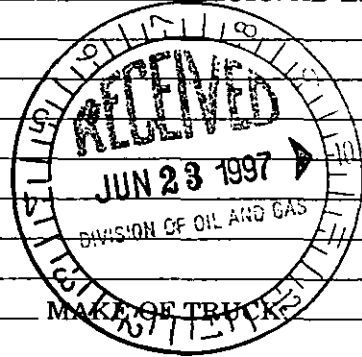


OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
INSPECTION REPORT

STATUS CHECK
INITIAL REPORT
☒ FOLLOW-UP REPORT

DATE: 6/9/97 ARRIVAL TIME: 10:30 AM/PM DEPARTURE TIME: 1:00 AM/PM
COUNTY: 168th TOWNSHIP: Marion WELL # 1 SEC/LOT:
LEASE NAME: McGinnis SURFACE OWNER: UIC: AD ERP SWIW
OWNER OF WELL: MACPHERO 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	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	IDENTIFICATION	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	DIKE AREA	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
LEASE ROAD	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	DRILLING PITS	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	OTHER PITS	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
WELLSITE	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	WELL HEAD	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	PROD. LINES	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
AD HOOK-UP	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	INJ. PRESS.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	BUR. TANKS	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
OTHER LINES	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	VALVES & CONNECT.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	HAULER'S LOG	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
	<input type="radio"/> YES	<input type="radio"/> NO			<input type="radio"/> YES	<input type="radio"/> NO			<input type="radio"/> YES	<input type="radio"/> NO	

ACCOMPANIED BY: P.T. 66800 INSPECTION SUMMARY:

(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: 6/9/97 NON-COMPLIANCE:
CHAIN OF EVID. FORM: YES NO WIT. STATEMENT: YES NO
SIGNATURE: MP TITLE: Supv. DATE: 6/9/97
REVIEWED BY: TITLE: DATE: 062397
COPY TO LEGAL: UIC: IDLE & ORPHAN: CHIEF:
RECOMMENDED FURTHER ACTION:

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

OIL AND GAS WELL
DRILLING PERMIT

API WELL NUMBER

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

6629
PERMIT

**1 4

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

2,136,325

280,360

TYPE OF TOOLS:

CABLE

PROPOSED TOTAL DEPTH

3600

FEET

GROUND LEVEL ELEVATION

853

GEOLOGICAL FORMATION(S)

CLINTON

ULTIMATE DISPOSAL OF WATER AND OTHER WASTE SUBSTANCES:

BRINE INJECTION WELL
BRINE HAULER

HAULER REGISTRATION NUMBER

127 PAUL'S WATER HAULING

1.

187 KING PETROLEUM CO

2.

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

8 5/8" 50' BELOW BIG INJUN APPROX., 400' MUDDED TO SURFACE

7" APPROX. 900' 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:

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

OH

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

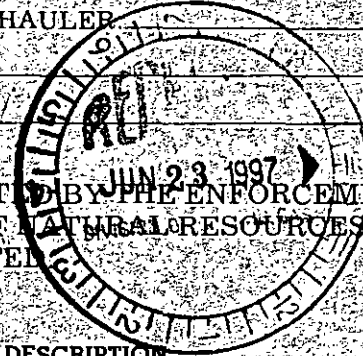
WHITE—WELL SITE COPY / BLUE—INSPECTOR'S COPY / GREEN—DIVISION OF OIL AND GAS COPY / CANARY—DIVISION OF MINES COPY
PINK—DIVISION OF MINES COPY / GOLDENROD—OPERATOR'S FILE COPY

No. 15326

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
REGION PHONE 614-855-8225

OWNER OF WELL MCKENEO Twp. ADDRESS 5958 N HGA WORTH-GEO 43085
OPERATOR: ADDRESS: 6629
COUNTY: COSHOCTON TOWNSHIP: MUNROE PERMIT # 5137 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 - Pit Closed - Site Rechecked in</u>	<u>Resolved. MJP</u>
5. _____	_____
6. _____	_____

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

1. <u>CLOSE DRILLING PIT</u>
2. _____
3. _____
4. _____
5. <u>Failed to comply w/ 1509.072 may result in fine</u>
6. <u>Forklift</u>

ISSUED BY: Michael Peters TITLE: Inspector
DATE NOTICE ISSUED: 4/29/97 TIME NOTICE ISSUED: 1:14 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) 265-6926

