTION CASING CEMENTED IF PRODUCTIVE

This permit is NOT TRANSFERABLE and expires 365 days after issuance, unless drilling has commenced prior thereto. This permit, or an exact copy thereof, must be displayed in a conspicuous and easily accessible place at the well site before permitted activity commences and remain until the well is completed. Ample notification to inspector is necessary. All mudding, cementing, placing and removing casing, and plugging operations must be done under the supervision of:

OIL AND GAS WELL INSPECTOR:

FREEL'S MIKE
P.O. BOX 48
NEWCOMERSTOWN OH
614-498-8839
614-265-6926
JEFF FRY
614-668-7575

FIRE AND EMERGENCY NUMBERS:

330-276-2222

FIRE:

330-276-2222

MEDICAL SERVICE:

SPECIAL CONDITIONS:

DATE CORRECTED: 970221
CORR. IN ELEVATION

DEPUTY MINE INSPECTOR: MUST BE NOTIFIED IF WELL IN A COAL-BEARING TOWNSHIP IS TO BE PLUGGED AND ABANDONED

614-942-3484

BACKUP INSP. FRED KIDD
614-968-4785

/S/ Donald L. Mason, Esq., Chief

CHIEF, DIVISION OF OIL AND GAS

WHITE—WELL SITE COPY / BLUE—INSPECTOR'S COPY / GREEN—DIVISION OF OIL AND GAS COPY / CANARY—DIVISION OF MINES COPY
PINK—DIVISION OF MINES COPY / GOLDENROD—OPERATOR'S FILE COPY

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
REGION PHONE 614-855-8200

OWNER OF WELL MCKENEO Inc. ADDRESS 5953 N HGA WORTH OHO 43085
OPERATOR: _____ ADDRESS: _____
COUNTY: COSTA TOWNSHIP: MUNROE PERMIT # 6629 WELL # 1
LEASE: McGinnis SURFACE OWNER: _____
REGISTRATION #: _____ LICENSE #: _____ HAULER: _____
DRIVER: _____ ADDRESS: _____
DATE OF VIOLATION: 4/29/97 TIME: _____ AM/PM: _____



THIS IS TO NOTIFY YOU THAT AN INSPECTION WAS CONDUCTED BY THE ENFORCEMENT SECTION OF THE DIVISION OF OIL & GAS, OHIO DEPARTMENT OF NATURAL RESOURCES, ON THE ABOVE DATE, AND THE FOLLOWING VIOLATIONS WERE NOTED:

STATUTE/RULE	DESCRIPTION
1. <u>1509.072</u>	<u>RESTORATION</u>
2. _____	_____
3. _____	_____
4. <u>6/9/97 - POT CLOSED - SITE RESTORED IN</u>	<u>RESOLVED. MP</u>
5. _____	_____
6. _____	_____

THE FOLLOWING REMEDIAL ACTION MUST BE COMPLETED BY 5/29/97 (DATE)

- CLOSE DRILLING PIT
- _____
- _____
- _____
- Failed to comply w/ 1509.072 MAY RESULT IN RPD
- FOLLOW UP

ISSUED BY: Michael Altes TITLE: SP
DATE NOTICE ISSUED: 4/29/97 TIME NOTICE ISSUED: ML AM/PM: _____
RECEIVED BY: _____ DATE: _____
PRINTED NAME: _____ TITLE: _____

OHIO REVISED CODE CHAPTER 1509 PROVIDES FOR ADDITIONAL NON-EXCLUSIVE REMEDIES WHICH THE DIVISION MAY PURSUE.

EXTENDED TO: _____ (DATE) _____ INITIALS

REMEDIAL ACTION COMPLETED: _____ (DATE)

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
REGION PHONE 614 255-8225

OWNER OF WELL: Mackeyco Inc. ADDRESS: 5958 N. HIGH WESTINGHOUSE 43085
OPERATOR: _____ ADDRESS: 6629 per M. Phelps
COUNTY: COSTA TOWNSHIP: MUNROE PERMIT #: 989 WELL #: 105
LEASE: McGinnis SURFACE OWNER: _____
REGISTRATION #: _____ LICENSE #: _____ HAULER: _____
DRIVER: _____ ADDRESS: _____
DATE OF VIOLATION: 4/29/97 TIME: _____ AM/PM

THIS IS TO NOTIFY YOU THAT AN INSPECTION WAS CONDUCTED BY THE ENFORCEMENT SECTION OF THE DIVISION OF OIL & GAS, OHIO DEPARTMENT OF NATURAL RESOURCES, ON THE ABOVE DATE, AND THE FOLLOWING VIOLATIONS WERE NOTED:

STATUTE/RULE	DESCRIPTION
1. <u>1509.072</u>	<u>RESTORATION</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

THE FOLLOWING REMEDIAL ACTION MUST BE COMPLETED BY 5/29/97 (DATE).

- CLOSE DRILLING PIT
- _____
- _____
- _____
- FAILURE TO COMPLY W/ 1509.072 MAY RESULT IN PENALTY
- FOLLOWUP

ISSUED BY: M. Phelps MICHAEL ATLAS TITLE: INSPECTOR
DATE NOTICE ISSUED: 4/29/97 TIME NOTICE ISSUED: MAIL AM/PM
RECEIVED BY: _____ DATE: _____
PRINTED NAME: _____ TITLE: _____

OHIO REVISED CODE CHAPTER 1509. PROVIDES FOR ADDITIONAL NON-EXCLUSIVE REMEDIES WHICH THE DIVISION MAY PURSUE.

EXTENDED TO: _____ (DATE) INITIALS _____

REMEDIAL ACTION COMPLETED: 6/9/97 8/6/97 per inspection report (DATE)

34 0312

6629
permit no.

**14

SPUD/PLUGGING DATE 10/11/96

RESTORATION REPORT

- Preliminary-well exists
 FINAL - well plugged

OWNER MACKAYO WELL NO. 1 LEASE NAME McGinnis
COUNTY Coshocton TOWNSHIP Moulton SEC/LOT 9 LANDOWNER _____
(if not same as lease name)

- | | | | |
|--|--------------|-------------|-------------------|
| 1) Copy of Restoration Plan, Div. Form 4, used in inspection | YES ___ | NO <u>✓</u> | N/A ___ |
| 2) Pits filled as required | YES <u>✓</u> | NO ___ | Date filled _____ |
| 3) Location restored as required (graded or terraced) | YES <u>✓</u> | NO ___ | |
| 4) Drilling equipment removed | YES <u>✓</u> | NO ___ | |
| 5) Production equipment removed | YES ___ | NO <u>✓</u> | |
| 6) Debris removed | YES <u>✓</u> | NO ___ | |
| 7) Area seeded or sodded; vegetation established | YES <u>✓</u> | NO ___ | |
| 8) Roadways restored | YES ___ | NO ___ | |
| 9) Landowner Waiver, Div. Form 5, filed (copy attached) | YES ___ | NO <u>✓</u> | |
| 10) Restoration Plan, Form 4, found accurate and correct | YES ___ | NO ___ | N/A <u>✓</u> |



(see reverse side for filing guidance)

REMARKS: _____

(TO BE SUBMITTED WITH INSPECTOR'S ACTIVITY REPORTS AFTER AREA IS IN COMPLIANCE WITH CHAPTER 1509)

NOTIFICATION RECEIVED: YES ___ NO ✓

[Signature]
SIGNATURE AND TITLE

8/6/97
DATE SIGNED

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
INSPECTION REPORT

 STATUS CHECK
 INITIAL REPORT
 FOLLOW-UP REPORT

1637

DATE: 3/18/97 ARRIVAL TIME: 2:30 AM/PM DEPARTURE TIME: 3:00 AM/PM
 COUNTY: Cos. TOWNSHIP: Mansfield WELL # 1 SEC/LOT:
 LEASE NAME: McLennan SURFACE OWNER: UIC: AD ERP SWIW
 OWNER OF WELL: MACKENZIE OPERATOR:
 ADDRESS: ADDRESS:
 PHONE: () PHONE: ()
 HAULER: DRIVER:
 ADDRESS: ADDRESS:
 PHONE: () PHONE: ()
 REGISTRATION #: LICENSE #: MAKE OF TRUCK:
 LOCATION: CR 17
 WEATHER CONDITIONS: APPROX. TEMP: PRECIPITATION:

STATUS CHECK ITEMS (CIRCLE YES IF ACCEPTABLE. IF NOT, CIRCLE NO AND EXPLAIN IN "INSPECTION SUMMARY.")

TANK BATTERY	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>	IDENTIFICATION	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>	DIKE AREA	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>
LEASE ROAD	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>	DRILLING PITS	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>	OTHER PITS	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>
WELLSITE	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>	WELL HEAD	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>	PROD. LINES	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>
AD HOOK-UP	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>	INJ. PRESS.	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>	BUR. TANKS	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>
OTHER LINES	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>	VALVES & CONNECT.	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>	HAULER'S LOG	YES <u>(X)</u>	NO <u>(X)</u>	N/A <u>(X)</u>
	YES	NO			YES	NO			YES	NO	

ACCOMPANIED BY: INSPECTION SUMMARY: Dock on site - pit ok

(IF ADDITIONAL ROOM IS NEEDED, ATTACH SEPARATE SHEET.)