OWNER OF WELL: Mackeyco Inc. ADDRESS: 5958 N. HIGHWAY 43085
OPERATOR: _____ ADDRESS: 6629 per M. Phelps
COUNTY: COSTA TOWNSHIP: MURROE PERMIT #: 989 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. _____	_____
5. _____	_____
6. _____	_____

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

1. <u>CLOSE DRILLING PIT</u>
2. _____
3. _____
4. _____
5. <u>FAILURE TO COMPLY W/ 1509.072 MAY RESULT IN PENALTY</u>
6. <u>FOLLOWUP</u>

ISSUED BY: 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 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 MACKAY 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 ✓ N/A _____

2) Pits filled as required

YES ✓ NO _____

Date filled _____

3) Location restored as required
(graded or terraced)

YES ✓ NO _____

4) Drilling equipment removed

YES ✓ NO _____

5) Production equipment removed

YES _____ NO ✓

6) Debris removed

YES ✓ NO _____

7) Area seeded or sodded; vegetation
established

YES ✓ NO _____

8) Roadways restored

YES _____ NO _____

9) Landowner Waiver, Div. Form 5, filed
(copy attached)

YES _____ NO ✓

10) Restoration Plan, Form 4, found accurate
and correct

YES _____ NO _____ N/A ✓

(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

9/6/97
DATE SIGNED

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

☒ STATUS CHECK
☐ INITIAL REPORT
☐ FOLLOW-UP REPORT

DATE: 3/18/97 ARRIVAL TIME: 2:30 AM/PM DEPARTURE TIME: 3:00 AM/PM
COUNTY: Cos. TOWNSHIP: Marion WELL # 1 SEC/LOT: 1637
LEASE NAME: McLennan SURFACE OWNER: _____ UIC: AD ERP SWIW
OWNER OF WELL: MACKENCO 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	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: _____

Done on site - pit 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 EVIDENCE FORM: YES NO WIT. STATEMENT: YES NO
SIGNATURE: [Signature] TITLE: Supv. DATE: 3/18/97
REVIEWED BY: [Signature] 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: 3/10/97 ARRIVAL TIME: 1230 AM/PM DEPARTURE TIME: 1:00 AM/PM
COUNTY: COSH TOWNSHIP: Marion WELL # 1 SEC/LOT: 1637
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: C19
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: _____

PT 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: Supervisor 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 PM DEPARTURE TIME: 3:00 AM/PM PM
COUNTY: COSH TOWNSHIP: Marble WELL # 1 SEC/LOT:
LEASE NAME: McGowan's SURFACE OWNER: UIC: AD ERP SWIW
OWNER OF WELL: Mackey co OPERATOR:
ADDRESS: ADDRESS:
PHONE: () PHONE: ()
HAULER: DRIVER:
ADDRESS: ADDRESS:
PHONE: () PHONE: ()
REGISTRATION #: LICENSE #: CR 19 MAKE OF TRUCK:
LOCATION:
WEATHER CONDITIONS: APPROX. TEMP: PRECIPITATION:

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

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

ACCOMPANIED BY: PIT NOT CLOSED INSPECTION SUMMARY:

THE PINE LINE ON THE MAP IS NOT THERE 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 #: 5328
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: 050997
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: 2/7/97 ARRIVAL TIME: 11:00 AM/PM DEPARTURE TIME: 11:30 AM/PM
COUNTY: Lake TOWNSHIP: Meriden WELL # 1 SEC/LOT: 1A
LEASE NAME: McGinnis SURFACE OWNER: _____ UIC: AD ERP SWIW
OWNER OF WELL: MACFARLANE 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: [Signature] TITLE: Supervisor DATE: 2/7/97
REVIEWED BY: [Signature] TITLE: Supervisor DATE: 2/3/97
COPY TO LEGAL: [Signature] UIC: / / IDLE & ORPHAN: / / CHIEF: / /
RECOMMENDED FURTHER ACTION: _____

No. 25361

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 AIG</u>	<u>Identifying</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

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

1. <u>Identify Storage Tanks</u>	RECEIVED FEB 23 2000 DIVISION OF OIL AND GAS
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	

ISSUED BY: [Signature] TITLE: [Signature]
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: _____ (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 DEPARTURE TIME: 12:15 PM
COUNTY: Cosh TOWNSHIP: Monroe WELL # 1 SEC LOT: 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: 40 PRECIPITATION: wet

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:

No Fed At well on 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: / / MAIL RECEIPT: / /
NOTICE ISSUED: YES NO DATE: 2/16/00 NOTICE # 25361
COMPLIANCE: / / NON-COMPLIANCE: / /
CHAIN OF EVID. FORM: YES (NO) WIT. STATEMENT: YES NO
SIGNATURE: [Signature] TITLE: [Signature] DATE: 2-16-00
REVIEWED BY: [Signature] TITLE: [Signature] DATE: 02/18/00
COPY TO LEGAL: / / UIC: / / IDLE & ORPHAN: / / CHIEF: / /
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

AUG 14 1997

Division of Oil and Gas

RESTORATION REPORT

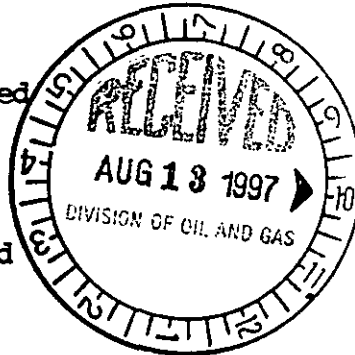
SPUD/~~PLUGGING~~ DATE 10/11/96

☒ Preliminary-well exists

☐ FINAL - well plugged

OWNER MACKAY 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 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

- 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 # 1637		Form 8: Revised 2/96 96/09/05																					
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 #: 34 031 2 6629																					
7. Type of well: Drill New Well		5. County: COSHOCTON																					
		6. Civil Township: MONROE																					
		8. Footage: 560' NL & 650' EL OF SEC. 9																					
9. X: 2,136,325 Y: 280,360		21. Date drilling commenced: 11-6-96																					
10. Quad: SPRING MOUNTAIN		22. Date drilling completed: 12-31-96																					
11. Section: 9 12. Lot:		23. Date put into production: 1-4-97																					
13. Fraction: 14. Qtr Twp:		24. Date plugged if dry:																					
15. Tract:		25. Producing formation: Clinton Sand																					
16. Allot:		26. Deepest formation: Clinton Sand																					
17. Well #: 1		27. Driller's total depth: Clinton Sand / Pink shale																					
18. Lease Name: MCGINNIS JOHN		28. Logger's total depth: NA - 3349'																					
19. PTD: 3600 20. Drilling Unit: 20.000																							
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 953 853' Derrick Floor 855'		RECEIVED FEB 20 1997 DIVISION OF OIL AND GAS Kelley Bushing																					
32. Perforated intervals & number of shots: 3,275' 4 1/2" set "on top" - open hole to 3,349'																							
33. Method of shot, acid, or fracture treatments, production tests, pressures, etc.: Frac'd w/ 1,800 BBL. Water, 30,000 LBS 20/40 Sand																							
34. Mouse hole plugged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A Sacks Rat hole plugged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A Sacks																							
35. Amount of initial production per day: (MCF.) (Bbls.) Natural: Gas show Oil show Brine None After treatment: Gas 5 mcf/day Oil 5 BBL/day Brine 1 BBL/day Lost Hole at feet. Additional Data:																							
36. Record of disposal of water and other waste including liquids used in fracture treatment: a. <input type="checkbox"/> Annular Disposal b. <input type="checkbox"/> Injection Well: County Holmes Permit # 2732/4527 c. <input type="checkbox"/> Dust/Ice Control: County Coshocton Township or Municipality P# 2041 d. <input type="checkbox"/> Enhanced Recovery: County Licking Permit # 4792																							
37. Brine Hauler(s): 1. B & K Water Service Name(s) UIC# 0127 7121 Woods Church Rd, Address(es) Walhonding OH 43843 2. Pauls Water Hauling / Russ Wilcox 0127 32099 U.S. 36, Walhonding OH 43843 (#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) <table border="1"><thead><tr><th>Size</th><th>Feet Used in Drilling</th><th>Amount of Cement or Mud</th><th>Feet Left in Well</th></tr></thead><tbody><tr><td>10"</td><td>63'</td><td></td><td>63'</td></tr><tr><td>8 7/8"</td><td>420'</td><td>35 shs clay</td><td>420'</td></tr><tr><td>7"</td><td>1,023'</td><td></td><td>Pulled</td></tr><tr><td>4 1/2"</td><td>3,275'</td><td>30 shs Cement</td><td>3,275'</td></tr></tbody></table> Comments:				Size	Feet Used in Drilling	Amount of Cement or Mud	Feet Left in Well	10"	63'		63'	8 7/8"	420'	35 shs clay	420'	7"	1,023'		Pulled	4 1/2"	3,275'	30 shs Cement	3,275'
Size	Feet Used in Drilling	Amount of Cement or Mud	Feet Left in Well																				
10"	63'		63'																				
8 7/8"	420'	35 shs clay	420'																				
7"	1,023'		Pulled																				
4 1/2"	3,275'	30 shs Cement	3,275'																				
39. Name of drilling contractor: Camphire Drilling																							
40. Type of electrical and/or radioactivity logs run: (All logs must be submitted) NA * Drillers Log Attached.																							
41. Name of logging company: NA																							
DIVISION USE ONLY: Log Submitted: Y/N Well Class: POOL A/D:																							
Additional Fee: Y/N																							