PHOTOGRAPHS: YES (X) NO (X) TAKEN BY: SAMPLES: YES (X) NO (X)
 LAB NAME: LAB RESULT BACK: MAIL RECEIPT:
 NOTICE ISSUED: YES (X) NO (X) DATE: NOTICE #
 COMPLIANCE: NON-COMPLIANCE:
 CHAIN OF EVIDENCE FORM: YES (X) NO (X) WIT. STATEMENT: YES (X) NO (X)
 SIGNATURE: TITLE: DATE: 3/18/97
 REVIEWED BY: TITLE: DATE: 042297
 COPY TO LEGAL: UIC: IDLE & ORPHAN: CHIEF:
 RECOMMENDED FURTHER ACTION:

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
INSPECTION REPORT

STATUS CHECK
 INITIAL REPORT
 FOLLOW-UP REPORT

1637

DATE: 3/10/97 ARRIVAL TIME: 12:30 AM/PM DEPARTURE TIME: 1:00 AM/PM
COUNTY: Cosh TOWNSHIP: Marion WELL # 1 SEC/LOT:
LEASE NAME: McGinnis SURFACE OWNER: UIC: AD ERP SWIW
OWNER OF WELL: MacKenzie OPERATOR:
ADDRESS: ADDRESS:
PHONE:() PHONE:()
HAULER: DRIVER:
ADDRESS: ADDRESS:
PHONE: () PHONE:()
REGISTRATION #: LICENSE #: MAKE OF TRUCK:
LOCATION: CR 19
WEATHER CONDITIONS: APPROX. TEMP: PRECIPITATION:

STATUS CHECK ITEMS (CIRCLE YES IF ACCEPTABLE. IF NOT, CIRCLE NO AND EXPLAIN IN "INSPECTION SUMMARY.")

TANK BATTERY	YES	NO	N/A	IDENTIFICATION	YES	NO	N/A	DIKE AREA	YES	NO	N/A
LEASE ROAD	YES	NO	N/A	DRILLING PITS	YES	NO	N/A	OTHER PITS	YES	NO	N/A
WELLSITE	YES	NO	N/A	WELL HEAD	YES	NO	N/A	PROD. LINES	YES	NO	N/A
AD HOOK-UP	YES	NO	N/A	INJ. PRESS.	YES	NO	N/A	BUR. TANKS	YES	NO	N/A
OTHER LINES	YES	NO	N/A	VALVES & CONNECT.	YES	NO	N/A	HAULER'S LOG	YES	NO	N/A
	YES	NO			YES	NO			YES	NO	

ACCOMPANIED BY: INSPECTION SUMMARY:

RT OK

(IF ADDITIONAL ROOM IS NEEDED, ATTACH SEPARATE SHEET.)

PHOTOGRAPHS: YES NO TAKEN BY: SAMPLES: YES NO
LAB NAME: LAB RESULT BACK: MAIL RECEIPT:
NOTICE ISSUED: YES NO DATE: NOTICE #
COMPLIANCE: NON-COMPLIANCE:
CHAIN OF EVID. FORM: YES NO WIT. STATEMENT: YES NO
SIGNATURE: TITLE: DATE: 3/10/97
REVIEWED BY: Jeff TITLE: Supv DATE: 042297
COPY TO LEGAL: UIC: IDLE & ORPHAN: CHIEF:
RECOMMENDED FURTHER ACTION:

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
INSPECTION REPORT

STATUS CHECK
~~INITIAL REPORT~~
~~FOLLOW-UP REPORT~~

DATE: 4/29/97 ARRIVAL TIME: 2:30 AM/PM DEPARTURE TIME: 3:00 AM/PM
 COUNTY: COSH TOWNSHIP: Market WELL # 1 SEC/LOT:
 LEASE NAME: McGinnis SURFACE OWNER: UIC: AD ERP SWIW
 OWNER OF WELL: Mackey Co OPERATOR:
 ADDRESS: ADDRESS:
 PHONE: () PHONE: ()
 HAULER: DRIVER:
 ADDRESS: ADDRESS:
 PHONE: () PHONE: ()
 REGISTRATION #: LICENSE #: MAKE OF TRUCK:
 LOCATION: CR 19
 WEATHER CONDITIONS: APPROX. TEMP: PRECIPITATION:

STATUS CHECK ITEMS (CIRCLE YES IF ACCEPTABLE. IF NOT, CIRCLE NO AND EXPLAIN IN "INSPECTION SUMMARY.")

TANK BATTERY	YES	NO	N/A	IDENTIFICATION	YES	NO	N/A	DIKE AREA	YES	NO	N/A
LEASE ROAD	YES	NO	N/A	DRILLING PITS	YES	NO	N/A	OTHER PITS	YES	NO	N/A
WELLSITE	YES	NO	N/A	WELL HEAD	YES	NO	N/A	PROD. LINES	YES	NO	N/A
AD HOOK-UP	YES	NO	N/A	INJ. PRESS.	YES	NO	N/A	BUR. TANKS	YES	NO	N/A
OTHER LINES	YES	NO	N/A	VALVES & CONNECT	YES	NO	N/A	HAULER'S LOG	YES	NO	N/A
	YES	NO			YES	NO			YES	NO	

ACCOMPANIED BY: INSPECTION SUMMARY:

PIT NOT CLOSED
REPLACE LINE ON DIE HP. 10 Hand Pump To

(IF ADDITIONAL ROOM IS NEEDED, ATTACH SEPARATE SHEET.)

PHOTOGRAPHS: YES NO TAKEN BY: SAMPLES: YES NO
 LAB NAME: LAB RESULT BACK: / / MAIL RECEIPT: / /
 NOTICE ISSUED: YES NO DATE: 4/29/97 NOTICE # 15328
 COMPLIANCE: / / NON-COMPLIANCE: / /
 CHAIN OF EVID. FORM: YES NO WIT. STATEMENT: YES NO
 SIGNATURE: MP TITLE: Supv DATE: 4/29/97
 REVIEWED BY: Jeff TITLE: DATE: 0509 97
 COPY TO LEGAL: / / UIC: / / IDLE & ORPHAN: / / CHIEF: / /
 RECOMMENDED FURTHER ACTION:

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
INSPECTION REPORT

 STATUS CHECK
 INITIAL REPORT
 FOLLOW-UP REPORT

1637

DATE: 2/7/97 ARRIVAL TIME: 11:00 AM/PM DEPARTURE TIME: 11:30 AM/PM

COUNTY: Losh TOWNSHIP: Meriden WELL # 1 SEC/LOT:

LEASE NAME: McGinnis SURFACE OWNER: UIC: AD ERP SWIW

OWNER OF WELL: MACFUKO OPERATOR:

ADDRESS: ADDRESS:

PHONE: () PHONE: ()

HAULER: DRIVER:

ADDRESS: ADDRESS:

PHONE: () PHONE: ()

REGISTRATION #: LICENSE #: MAKE OF TRUCK:

LOCATION: CR-19

WEATHER CONDITIONS: APPROX. TEMP: PRECIPITATION:

STATUS CHECK ITEMS (CIRCLE YES IF ACCEPTABLE. IF NOT, CIRCLE NO AND EXPLAIN IN "INSPECTION SUMMARY.")

TANK BATTERY	YES	NO	N/A	IDENTIFICATION	YES	NO	N/A	DIKE AREA	YES	NO	N/A
LEASE ROAD	YES	NO	N/A	DRILLING PITS	YES	NO	N/A	OTHER PITS	YES	NO	N/A
WELLSITE	YES	NO	N/A	WELL HEAD	YES	NO	N/A	PROD. LINES	YES	NO	N/A
AD HOOK-UP	YES	NO	N/A	INJ. PRESS.	YES	NO	N/A	BUR. TANKS	YES	NO	N/A
OTHER LINES	YES	NO	N/A	VALVES & CONNECT.	YES	NO	N/A	HAULER'S LOG	YES	NO	N/A
	YES	NO			YES	NO			YES	NO	

ACCOMPANIED BY: INSPECTION SUMMARY:

new well - pits OK

(IF ADDITIONAL ROOM IS NEEDED, ATTACH SEPARATE SHEET.)

PHOTOGRAPHS: YES NO TAKEN BY: SAMPLES: YES NO

LAB NAME: LAB RESULT BACK: / / MAIL RECEIPT: / /

NOTICE ISSUED: YES NO DATE: / / NOTICE #

COMPLIANCE: / / NON-COMPLIANCE: / /

CHAIN OF EVID. FORM: YES NO WIT. STATEMENT: YES NO

SIGNATURE: TITLE: DATE: 2/7/97

REVIEWED BY: TITLE: DATE: 2/3/97

COPY TO LEGAL: UIC: / / IDLE & ORPHAN: / / CHIEF: / /

RECOMMENDED FURTHER ACTION:

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
REGION PHONE (740) 828 3141

OWNER OF WELL: MACKENCO inc. ADDRESS: _____
OPERATOR: _____ ADDRESS: _____
COUNTY: Cosh TOWNSHIP: Monroe PERMIT #: 6629 WELL #: 1
LEASE: McGinnis SURFACE OWNER: _____
REGISTRATION #: _____ LICENSE #: _____ HAULER: _____
DRIVER: _____ ADDRESS: _____
DATE OF VIOLATION: 2-16-00 TIME: _____ AM/PM

THIS IS TO NOTIFY YOU THAT AN INSPECTION WAS CONDUCTED BY THE ENFORCEMENT SECTION OF THE DIVISION OF OIL & GAS, OHIO DEPARTMENT OF NATURAL RESOURCES, ON THE ABOVE DATE, AND THE FOLLOWING VIOLATIONS WERE NOTED:

STATUTE/RULE	DESCRIPTION
1. <u>1509.9-9-05 A10</u>	<u>Identify</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

THE FOLLOWING REMEDIAL ACTION MUST BE COMPLETED BY 3-12-00 (DATE).

1. <u>Identify Storage Tanks</u>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>FEB 23 2000</p> <p>DIVISION OF OIL AND GAS</p> </div>
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	

ISSUED BY: [Signature] TITLE: [Signature]
DATE NOTICE ISSUED: 3-16-00 TIME NOTICE ISSUED: _____ AM/PM
RECEIVED BY: _____ DATE: _____
PRINTED NAME: _____ TITLE: _____

OHIO REVISED CODE CHAPTER 1509. PROVIDES FOR ADDITIONAL NON-EXCLUSIVE REMEDIES WHICH THE DIVISION MAY PURSUE.