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 2810 2 BPH 2840 Hole Full	
Oriskany	347-2			
Salina	351-2			
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'	Gas - show
Red Clinton	357-3	3274 3282	3295-3306'	Gas - show
White Clinton	357-4	3295 3306	3327-3338	Oil - show
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

NAME (TYPED OR PRINTED)

TITLE

REPRESENTING

Mackenco, Inc.

Permit # 6629
Elev. 860'

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

Well McGinnis #1

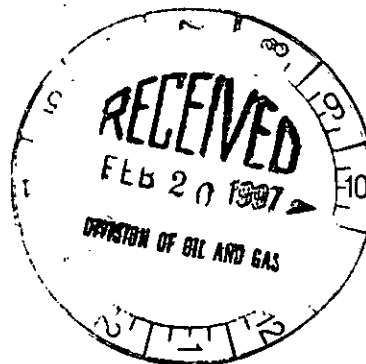
0	-15	Clay
15	-25	Sand & Gravel
25	-55	Clay & Blue Muck
55	-60	Sand & Gravel
60	-75	Sand & Shale
75	-350	Big Injun
350	-700	Gray Shale
700	-742	Brown Shale
742	-862	Gray Shale
862	-912	Black Grit
912	-1350	Gray Shale
1350	-1400	Little Cinn.
1400	-1595	Gray Shale
1595	-1874	Big Cinn.
1874	-2005	Gray Shale
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 Medme 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	_____ correction in footage description
_____ change in formation & total depth	
_____ change in lease name/well number	_____ change in region
_____ change in casing program	_____ change in Inspector's call number
_____ typographical error	

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 _____

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

REISSUE PERMIT: YES ✓ NO ✓

ADD CORRECTION TO PERMIT LIST: YES ✓ NO _____

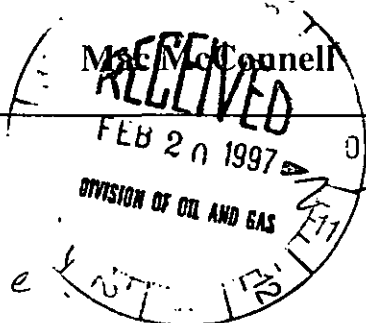
DATE CORRECTION NEEDED: _____ TO BE MAILED: _____ PICKED UP _____

REGIONAL SUPERVISOR CALLED: _____

from the desk of:

Mack McConnell

031-6629



18-97

Hi Mike

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

Anyway - the Surveyor
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 **1 4
PERMIT

FORM 51: REVISED 2/85

OWNER/OPERATOR NAME, ADDRESS:

HAUCKENLO INC
555 N HIGH ST
WORTHINGTON OH
43085

DATE ISSUED:

96/09/05

PERMIT EXPIRES:

97/09/05

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 COSHOCION
CIVIL TOWNSHIP MONROE
TRACT OR ALLOTMENT
FOOTAGE LOCATION

SECTION 9
LOT
FRACTION
QUARTER TOWNSHIP

860'NL & 650'EL OF SEC. 9

X=2,136,325
Y=280,360

TYPE OF TOOLS:

LODGE/RIP ROTARY

PROPOSED TOTAL DEPTH

3600

FEET

GROUND LEVEL ELEVATION

952 853

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:

PHELPS, MICHAEL
P.O. BOX 48
NEUCUMERSTOWN OH
614-498-8839
614-994-2344

CHONIN, JAMES - SUPVR.
614-432-5854

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 KIDS
614-942-4785
614-439-5591