EXTENDED TO: _____ (DATE) _____ INITIALS

REMEDIAL ACTION COMPLETED: _____ (DATE)

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
INSPECTION REPORT

STATUS CHECK
 INITIAL REPORT
 FOLLOW-UP REPORT

DATE: 2/16/00 ARRIVAL TIME: 11:15 ~~AM~~PM DEPARTURE TIME: 12:15 ~~AM~~PM
COUNTY: Cosh TOWNSHIP: Monroe WELL # 1 SECTION: 9
LEASE NAME: McGinnis SURFACE OWNER: _____ UIC: AD ERP SWIW
OWNER OF WELL: Mackenco Inc. OPERATOR: _____
ADDRESS: 1637 ADDRESS: _____
PHONE: (____) _____ PHONE: (____) _____
HAULER: _____ DRIVER: _____
ADDRESS: _____ ADDRESS: _____
PHONE: (____) _____ PHONE: (____) _____
REGISTRATION #: _____ LICENSE #: _____ MAKE OF TRUCK: _____
LOCATION: _____
WEATHER CONDITIONS: APPROX. TEMP: 70 PRECIPITATION: wet

STATUS CHECK ITEMS (CIRCLE YES IF ACCEPTABLE. IF NOT, CIRCLE NO AND EXPLAIN IN "INSPECTION SUMMARY.")

TANK BATTERY	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	IDENTIFICATION	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	DIKE AREA	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
LEASE ROAD	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	DRILLING PITS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	OTHER PITS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
WELLSITE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	WELL HEAD	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	PROD. LINES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
AD HOOK-UP	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	INJ. PRESS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	BUR. TANKS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
OTHER LINES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	VALVES & CONNECT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	HAULER'S LOG	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

ACCOMPANIED BY: _____ INSPECTION SUMMARY: _____

No FD AT well or Tanks

RECEIVED
 FEB 23 2000
 DIVISION OF OIL AND GAS

(IF ADDITIONAL ROOM IS NEEDED, ATTACH SEPARATE SHEET.)

PHOTOGRAPHS: YES NO TAKEN BY: _____ SAMPLES: YES NO
 LAB NAME: _____ LAB RESULT BACK: 1/1 MAIL RECEIPT: 1/1
 NOTICE ISSUED: YES NO DATE: 2/16/00 NOTICE # 25361
 COMPLIANCE: TT NON-COMPLIANCE: ++
 CHAIN OF EVID. FORM: YES NO WIT. STATEMENT: YES NO
 SIGNATURE: Jeff Jay TITLE: Supv. DATE: 2-16-00
 REVIEWED BY: Jeff Jay TITLE: Supv. DATE: 02/16/00
 COPY TO LEGAL: _____ UIC: 1/1 IDLE & ORPHAN: 1/1 CHIEF: 1/1
 RECOMMENDED FURTHER ACTION: _____

OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL AND GAS
 ATTN: FIELD ENFORCEMENT SECTION
 FOUNTAIN SQUARE
 COLUMBUS, OH 43224
 FORM 56: REVISED 07/24/85

API WELL NUMBER 13

34 0312

6629
 permit no.

**14

RECEIVED

SPUD/PLUGGING DATE 10/11/96

AUG 14 1997

RESTORATION REPORT

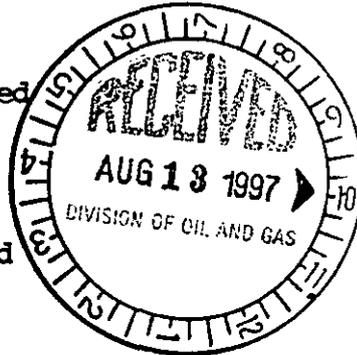
Preliminary-well exists

Division of Oil and Gas

FINAL - well plugged

OWNER Mackey WELL NO. 1 LEASE NAME McGinnis
 COUNTY Coshocton TOWNSHIP Mudoc SEC/LOT 9 LANDOWNER _____
 (if not same as lease name)

- | | | | |
|--|--------------|-------------|--------------|
| 1) Copy of Restoration Plan, Div. Form 4, used in inspection | YES ___ | NO <u>✓</u> | N/A ___ |
| 2) Pits filled as required | YES <u>✓</u> | NO ___ | Date filed |
| 3) Location restored as required (graded or terraced) | YES <u>✓</u> | NO ___ | |
| 4) Drilling equipment removed | YES <u>✓</u> | NO ___ | |
| 5) Production equipment removed | YES ___ | NO <u>✓</u> | |
| 6) Debris removed | YES <u>✓</u> | NO ___ | |
| 7) Area seeded or sodded; vegetation established | YES <u>✓</u> | NO ___ | |
| 8) Roadways restored | YES ___ | NO ___ | |
| 9) Landowner Waiver, Div. Form 5, filed (copy attached) | YES ___ | NO <u>✓</u> | |
| 10) Restoration Plan, Form 4, found accurate and correct | YES ___ | NO ___ | N/A <u>✓</u> |



(see reverse side for filing guidance)

REMARKS: _____

(TO BE SUBMITTED WITH INSPECTOR'S ACTIVITY REPORTS AFTER AREA IS IN COMPLIANCE WITH CHAPTER 1509)

NOTIFICATION RECEIVED: YES ___ NO ✓

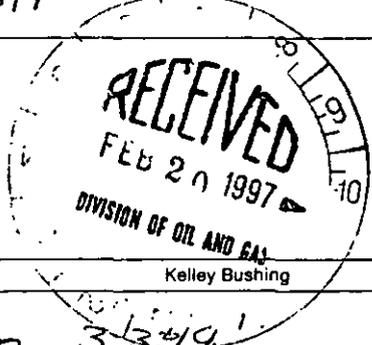
[Signature]
 SIGNATURE AND TITLE

8/6/97
 DATE SIGNED

- 1) If inspection was made on wells that were drilled (permitted) before the Restoration Plan, Div. Form 4, was required to be filed with the permit application (8-1-80), the Inspector shall mark N/A with no further comment required. If inspection was made on wells that were drilled (permitted) after the Restoration Plan, Div. Form 4, was required to be filed with the permit application (8-1-80), the Inspector shall use the Form 4 in his/her inspection, if possible, and shall mark YES. If impossible to use the Form 4, the Inspector shall mark NO and explain in the Remarks Section.
- 2) If Final Report, all pits must be filled unless form is accompanied by Form 5, Landowner Waiver, identifying them as left at landowner's request. If Preliminary Report, all drilling pits, etc. must be filled unless allowed by governmental agency or left at landowners request (Form 5 must accompany), at which time Inspector shall mark NO and explain in the Remarks Section.
- 3) If Preliminary OR Final Report, all locations (drillsite, tank battery site, etc.) shall be properly graded or terraced to prevent substantial erosion and sedimentation to that property (and those adjoining if they would be so effected) unless form is accompanied by Form 5, Landowner Waiver, identifying what landowner has requested be left unrestored. If Preliminary Report, Inspector shall insure that Form 4, Restoration Plan, measures are adequate or mark NO and explain in the Remarks Section. At that time he/she shall bring the matter to the appropriate Supervisor's attention for modification and correction.
- 4) Drilling equipment should be removed at the conclusion of the completion of the well at the latest. If equipment is on location at the time of inspection mark NO and explain in the Remarks Section.
- 5) FINAL REPORT ONLY. If equipment is in place at the time of inspection, mark NO and explain in the Remarks Section (this would normally be the case only if form is accompanied by Form 5, Landowners Waiver, requesting production equipment be left).
- 6) Debris refers to natural or man-made objects that are found in other than their expected role and thus create an environmental intrusion (i.e. downed trees and tree stumps, empty cans and drums, garbage, etc). May be answered NO only if accompanied by Form 5, Landowner Waiver, with an appropriate explanation in the Remarks Section on the Final Report.
- 7) If Preliminary OR Final Report, all locations where the surface was disturbed must be properly seeded or sodded and vegetation established to prevent substantial erosion and sedimentation. This may be done by the landowner if the disturbed area is placed into agricultural production (cropland), which meets the requirements of statute even though it allows for erosion and sedimentation PROVIDING the surface was properly graded or terraced in (3) above. Any exceptions to the above must be accompanied by Form 5, Landowner Waiver.
- 8) Preliminary - Inspector mark YES if lease road has been reclaimed according to Form 4, Sections 26 & 28, and no erosion is present. Final - Inspector mark NO only when form is accompanied by Form 5, Landowner Waiver, and explain in Remarks Section. In any situation, the roadways must be left or restored by grading or terracing, seeding or sodding and vegetation established in such a manner as to prevent substantial erosion and sedimentation.
- 9) If Form 5, Landowner Waiver, is attached, make recommendations for Division acceptance in the Remarks Section inasmuch as the waiver IS NOT accepted until approved by the Chief, Division of Oil and Gas.
- 10) Mark N/A if well was permitted prior to 8-1-80 requiring Form 4, Restoration Plan. Mark YES or NO depending on applicability—explain NO in Remarks Section. This helps to establish credibility of persons preparing and submitting restoration plans.

WELL COMPLETION RECORD
OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS, FOUNTAIN SQ. BLDG. B-3, COLUMBUS, OH 43224

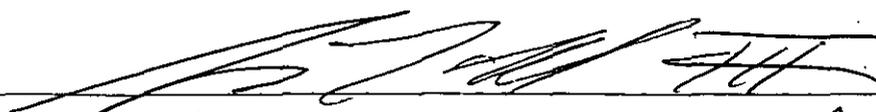
MS

1. Owner # <u>1637</u>		Form 8: Revised 2/96 <u>96/09/05</u>	
2. Owner name, address &, telephone numbers: MACKENCO INC 5858 N HIGH ST WORTHINGTON OH 614-436-1229 43085		This report is due in duplicate 30 days after completion of the well. If the permit has expired and the well was not drilled, <input type="checkbox"/> check here, sign on reverse side, and return to our office within 30 days after expiration.	
4. Type of permit: Oil & Gas		3. API #: <u>34 031 2 6629</u>	
7. Type of well: Drill New Well		5. County: <u>COSHOCTON</u>	
		6. Civil Township: <u>MONROE</u>	
		8. Footage: <u>560' NL & 650' EL OF SEC. 9</u>	
9. X: <u>2,136,325</u> Y: <u>280,360</u>		21. Date drilling commenced: <u>11-6-96</u>	
10. Quad: <u>SPRING MOUNTAIN</u>		22. Date drilling completed: <u>12-31-96</u>	
11. Section: <u>9</u> 12. Lot:		23. Date put into production: <u>1-4-97</u>	
13. Fraction: 14. Qtr Twp:		24. Date plugged if dry: <u>-</u>	
15. Tract:		25. Producing formation: <u>Clinton Sand</u>	
16. Allot:		26. Deepest formation: <u>Clinton Sand</u>	
17. Well #: <u>1</u>		27. Driller's total depth: <u>Clinton Sand / Pink shale</u>	
18. Lease Name: <u>MCGINNIS JOHN</u>		28. Logger's total depth: <u>N/A - 3349'</u>	
19. PTD: <u>3600</u> 20. Drilling Unit: <u>20.000</u>			
29. Type of tools: <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Air Rotary <input type="checkbox"/> Fluid Rotary <input type="checkbox"/> Air/Fluid Rotary <input type="checkbox"/> Cable/Air Rotary <input type="checkbox"/> Cable/Fluid Rotary <input type="checkbox"/> Cable/Air Rotary/Fluid Rotary		30. Type of completion: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Through Casing <input type="checkbox"/> Slotted Liner	
31. Elevation: Ground Level <u>983 853'</u> Derrick Floor <u>855'</u>			
32. Perforated intervals & number of shots: <u>3,275' 4 1/2" set "on top" - open hole to 3,349'</u>			
33. Method of shot, acid, or fracture treatments, production tests, pressures, etc.: <u>Fract'd w/ 1,800 BBL. Water, 30,000 LBS 20/40 Sand</u>			
34. Mouse hole plugged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A Sacks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A Rat hole plugged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A Sacks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
35. Amount of initial production per day: (MCF.) (Bbls.) Natural: Gas <u>show</u> Oil <u>show</u> Brine <u>None</u> After treatment: Gas <u>5 mcf / Day</u> Oil <u>5 BBL / Day</u> Brine <u>1 BBL / Day</u> 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. _____ Injection Well: County <u>Holmes</u> Permit # <u>2732/4527</u> c. _____ Dust/Ice Control: County <u>Coshocton</u> Township or Municipality <u>P#2041</u> Other _____ d. _____ Enhanced Recovery: County <u>Licking</u> Permit # <u>4792</u>			
37. Brine Hauler(s): 1. <u>B & K Water Service</u> Name(s) <u>UICA</u> Address(es) <u>7121 Woods Church Rd, Walkhonding OH 43843</u> 2. <u>Pauls Water Hauling / Russ Wilson</u> Name(s) <u>0127</u> Address(es) <u>32099 U.S. 36, Walkhonding OH 43843</u> (*#36 and #37 must be completed if brine is hauled away from the site.)			
38. 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>10"</u>	<u>63'</u>		<u>63'</u>
<u>8 7/8"</u>	<u>420'</u>	<u>35 shs clay</u>	<u>420'</u>
<u>7"</u>	<u>1,023'</u>		<u>Pulled</u>
<u>4 1/2"</u>	<u>3,275'</u>	<u>30 shs Cement</u>	<u>3,275'</u>
Comments: _____			
39. Name of drilling contractor: <u>Comphire Drilling</u>			
40. Type of electrical and/or radioactivity logs run: (All logs must be submitted) <u>N/A</u> * Drillers Log Attached.			
41. Name of logging company: <u>N/A</u>			
DIVISION USE ONLY:			
Log Submitted: Y/N	Well Class: <u>POOL</u>	A/D:	
Additional Fee: Y/N			

REQUIRED by Section 1509.10, Ohio Revised Code - Failure to submit may result in the assessment of criminal fines of not less than \$100.00 nor more than \$2,000.00 or civil penalties not more than \$4,000.00.

FORMATION	TOP	BASE	Shows of oil, gas, fresh water, or Brine — indicate depth or interval and amount	REMARKS
Fresh Water Strata	20'	55'	Hole Full - 75'	
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	75'	350'	
Berea Sand	337-6			
Ohio Shale	341-1			
Big Lime	344-4	2090	3097	2265' - 1 BPH
Oriskany	347-2			2910 2 BPH
Salina	351-2			2840 Hole Full
Newburg	351-3			
Lockport	354-1			
Little Lime	354-3			
Packer Shell	354-5	3,224	3,251	
Stray Clinton	357-2	3251	3255	3274-3282'
Red Clinton	357-3	3274	3282	3295-3306'
White Clinton	357-4	3295	3306	3327-3338
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  DATE 2-18-97
NAME (TYPED OR PRINTED) Kenner McConnell III TITLE President
REPRESENTING Mackenco Inc.

Mackenco, Inc.

Permit # 6629
Elev. 860'

Started 11-6-96
Completed 12-31-96

Well McGinnis #1

0	-15	Clay
15	-25	Sand & Gravel
25	-55	Clay & Blue Muck
55	-60	Sand & Gravel
60	-75	Sand & Shale
75	-350	Big Injun
350	-700	Brown Shale
700	-742	Brown Shale
742	-862	Gray Shale
862	-912	Black Grit
912	-1350	Gray Shale
1350	-1400	Little Cinn.
1400	-1595	Gray Shale
1595	-1874	Big Cinn.
1874	-2005	Gray Shale
2005	-2090	Brown Shale
2090	-3097	Lime
3097	-3224	Gray Shale
3224	-3251	Packer Shell
3251	-3274	Gray & Green Shale
3274	-3282	Clinton Sand
3282	-3295	Gray Shale
3295	-3306	Sand (Oil & Gas)
3306	-3327	Shale
3327	-3338	Sand
3338	-3349	Gray Shale
3349	-	TD

Pipe:
10' - 63'
8" - 420'
7" - 1023'
4½" - 3275'

Water:
Fresh Water 20' -55'
Hole Full 75'
Salt Water 2265' - 1bph
2810' - 2bbh
Hole Full 2840'



AUTHORIZATION FOR CHANGING EXISTING PERMITS

COUNTY Coshocton TOWNSHIP Madre PERMIT# 6629

PERSON RECEIVING REQUEST Mike McCormac DATE 2-20-97

OWNER: MacKewco Inc. PHONE NO.: _____

ADDRESS: _____

LEASE NAME: John McGinnis WELL NO.: 1

FILL OUT IF PERMIT IS PRE-COMPUTER

Acreage: _____ Geo. Formation: _____ PTD: _____

Tool Type: _____ Well Type: _____ Issue Date: _____

Application No.: _____

CHANGES:

_____ change in acreage/drill unit
(new plat submitted: yes _____ no ✓)
(fee required: yes _____ no ✓)
(check number no amount -)

_____ change in type of tool
_____ change in formation & total depth
_____ change in lease name/well number
_____ change in casing program
_____ typographical error
_____ correction in footage description
_____ change in region
_____ change in Inspector's call number

CORRECTION SHOULD READ:

Correction in elevation

elevation = 853'

FEE LEDGER UPDATED: Yes _____ No _____

CHANGES AUTHORIZED BY: (Geologist) M. McCormac Date: 2/20/97

HAS MINES BEEN NOTIFIED OF CHANGE: (where applicable) Yes _____ No _____

By _____
DATA ENTERED INTO COMPUTER/ISSUED BY: [Signature] DATE: 2/21/97

REISSUE PERMIT: YES ✗ NO ✗

ADD CORRECTION TO PERMIT LIST: YES ✗ NO _____

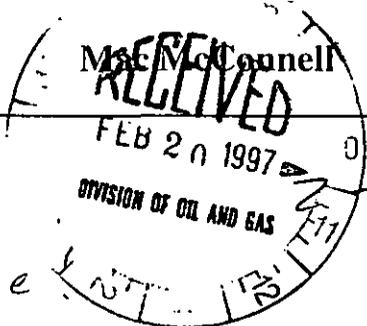
DATE CORRECTION NEEDED: _____ TO BE MAILED: _____ PICKED UP _____

REGIONAL SUPERVISOR CALLED: _____

from the desk of:

Mack McConnell

031-6629



Hi Mike

Enclosed please find a
Plugging Report & Completion
Report for the McGinnis #3rd
#1 - Respectfully -

Anyway - the Sarvayov
made a mistake on the
Elevation - he was 100'
off and I didn't catch
it. I have put the
Correct Elevation on the
Comp. Record - O.K.?
Hope to see you at
the Winter Meeting.

953 to 853'

Thanks

Mac

MACKENCO, INC.

5858 N. High St. • Worthington, OH 43085 • (614) 436-1229

STATE OF OHIO
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS

OIL AND GAS WELL
DRILLING PERMIT

API WELL NUMBER

3 4 031 2

6629

PERMIT

**1 4

FORM 51: REVISED 2/85

OWNER/OPERATOR NAME, ADDRESS:

HAUKENLU INC
555 N HIGH ST
WORTHINGTON OH
43085

DATE ISSUED:

05/09/05

PERMIT EXPIRES:

07/09/05

TELEPHONE NUMBER:

614-496-1229

IS HEREBY GRANTED PERMISSION TO:
IF UNPRODUCTIVE.