FIRE AND EMERGENCY NUMBERS:

FIRE: 330-276-2222

MEDICAL SERVICE: 330-276-2222

SPECIAL CONDITIONS:

/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

	INITIALS	DATE
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 _____

13. WRITTEN APPROVAL FROM DIV. OF MINES _____

14. DATA ENTRY/ISSUED 9/5

15. PERMIT: TAKEN ☐ MAILED ☒ 9/6/96

FAX TO: _____

16. INSPECTOR CALLED (IF PICKED UP) _____

17. FINAL MAP CHECK 80 10/4

18. COMMENTS: _____

RUN DATE: 08/28/96

P R O O F S H E E T

PAGE: 3

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: 43 44 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: -----

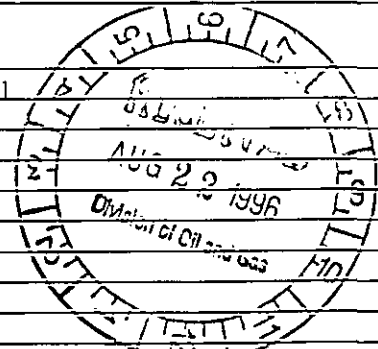
*pt# 1148**el 1005**BI 380**Be 899**CI 3453*

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

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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Reissue (Check appropriate blank) <input checked="" type="checkbox"/> Drill New Well <input type="checkbox"/> Drill Directionally</div><div><input type="checkbox"/> Revised Location and Reissue <input type="checkbox"/> Plug Back <input type="checkbox"/> Plug and Abandon</div><div><input type="checkbox"/> Convert <input type="checkbox"/> Deepen <input type="checkbox"/> Reopen</div><div><input type="checkbox"/> Stratagraphic Test</div></div>	
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) <div style="display: flex; justify-content: space-around; margin-top: 5px;"><input type="checkbox"/> Input/Injection <input type="checkbox"/> Water Supply <input type="checkbox"/> Production/Extraction <input type="checkbox"/> Observation</div>	
4. MAIL PERMIT TO: <u>Mackenco Inc.</u> <u>5858 N. High St.</u> <u>Worthington, Ohio 43085</u>	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
5. COUNTY: <u>Coshocton</u>	25. PROPOSED CASING PROGRAM: <u>C.T.: 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>
6. CIVIL TOWNSHIP: <u>Monroe</u>	26. FIRE AND MEDICAL DEPARTMENT TELEPHONE NUMBERS: (Closest to Well Site) FIRE <u>330-276-2222</u> MEDICAL <u>330-276-2222</u>
7. SECTION: <u>9</u> 8. XXX Twp. <u>7N</u>	27. MEANS OF INGRESS Co. Rd. <u>19</u> Twp. Rd. _____ Municipal Rd. _____ State Hwy. <u>60</u>
9. FRACTION: <u>10. XXX Range 8W</u>	28. MEANS OF EGRESS Co. Rd. <u>19</u> Twp. Rd. _____ Municipal Rd. _____ State Hwy. <u>60</u>
11. TRACT/ALLOT: _____	
12. WELL #: <u>1</u>	
13. LEASE NAME: <u>John McGinnis</u>	
14. PROPOSED TOTAL DEPTH: <u>3,600'</u>	
15. GEOLOGICAL FORMATION: <u>Clinton Sand</u>	
16. DRILLING UNIT IN ACRES (must be same as acres indicated on plat): <u>20</u>	
IF PERMITTED PREVIOUSLY: 17. API #: <u>34</u> _____ ** <u>14</u> _____	
18. PREVIOUS OWNER: _____	
19. PREVIOUS WELL #: _____	
20. PREVIOUS LEASE NAME: _____	
21. PREVIOUS TOTAL DEPTH: _____	
22. PREVIOUS GEOLOGICAL FORMATION: _____	
23. IF SURFACE RIGHTS ARE OWNED BY THE STATE OF OHIO, OHIO DEPARTMENT OF NATURAL RESOURCES: DIVISION PHONE: _____	
29. LANDOWNER ROYALTY INTEREST Name <u>John McGinnis</u> Address <u>129 Keether Dr. N., Westerville, Ohio 43081</u> Name <u>Mary Lou Crabtree</u> Address <u>c/o J. McGinnis at above address</u> Name <u>Erma J. Eaton</u> Address <u>40 J. McGinnis at above address</u> 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 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.