AND ABANDON NEW WELL

PURPOSE OF WELL: Oil & Gas

SUBSTANCE TO BE STORED OR COMPLETION DATE IF PERMIT TO PLUG:

DESIGNATION AND LOCATION:

LEASE NAME MULLINIS JOHN
WELL NUMBER 1
COUNTY COSHOCTON
CIVIL TOWNSHIP MONROE
TRACT OR ALLOTMENT
FOOTAGE LOCATION 560' NL & 650' EL OF SEC. 9

SECTION 9
LOT
FRACTION
QUARTER TOWNSHIP

X=2,136,325
Y=290,360

TYPE OF TOOLS:

LODGE/RIE ROTARY

PROPOSED TOTAL DEPTH 3600
GROUND LEVEL ELEVATION 952 853

FEET

GEOLOGICAL FORMATION(S)

CLINTON

ULTIMATE DISPOSAL OF WATER AND OTHER WASTE SUBSTANCES:

Salt Water Disposal Well
Salt Water Haulers

HAULER REGISTRATION NUMBER

1. 127
2. 187

CONDITIONALLY APPROVED CASING PROGRAM (SUBJECT TO APPROVAL OF OIL AND GAS WELL INSPECTOR):

10" DRIVE PIPE LANDED IN BEDROCK APPROX. 30'
8 5/8" 50' BELOW BIG INJUN, APPROX. 400' MUDDED TO SURFACE
7" APPROX. 200' THRU BEREA
4 OR 5" PRODUCTION CASING CEMENTED IF PRODUCTIVE

CONDUCTOR MINIMUM OF 60'
7 OR 8" 50' BELOW BIG INJUN, APPROX. 400' WITH CEMENT CIRCULATED TO SURFACE
4 OR 5" PRODUCTION CASING CEMENTED IF PRODUCTIVE

This permit is NOT TRANSFERABLE and expires 365 days after issuance, unless drilling has commenced prior thereto. This permit, or an exact copy thereof, must be displayed in a conspicuous and easily accessible place at the well site before permitted activity commences and remain until the well is completed. Ample notification to inspector is necessary. All mudding, cementing, placing and removing casing, and plugging operations must be done under the supervision of:

OIL AND GAS WELL INSPECTOR:

HELPS, MICHAEL
P.O. BOX 48
NEUDUMERSTOWN OH
614-498-8839
614-994-2344

CRONIN, JAMES - SUPVR.
614-432-5854

FIRE AND EMERGENCY NUMBERS:

FIRE: 330-276-2222

MEDICAL SERVICE: 330-276-2222

SPECIAL CONDITIONS:

DEPUTY MINE INSPECTOR: MUST BE NOTIFIED IF WELL IN A COAL-BEARING TOWNSHIP IS TO BE PLUGGED AND ABANDONED.

DIST. INSP. RUDY RUMSHAK
614-942-3484

BACKUP INSP. FRED KIDD
614-942-4785
614-439-5591

/s/ Donald L. Mason, Esq.

CHIEF, DIVISION OF OIL AND GAS

WHITE—WELL SITE COPY / BLUE—INSPECTOR'S COPY / GREEN—DIVISION OF OIL AND GAS COPY / CANARY—DIVISION OF MINES COPY
PINK—DIVISION OF MINES COPY / GOLDENROD—OPERATOR'S FILE COPY

1. APPLICATION NUMBER 141768 NW
 2. OPERATOR Mackenco
 3. API 031 COUNTY Coshocton

	<u>INITIALS</u>	<u>DATE</u>
4. DATE STAMP	<u>EMF</u>	<u>8.22.96</u>
5. PERMIT FEE & CHECK NUMBER	<u>250</u>	<u>10105</u>
6. EXPEDITE FEE AND CHECK NUMBER	<u>/</u>	<u>/</u>
7. APPLICATIONS AND PLATS SENT TO DIVISION OF MINES	<u>/</u>	<u>/</u>
8. AFFIDAVIT RECEIVED FOR DIVISION OF OIL AND GAS	<u>MJK</u>	<u>8.22.96</u>
9. APPLICATION ENTERED:		

- APPLICATION PART A
- BRINE STORAGE & FINAL DISPOSAL PLAN
- RESTORATION PLAN
- COUNTY ENGINEER FILE

10. GEOLOGIST APPROVAL	<u>gs</u>	<u>9/5/96</u>
11. SPECIAL AREA/SAMPLES: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>gs</u>	<u>9/5</u>

12. VERBAL APPROVAL FROM DIV. OF MINES	<u> </u>	<u> </u>
13. WRITTEN APPROVAL FROM DIV. OF MINES	<u> </u>	<u> </u>
14. DATA ENTRY/ISSUED	<u> </u>	<u>9/5</u>
15. PERMIT: TAKEN <input type="checkbox"/> MAILED <input checked="" type="checkbox"/>	<u> </u>	<u>9/6/96</u>
FAX TO: <u> </u>		

16. INSPECTOR CALLED (IF PICKED UP)	<u> </u>	<u> </u>
17. FINAL MAP CHECK	<u> </u>	<u>10/4</u>
18. COMMENTS: <u> </u>		

DATE SELECTED: 8/22/96

1 SURETY#: 1637 3 BOND#: 1

4 APP#: 141768 13 CNTY: COSH 14 TWP: MONROE 2 TYPE APP: NW 10 PURP: OG 12 STORAGE:

27 SEC: 9 28 LOT: 29 FRACT: 30 QTR TWP: 31 TRACT: 32 ALLOT:

19 WELL: 1 20 LEASE NAME: MCGINNIS *John* 22 FORM: CLINTON 21 PTD: 3600 23 D UNIT: 20.000

24 TOOL: CRA 37 COAL B: Y ³⁹ 25 FIRE: 330-276-2222 26 MED: 330-276-2222 33 QUAD: SPRING MOUNTAIN
010101

34 X COOR: 2,136,325 35 Y COOR: 280,360 36 ELEVA: 953 49 WELL CLASS: *Pool*

PREVIOUSLY PERMITTED

15 API: 031 16 DRL/D: 2 17 PERMIT: 0 18 MULTI:

40 REG: 41 CALL: 42 DISP: A: SW B: SH C: 45 D: 46 AD DENIED:

CASING PROGRAM:		
01	10	30
33	8 5/8	400
07	7	900
19	4 OR 5	
03		
30	7 OR 8	400
19	4 OR 5	
--		
--		

FOOTAGE: *560' NL & 650' EL of*
Sec 9

50 SPEC COND

51 TECH DATE: _____

52 GEODATE: *9/5/96*

53 GEO INT: --

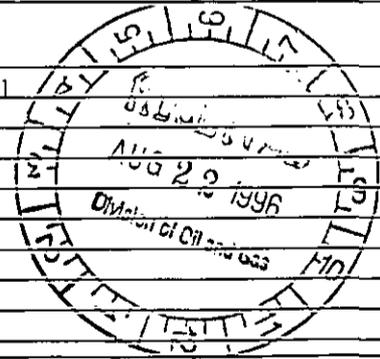
54 ISSUE: _____

1148
el 1005
BI 380
Be 899
CI 3453

242768

APPLICATION FOR A PERMIT
OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL & GAS
4383 FOUNTAIN SQ. BLDG. B - 3
COLUMBUS, OHIO 43224

INSTRUCTIONS ON REVERSE SIDE		FORM 1: Revised 4/93
<p>1. I, We (applicant) <u>Mackenco Inc.</u>, 2. Owner # <u>1637</u> (address) <u>5858 N. High St., Worthington, Oh. 43085</u> Phone # <u>614 - 436 - 1229</u> hereby apply this date <u>August 21,</u> 19 <u>96</u> for a permit to:</p> <p> <input type="checkbox"/> Reissue (Check appropriate blank) <input type="checkbox"/> Revised Location and Reissue <input type="checkbox"/> Convert <input type="checkbox"/> Stratigraphic Test <input checked="" type="checkbox"/> Drill New Well <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Drill Directionally <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Reopen </p>		
<p>3. TYPE OF WELL <input checked="" type="checkbox"/> Oil & Gas <input type="checkbox"/> Artificial Brine <input type="checkbox"/> Saltwater Injection <input type="checkbox"/> Industrial Waste <input type="checkbox"/> Storage of: _____ <input type="checkbox"/> Other: Explain _____ <input type="checkbox"/> *Solution Mining <input type="checkbox"/> *Enhanced Recovery (If type chosen has an asterisk (*), check appropriate box below)</p> <p> <input type="checkbox"/> Input/Injection <input type="checkbox"/> Water Supply <input type="checkbox"/> Production/Extraction <input type="checkbox"/> Observation </p>		
<p>4. MAIL PERMIT TO: <u>Mackenco Inc.</u> <u>5858 N. High St.</u> <u>Worthington, Ohio 43085</u></p>		<p>24. TYPE OF TOOLS <input type="checkbox"/> Cable <input type="checkbox"/> Air Rotary <input type="checkbox"/> Fluid Rotary <input type="checkbox"/> Air & Fluid Rotary <input checked="" type="checkbox"/> Cable & Air Rotary <input type="checkbox"/> Cable & Fluid Rotary <input type="checkbox"/> Cable & Air Rotary & Fluid Rotary</p>
<p>5. COUNTY: <u>Coshocton</u></p>		<p>25. PROPOSED CASING PROGRAM: C.T.: <u>10" drive pipe, 30'+/-</u> <u>8 5/8" csg. thru Big Injun, 450' +/-</u> <u>7" thru Berea, 850'+/-, 4 1/2" csg.,</u> <u>(or 5 1/2" csg) to or thru Clinton,</u> <u>if productive/ Rot.: 60' conductor,</u> <u>450' +/- 7" or 8 5/8" csg. thru</u> <u>Big Injun, 4 1/2" or 5 1/2" Csg.</u> <u>to or thru Clinton, if productive</u></p> <p>26. FIRE AND MEDICAL DEPARTMENT TELEPHONE NUMBERS: (Closest to Well Site)</p> <p>FIRE <u>330-276-2222</u> MEDICAL <u>330-276-2222</u></p> <p>27. MEANS OF INGRESS Co. Rd. <u>19</u> Twp. Rd. _____ Municipal Rd. _____ State Hwy. <u>60</u></p> <p>28. MEANS OF EGRESS Co. Rd. <u>19</u> Twp. Rd. _____ Municipal Rd. _____ State Hwy. <u>60</u></p>
<p>6. CIVIL TOWNSHIP: <u>Monroe</u></p>		
<p>7. SECTION: <u>9</u> 8. XXX Twp. <u>7N</u></p>		
<p>9. FRACTION: _____ 10. XXX Range <u>8W</u></p>		
<p>11. TRACT/ALLOT: _____</p>		
<p>12. WELL #: <u>1</u></p>		
<p>13. LEASE NAME: <u>John McGinnis</u></p>		
<p>14. PROPOSED TOTAL DEPTH: <u>3,600'</u></p>		
<p>15. GEOLOGICAL FORMATION: <u>Clinton Sand</u></p>		
<p>16. DRILLING UNIT IN ACRES (must be same as acres indicated on plat): <u>20</u></p>		
<p>IF PERMITTED PREVIOUSLY: 17. API #: <u>34</u> _____ ** <u>14</u> _____</p>		
<p>18. PREVIOUS OWNER: _____</p>		
<p>19. PREVIOUS WELL #: _____</p>		
<p>20. PREVIOUS LEASE NAME: _____</p>		
<p>21. PREVIOUS TOTAL DEPTH: _____</p>		
<p>22. PREVIOUS GEOLOGICAL FORMATION: _____</p>		
<p>23. IF SURFACE RIGHTS ARE OWNED BY THE STATE OF OHIO, OHIO DEPARTMENT OF NATURAL RESOURCES: DIVISION PHONE: _____</p>		
<p>29. LANDOWNER ROYALTY INTEREST</p> <p>Name <u>John McGinnis</u> Address <u>129 Keether Dr. N., Westerville, Ohio 43081</u></p> <p>Name <u>Mary Lou Crabtree</u> Address <u>c/o J. McGinnis at above address</u></p> <p>Name <u>Erma J. Eaton</u> Address <u>40 J. McGinnis at above address</u></p> <p>Name _____ Address _____</p> <p>Name _____ Address _____</p>		



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 date and facts stated therein 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 upon the tract of land or drilling unit, described in this application, and that I have the right to produce oil or gas from a pool thereon, and to appropriate the oil or gas that I produce therefrom either for myself or others. And furthermore, I the undersigned, being duly sworn, depose and state at this time I am not liable for a final nonappealable order of a court for damage to streets, roads, highways, bridges, culverts, or drainageways pursuant to Section 5577.12 of the Ohio Revised Code, and that all requirements of any political subdivision having jurisdiction over an activity related to the drilling or operation of this oil or gas well that are in effect at the time of this application and on file with the Division of Oil and Gas, including but not limited to zoning ordinances and the requirements of Section 4513.34 of the Ohio Revised Code, will be complied with until abandonment of this well. If applying for a permit to plug and abandon a well, I hereby certify that the written notices, as required in Section 1509.13, Ohio Revised Code, have been given.

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

Signature of Owner/Authorized Agent _____
 Name (Type or Print) Kenner McConnell III Title President, Mackenco Inc.
 If signed by Authorized Agent, a certificate of appointment of agent must be on file.

Sworn to and subscribed before me this the 21st day of August 19 96.



 H.M. SCHERER
 NOTARY PUBLIC, STATE OF OHIO
 My Commission Expires Jan 24, 2000

Before this application can be processed, a Form 9 (Authority and Organization Form), indicating the exact owner name on this Form 1, and proof of compliance with the surety requirements of Chapter 1509.07 of O.R.C. must be on file with the Division of Oil & Gas. If a new owner name (i.e. one not currently on file with the Division) is used, a Form 9 and evidence of meeting the surety requirements must be filed with this application. Signature of owner/authorized agent must correspond with signature or listing provided with 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 will be returned to the applicant. An application for a permit requires the following:

1. Drill, reopen, reissue, deepen and plug back.
 - a. Original and (2) copies of Application for a Permit (Form 1);
 - b. Original and (4) copies of an Ohio registered surveyor's plat;
 - c. Original and (1) copy of the Restoration Plan (Form 4);
 - d. Original and (1) copy of the Plan for Storage and Disposal of Brine and Other Waste Substances (Form 16);
 - e. Reopen, deepen and plug back will require three (3) copies of the Well Completion Record (Form 8).
 - f. \$250.00 check or money order payable to: Division of Oil and Gas.
 2. Plug and Abandon
 - a. Original and (2) copies of Application for a Permit (Form 1);
 - b. Three (3) copies of the Ohio registered surveyor's plat originally filed;
 - c. Three (3) copies of the Well Completion Record (Form 8). (If there is no Well Completion Record on file an original Well Completion Record is required).
 - d. \$50.00 check or money order payable to: Division of Oil and Gas.
 3. Drill, reopen, reissue, deepen, plug back or convert a well to saltwater injection.
 - a. Same as above: 1 (a), (b), (c), (d).
 - b. \$100.00 check or money order payable to: Division of Oil and Gas.
- 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 for where the permit is to be mailed.
- Items 5-11. Indicate drilling location.
- Items 12-16. Provide requested information.
- Item 15. List each proposed producing geological formation.
- 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", all other wells require the permit number.
- Items 18-22. Complete if application is to reissue a previous permit, or to plug back, convert, deepen, reopen or plug and abandon an existing well.
- Item 23. Complete if surface rights are owned by the Ohio Department of Natural Resources.
- Item 24. Indicate type of tools that may be used.
- Item 25. Indicate size and amount of casing to be used.
- Item 26. Indicate fire and medical department emergency telephone numbers closest to the well site.
- Item 27. List all county, township, and/or municipal roads, streets and highways by name or number that applicant anticipates to use as means of ingress to the well site.
- Item 28. List all county, township, and/or municipal roads, streets and highways by name or number that applicant anticipates to use as means of egress from the well site.
- Item 29. 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 explanation must be included. Additional sheets may be attached (overriding royalty and working interests are not required).

For use by DIVISION OF OIL AND GAS and DIVISION OF MINES

Is location within a coal bearing township? Yes _____ No _____

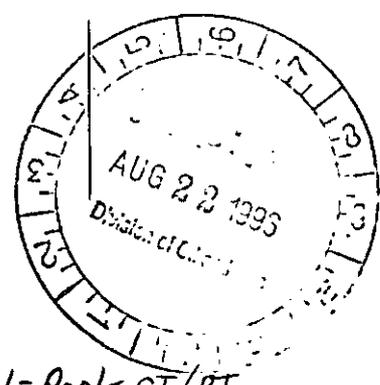
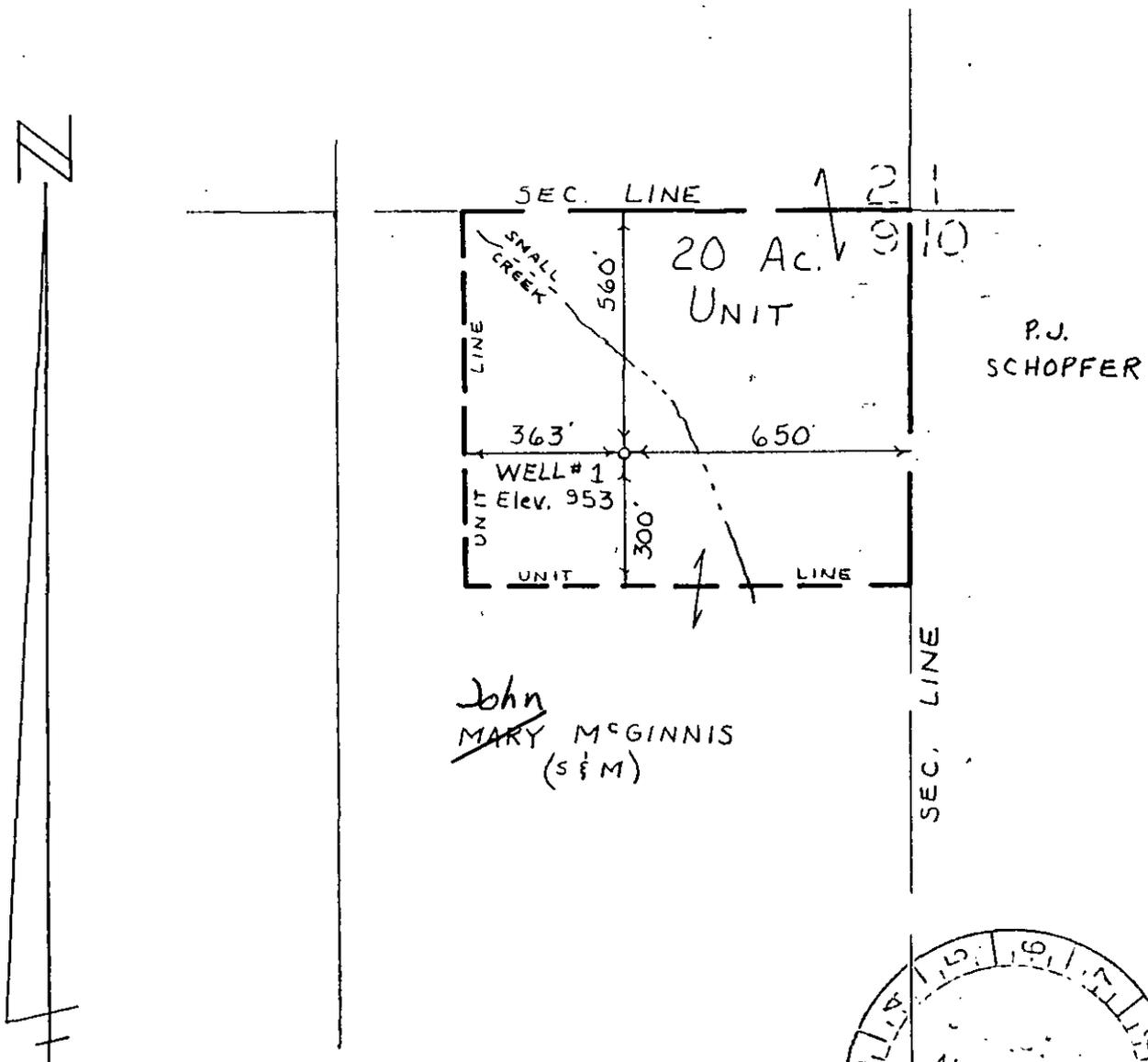
Application referred to Division of Mines Date _____ By _____

Approved by _____ Date _____

Disapproved by _____ Date _____

Explanation _____

141768



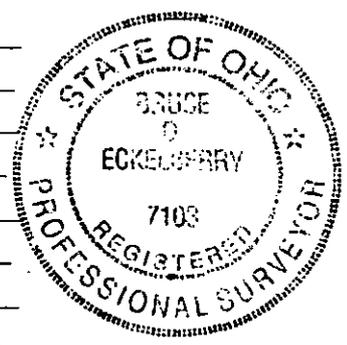
560' NL & 650' EL of Sec 9 20Ac CI-Pool-CT/RT

Scale: 1" = 400'

I hereby certify that all wells producing from below 2000 feet and above 4000 feet within 600 feet and all buildings and streams within 150 feet have been shown, there are no drilling unit lines nearer than 300 feet, that this plat is true and correct and was prepared according to the current State of Ohio, Department of Natural Resources, Division of Oil & Gas Regulations.