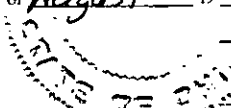
Signature of Owner/Authorized Agent _____

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.

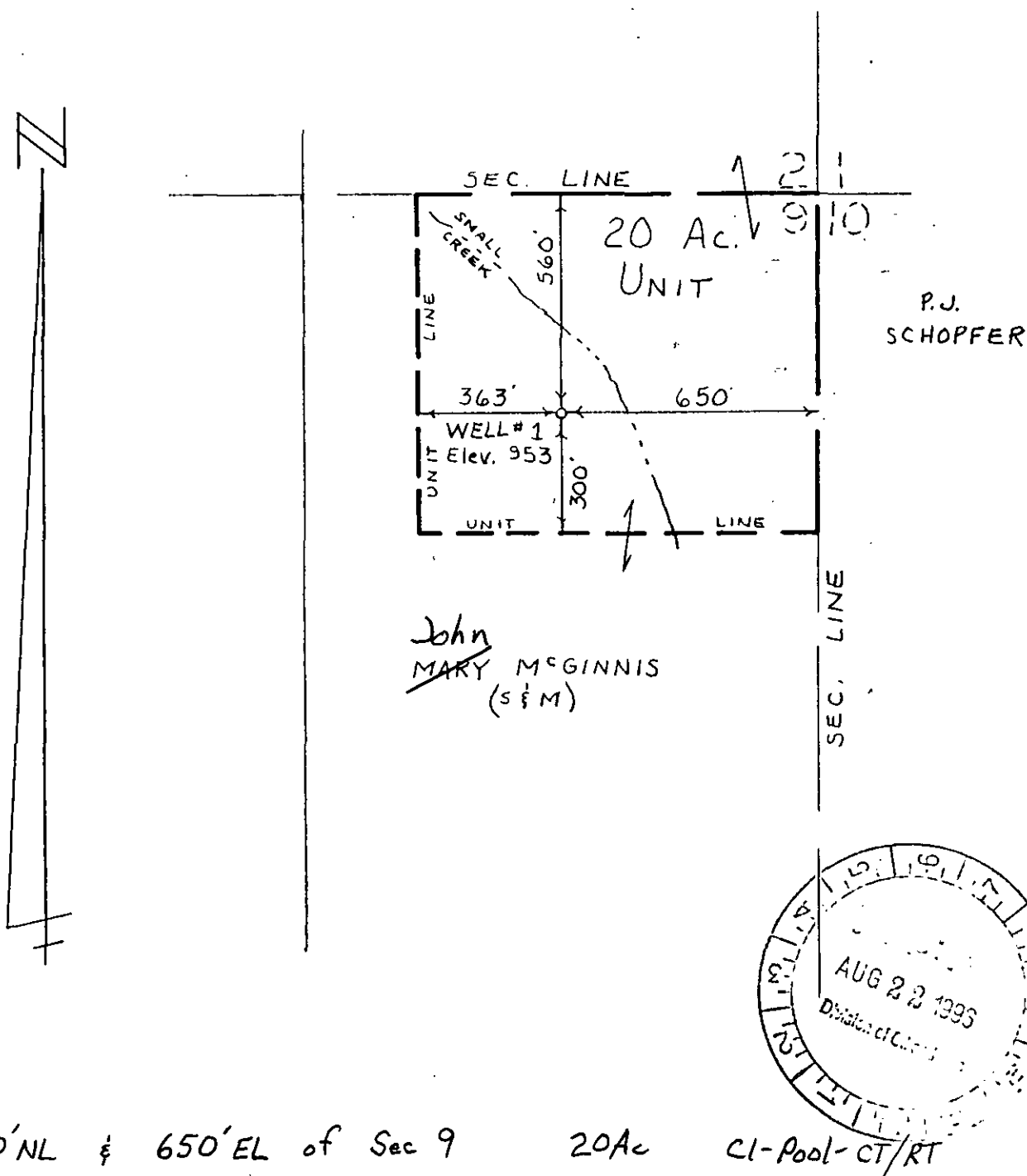
All information requested on this form must be provided unless exempted by the instructions below. Incomplete applications will be returned to the applicant. An application for a permit requires the following:

- 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
Reg. Surveyor # 7103

Notary

Exp. Date

OPERATOR Mackenco Inc.SUBDIVISION CIVIL TWP.ADDRESS Worthington, OhioTWP. 7NSURFACE OWNER John Mary McGinnisRANGE 8WMINERAL OWNER same

QUARTER TWP. _____

WELL NO. 1 DRILLING UNIT AC. 20SECTION 9 LOT _____COUNTY Coshocton

TRACT _____

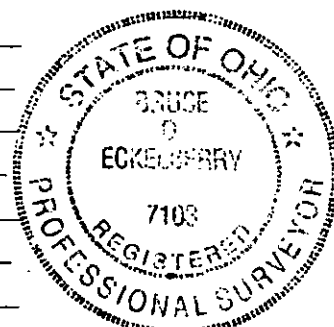
TWP. Monroe

ALLOTMENT _____

QUAD. Spring Mountain

FRACTION _____ OTHER _____

OHIO PLANE COORDINATES

ELEV. 953 DATE 8-19-96ZONE X 2,136,325 ✓FIELD 853 QUAD _____NORTH ☒ SOUTH ☐ Y 280,360 ✓☐ ☒

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

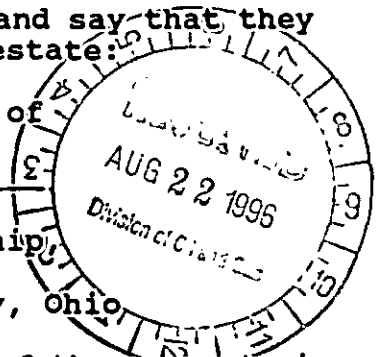
Section 9, Fraction/Lot

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.

Deborah L. Collins

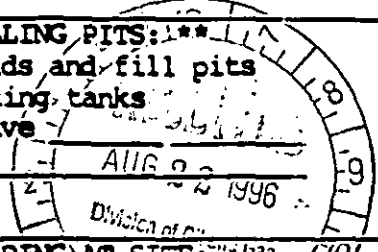
Notary Public

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

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

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 as 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 McConnelly III Date 8-21-88
pres., Mackenzie 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

CASING RECORD

SIZE	SET	REMARKS
10'	63'	LEFT
8"	420	
7"	1028	Going to pull

Formations: (if available) ☐ DL ☐ EL ☐ KB ☐ RF ☐ GL

NAME TOP BOTTOM

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 3225 FT

Casing: SIZE 4 1/2 DEPTH 3225 FT

Float Equipment: ☒ SHOE ☐ COLLAR ☐ OTHER

Special Equipment: _____

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

Remarks:
(attach cement/mud tickets if available)

RECEIVED
JAN 6 1997
DIVISION OF OIL AND GAS
SOUTHERN REGION

Date: 12/31/96

Signed: [Signature]

OIL AND GAS WELL INSPECTOR

(To be submitted with Activity Report)

API WELL NUMBER

3 4 031 2 6629 1 4

Permit No.

RECORD OF CASING, CEMENTING AND MUDDING

Well Owner: MACKENCO INC.

Lease Name: McGinnis Well No. 1

County: COSHOCTON Twp. MOORE

Contractor: CAMPBELL DRILLING

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

CASING RECORD

SIZE	SET	REMARKS
------	-----	---------

10"	65'	
-----	-----	--

Formations: (if available) ☐ DL ☐ EL ☐ KB ☐ RF ☐ GL

NAME	TOP	BOTTOM
------	-----	--------

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

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

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: _____

OIL AND GAS WELL INSPECTOR

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 SES/LOT: 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: 242000
LOCATION:
WEATHER CONDITIONS: APPROX. TEMP: 40 PRECIPITATION: wet

RECEIVED

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:

No ID AT well or Tanks

Compliance ID posted 10-17-00

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

PHOTOGRAPHS: YES NO TAKEN BY: SAMPLES: YES NO
LAB NAME: LAB RESULT BACK: MAIL RECEIPT: 1
NOTICE ISSUED: YES NO DATE: 2/16/00 NOTICE #25370
COMPLIANCE: 1577700 NON-COMPLIANCE: 1
CHAIN OF EVID. FORM: YES NO WIT. STATEMENT: YES NO
SIGNATURE: [Signature] TITLE: [Signature] 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 (714) 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 AIG</u>	<u>Identify</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

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

1. <u>Identify storage tanks</u>
2. _____
3. _____
4. _____
5. _____
6. _____

ISSUED BY: Rocky S. 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)