Bruce D. Eckelberry Notary
Reg. Surveyor # 7103 Exp. Date

OPERATOR Mackenco Inc. SUBDIVISION CIVIL TWP.
 ADDRESS Worthington, Ohio TWP. 7N
 SURFACE OWNER John Mary McGinnis RANGE 8W
 MINERAL OWNER same QUARTER TWP. _____
 WELL NO. 1 DRILLING UNIT AC. 20 SECTION 9 LOT _____
 COUNTY Coshocton TRACT _____
 TWP. Monroe ALLOTMENT _____
 QUAD. Spring Mountain FRACTION _____ OTHER _____
 OHIO PLANE COORDINATES
 ZONE X 2,136,325 ✓
 NORTH SOUTH Y 280,360 ✓
 ELEV. 953 DATE 8-19-96
 FIELD 853 QUAD



DIVISION OF OIL AND GAS

AFFIDAVIT

Application No. 141768
(To be filled in by the Division)

STATE OF Ohio

SS:

COUNTY OF Licking

John W. McGinnis

(Name and address of landowner)

129 Keether Dr. N., Westerville, Ohio 43081

being first duly sworn according to law, depose and say that they are the owners of the following described real estate:

Located in N.E. Quarter of

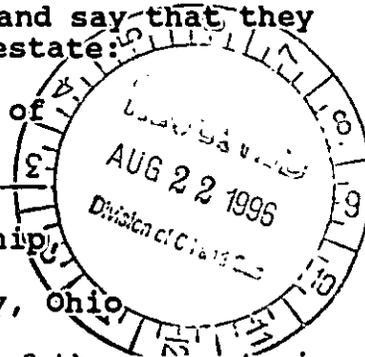
Section 9, Fraction/Lot

Monroe

Township

Coshocton

County, Ohio



The undersigned certify that they are the owners of the property in fee simple, including the coal rights, and have no objections to the drilling of the #1 by the Mackenco Inc.
(Well No.) (Company)
on said premises.

Further affiant sayeth naught.

[Signature]
(Signatures)

SWORN to before me and subscribed in my presence this 15th
day of August, 19 96.

[Signature]
Notary Public
DEBORAH L. COLLINS
Notary Public, State of Ohio
My Commission Expires 7-20-97

RESTORATION PLAN
OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS

<p>1. DATE OF APPLICATION: <u>8/21/96</u></p> <p>2. OWNER NAME, ADDRESS, & TELEPHONE #'s: <u>Mackenco Inc.</u> <u>5858 N. High St.</u> <u>Worthington, Ohio 43085</u></p>	<p style="text-align: right;">FORM 4: Revised 03/85</p> <p>3. API #: <u>34</u> * * I 4</p> <p>4. WELL #:</p> <p>5. LEASE NAME: <u>John McBinnis</u></p> <p>6. PROPERTY OWNER: <u>John McBinnis</u></p> <p>7. COUNTY: <u>Cashoecten</u></p> <p>8. CIVIL TOWNSHIP: <u>Manvel</u></p> <p>9. SECTION: <u>9</u> 10. LOT:</p>
<p>11. CURRENT LAND USE:</p> <p><input type="checkbox"/> Cropland <input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Pasture <input checked="" type="checkbox"/> Idle Land</p> <p><input type="checkbox"/> Wetlands <input type="checkbox"/> Recreational</p> <p><input type="checkbox"/> Residential <input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Unreclaimed strip mine</p> <p><input checked="" type="checkbox"/> Woodland: Circle <u>Broad-leaved</u> or <u>Needlelike</u></p>	<p>17. TYPE OF WELL:</p> <p><input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other</p>
<p>12. SLOPE GRADIENT & LENGTH DETERMINED FROM:</p> <p><input type="checkbox"/> Ground measurement</p> <p><input checked="" type="checkbox"/> U.S. Geological Survey Topographical Maps</p> <p><input type="checkbox"/> Other, explain _____</p>	<p>18. STEEPEST SLOPE GRADIENT CROSSING SITE:</p> <p><input type="checkbox"/> 0 to 2% <input checked="" type="checkbox"/> 2.1 to 8% <input type="checkbox"/> 8.1 to 10%</p> <p><input type="checkbox"/> 10.1 to 24% <input type="checkbox"/> greater than 24%</p>
<p>13. TYPE OF FALL VEGETAL COVER:</p> <p><input type="checkbox"/> Little or no vegetal cover</p> <p><input type="checkbox"/> Short grasses</p> <p><input type="checkbox"/> Tall weeds or short brush (1 to 2 ft.)</p> <p><input type="checkbox"/> Brush or bushes (2 to 6 ft.)</p> <p><input type="checkbox"/> Agricultural crops</p> <p><input type="checkbox"/> Trees with sparse low brush</p> <p><input checked="" type="checkbox"/> Trees with dense low brush</p>	<p>19. LENGTH OF STEEPEST SLOPE CROSSING SITE:</p> <p><input type="checkbox"/> 1 to 100 ft. <input type="checkbox"/> 101 to 200 ft.</p> <p><input checked="" type="checkbox"/> 201 to 400 ft. <input type="checkbox"/> greater than 400 ft.</p>
<p>14. SOIL & RESOILING MATERIAL AT WELLSITE:</p> <p><input checked="" type="checkbox"/> Stockpile & protect topsoil to be used when preparing seedbed</p> <p><input type="checkbox"/> Use of soil additives (e.g. lime, fertilizer)</p> <p><input type="checkbox"/> No resoiling planned</p> <p><input type="checkbox"/> Proposed alternative _____</p>	<p>20. RESTORATION OF DRILLING PITS:</p> <p><input checked="" type="checkbox"/> Haul drilling fluids and fill pits</p> <p><input type="checkbox"/> Use steel circulating tanks</p> <p><input type="checkbox"/> Proposed alternative _____</p> <p style="text-align: right;"><i>(Stamp: AUG 22 1996 Division of Oil and Gas)</i></p>
<p>15. DISPOSAL PLAN FOR TREES AND TREE STUMPS:</p> <p><input type="checkbox"/> No trees disturbed <input type="checkbox"/> Haul to landfill</p> <p><input type="checkbox"/> Cut into firewood <input type="checkbox"/> Sell to lumber co.</p> <p><input checked="" type="checkbox"/> Bury with landowners approval</p> <p><input type="checkbox"/> Mulch sm. trees & branches, erosion control</p> <p><input type="checkbox"/> Use for wildlife habitat w/landowner approval</p> <p><input type="checkbox"/> Proposed alternative _____</p>	<p>21. BACKFILLING AND GRADING AT SITE:</p> <p><input type="checkbox"/> Construct diversions channelled to naturally established drainage systems</p> <p><input type="checkbox"/> Construct terraces across slope</p> <p><input checked="" type="checkbox"/> Grade to approximate original contour</p> <p><input type="checkbox"/> Grade to minimize erosion & control offsite runoff</p> <p><input type="checkbox"/> Proposed alternative _____</p>
<p>16. SURFACE AND SUBSURFACE DRAINAGE FACILITIES:</p> <p><input checked="" type="checkbox"/> No existing drainage facilities for removal of surface and/or subsurface water</p> <p><input type="checkbox"/> Tile drainage system underlying land to be disturbed</p> <p><input type="checkbox"/> Drain pipe(s) underlying land to be disturbed</p> <p><input type="checkbox"/> Surface drainage facilities on land to be disturbed</p>	<p>22. VEGETATIVE COVER TO BE ESTABLISHED AT SITE:</p> <p><input checked="" type="checkbox"/> Seeding plan <input type="checkbox"/> Sod</p> <p><input type="checkbox"/> Agricultural crops <input type="checkbox"/> Trees s/or Bushes</p> <p><input type="checkbox"/> Proposed alternative _____</p>
<p>17. SLOPE GRADIENT & LENGTH DETERMINED FROM:</p> <p><input type="checkbox"/> Ground measurement</p> <p><input checked="" type="checkbox"/> U.S. Geological Survey Topographical Maps</p> <p><input type="checkbox"/> Other, explain _____</p>	<p>23. ADDITIONAL HOLES:</p> <p><input checked="" type="checkbox"/> Rat/Mouse, if used, will be plugged.</p>
<p>18. STEEPEST SLOPE GRADIENT CROSSING SITE:</p> <p><input type="checkbox"/> 0 to 2% <input checked="" type="checkbox"/> 2.1 to 8% <input type="checkbox"/> 8.1 to 10%</p> <p><input type="checkbox"/> 10.1 to 24% <input type="checkbox"/> greater than 24%</p>	<p>24. PROPOSED OR CURRENT LENGTH OF ACCESS ROAD:</p> <p><input checked="" type="checkbox"/> 100 ft. or less <input type="checkbox"/> 101 to 500 ft.</p> <p><input type="checkbox"/> 501 to 1500 ft. <input type="checkbox"/> greater than 1500 ft.</p>
<p>19. LENGTH OF STEEPEST SLOPE CROSSING SITE:</p> <p><input type="checkbox"/> 1 to 100 ft. <input type="checkbox"/> 101 to 200 ft.</p> <p><input checked="" type="checkbox"/> 201 to 400 ft. <input type="checkbox"/> greater than 400 ft.</p>	<p>25. CURRENT LAND USE OF PATH OF ACCESS ROAD:</p> <p><input type="checkbox"/> Cropland <input type="checkbox"/> Pasture <input type="checkbox"/> Commercial</p> <p><input checked="" type="checkbox"/> Idle land <input type="checkbox"/> Wetlands <input type="checkbox"/> Recreational</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Unreclaimed strip mine</p> <p><input checked="" type="checkbox"/> Woodland (Circle <u>Broad-Leaved</u> or <u>Needlelike</u>)</p>

REQUIRED BY SECTION 1509.06 (L), OHIO REVISED CODE - FAILURE 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.

** PITS MUST BE FILLED WITHIN FIVE MONTHS AFTER COMMENCEMENT OF THE WELL.

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

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.

Signature of Owner/Authorized Agent 

Name (Typed or Printed) Kenner McConnell III Date 8-21-88
pres., Mackenro Inc.

Restoration Plan must be submitted to the Division in duplicate.

3 4 03 1 2 6629 1 4
 Permit No.

(To be submitted with Activity Report)

RECORD OF CASING, CEMENTING AND MUDDING

Well Owner: MACKENCO INC
 Lease Name: McGinnis Well No. 1
 County: COSHOCTON Twp. MOURSE
 Contractor: CAMPBELL
 Type of Tools: ROTARY CABLE
 Service Company: FORMATION
 Procedure: PRESSURE GRAVITY
 Plugging of: _____
 Mouse hole YES NO _____ SACKS
 Rat hole YES NO _____ SACKS

Date Issued: 9/5/96 Expiration Date: 9/5/97
 Spud Date: Month 10 Day 11 Year 96
 Type of Job: SURFACE PRODUCTION OTHER
 Type of Cement: 30 REG. 31.12 Sacks: 35
 Amount of Mud: N/A
 Size of Hole: 6 DEPTH 3275 FT
 Casing: SIZE 4 1/2 DEPTH 3275 FT
 Float Equipment: SHOE COLLAR OTHER
 Special Equipment: _____

CASING RECORD		
SIZE	SET	REMARKS
<u>10'</u>	<u>63'</u>	<u>LEFT</u>
<u>8"</u>	<u>420</u>	
<u>7"</u>	<u>1028</u>	<u>Going to pull</u>

Cement/Mud Circulated to Surface: YES NO
 Notification Received: YES NO
 Job Witnessed by Inspector: YES NO
 Annular Disposal indicated on permit: YES NO
 Meets construction requirements for A.D. (Explain below if no or if remedial action is required). YES NO
 DATE JOB COMPLETED 12/3/96

Formations: (if available) DL EL KB RF GL

NAME	TOP	BOTTOM

Remarks:
 (attach cement/mud tickets if available)

RECEIVED
 JAN 6 1997
 DIVISION OF OIL AND GAS
 SOUTHERN REGION

Date: 12/3/96 Signed: 

3 4 031 2 6629 1 4
 Permit No.

(To be submitted with Activity Report)

RECORD OF CASING, CEMENTING AND MUDDING

Well Owner: MACKENCO Inc.
 Lease Name: McGinnis Well No. 1
 County: COSHOCTON Twp. MOUPOE
 Contractor: CAMPBELL'S DRILL
 Type of Tools: ROTARY CABLE
 Service Company: FORMATION
 Procedure: PRESSURE GRAVITY
 Plugging of: _____
 Mouse hole YES NO N/A SACKS
 Rat hole YES NO N/A SACKS

Date Issued: 9/5/96 Expiration Date: 9/5/97
 Spud Date: Month 10 Day 11 Year 96
 Type of Job: SURFACE PRODUCTION OTHER
 Type of Cement: N/A Sacks: _____
 Amount of Mud: 30
 Size of Hole: 9" DEPTH 420 FT
 Casing: SIZE 8" DEPTH 420 FT
 Float Equipment: SHOE COLLAR OTHER
 Special Equipment: OPEN END

CASING RECORD		
SIZE	SET	REMARKS
<u>10"</u>	<u>65'</u>	

Cement/Mud Circulated to Surface: YES NO
 Notification Received: YES NO
 Job Witnessed by Inspector: YES NO
 Annular Disposal indicated on permit: YES NO
 Meets construction requirements for A.D. (Explain below if no or if remedial action is required). YES NO
 DATE JOB COMPLETED 12/31/96

Formations: (if available)	<input type="checkbox"/> DL <input type="checkbox"/> EL <input type="checkbox"/> KB <input type="checkbox"/> RF <input type="checkbox"/> GL			
	NAME	TOP	BOTTOM	

Remarks:
 (attach cement/mud tickets if available)

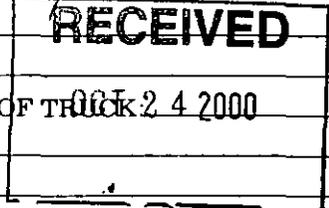
MUD MIX BY PUMP TRUCK & GROUTED
ANNULUS T.O. TO SURFACE
MUD HELD AT SURFACE

Date: 12/31/96 Signed:

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
INSPECTION REPORT

STATUS CHECK
 INITIAL REPORT
 FOLLOW-UP REPORT

DATE: 2/16/00 ARRIVAL TIME: 11:15 AM/PM DEPARTURE TIME: 12:15 AM/PM
COUNTY: Cash TOWNSHIP: Monroe WELL # 1 SEC/LOT: 9
LEASE NAME: McGianni's SURFACE OWNER: _____ UIC: AD ERP SWIW
OWNER OF WELL: Mackenco, Inc. OPERATOR: _____
ADDRESS: 1637 ADDRESS: _____
PHONE: (____) _____ PHONE: (____) _____
HAULER: _____ DRIVER: _____
ADDRESS: _____ ADDRESS: _____
PHONE: (____) _____ PHONE: (____) _____
REGISTRATION #: _____ LICENSE #: _____ MAKE OF TRUCK: 2000
LOCATION: _____
WEATHER CONDITIONS: APPROX. TEMP: 40 PRECIPITATION: wet



STATUS CHECK ITEMS (CIRCLE YES IF ACCEPTABLE. IF NOT, CIRCLE NO AND EXPLAIN IN "INSPECTION SUMMARY.")

TANK BATTERY	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	IDENTIFICATION	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	DIKE AREA	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
LEASE ROAD	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	DRILLING PITS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	OTHER PITS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
WELLSITE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	WELL HEAD	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	PROD. LINES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
AD HOOK-UP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	INJ. PRESS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	BUR. TANKS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
OTHER LINES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	VALVES & CONNECT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	HAULER'S LOG	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> YES	<input type="checkbox"/> NO	

ACCOMPANIED BY: _____ INSPECTION SUMMARY: _____

No Id AT well or Tanks

compliance Id posted 10-17-00

(IF ADDITIONAL ROOM IS NEEDED, ATTACH SEPARATE SHEET.)

PHOTOGRAPHS: YES TAKEN BY: _____ SAMPLES: YES NO
LAB NAME: _____ LAB RESULT BACK: 1/1 MAIL RECEIPT: 1/1
NOTICE ISSUED: YES NO DATE: 2/16/00 NOTICE # 25370
COMPLIANCE: 1577703 NON-COMPLIANCE: 1/1
CHAIN OF EVID. FORM: YES NO WIT. STATEMENT: YES NO
SIGNATURE: Rocky... TITLE: Sup DATE: 2-16-00
REVIEWED BY: _____ TITLE: _____ DATE: _____
COPY TO LEGAL: / / UIC: / / IDLE & ORPHAN: / / CHIEF: / /
RECOMMENDED FURTHER ACTION: _____

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
REGION PHONE (710) 825 3141

OWNER OF WELL: Mackenco inc. ADDRESS: _____
OPERATOR: _____ ADDRESS: _____
COUNTY: Cosh TOWNSHIP: MONROE PERMIT #: 6629 WELL #: 1
LEASE: McGinnis SURFACE OWNER: _____
REGISTRATION #: _____ LICENSE #: _____ HAULER: _____
DRIVER: _____ ADDRESS: _____
DATE OF VIOLATION: 2-16-00 TIME: _____ AM/PM

THIS IS TO NOTIFY YOU THAT AN INSPECTION WAS CONDUCTED BY THE ENFORCEMENT SECTION OF THE DIVISION OF OIL & GAS, OHIO DEPARTMENT OF NATURAL RESOURCES, ON THE ABOVE DATE, AND THE FOLLOWING VIOLATIONS WERE NOTED:

RECEIVED
OCT 24 2000

STATUTE/RULE	DESCRIPTION
1. <u>1509.9-9-05 A10</u>	<u>Identify</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

THE FOLLOWING REMEDIAL ACTION MUST BE COMPLETED BY 3-10-00 (DATE).

- Identify storage tanks
- _____
- _____
- _____
- _____
- _____

ISSUED BY: Rocky J. TITLE: Asst
DATE NOTICE ISSUED: 2-16-00 TIME NOTICE ISSUED: _____ AM/PM
RECEIVED BY: _____ DATE: _____
PRINTED NAME: _____ TITLE: _____

OHIO REVISED CODE CHAPTER 1509. PROVIDES FOR ADDITIONAL NON-EXCLUSIVE REMEDIES WHICH THE DIVISION MAY PURSUE.

EXTENDED TO: _____ (DATE) _____ INITIALS

REMEDIAL ACTION COMPLETED: 10-17-00 (DATE)