

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: 9:45 AM/PM DEPARTURE TIME: 10:45 AM/PM
COUNTY: Cash TOWNSHIP: Monroe WELL # 1 SEC/LOT: 9
LEASE NAME: Reiss SURFACE OWNER: _____ UIC: AD ERP SWIW
OWNER OF WELL: 2 with oil & gas OPERATOR: _____
ADDRESS: 0123 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 <input checked="" type="checkbox"/>	NO	N/A	IDENTIFICATION	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	N/A	DIKE AREA	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	N/A
LEASE ROAD	YES <input checked="" type="checkbox"/>	NO	N/A	DRILLING PITS	YES	NO <input checked="" type="checkbox"/>	N/A	OTHER PITS	YES	NO <input checked="" type="checkbox"/>	N/A
WELLSITE	YES <input checked="" type="checkbox"/>	NO	N/A	WELL HEAD	YES <input checked="" type="checkbox"/>	NO	N/A	PROD. LINES	YES <input checked="" type="checkbox"/>	NO	N/A
AD HOOK-UP	YES	NO	<input checked="" type="checkbox"/> N/A	INJ. PRESS.	YES	NO	<input checked="" type="checkbox"/> N/A	BUR. TANKS	YES	NO	<input checked="" type="checkbox"/> N/A
OTHER LINES	YES	NO	<input checked="" type="checkbox"/> N/A	VALVES & CONNECT.	YES <input checked="" type="checkbox"/>	NO	N/A	HAULER'S LOG	YES	NO	<input checked="" type="checkbox"/> N/A
	YES	NO			YES	NO			YES	NO	

ACCOMPANIED BY: _____ INSPECTION SUMMARY: _____

*Ballot moved bottom of storage
Tanks to bring tank
No Fed 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: ++ MAIL RECEIPT: ++
NOTICE ISSUED: YES NO DATE: 2/16/00 NOTICE # 25062
COMPLIANCE: ++ NON-COMPLIANCE: ++
CHAIN OF EVID. FORM: YES NO WIT. STATEMENT: YES NO
SIGNATURE: Rocky King TITLE: Sup DATE: 2-16-00
REVIEWED BY: Jeffery TITLE: Sup DATE: 02/18/00
COPY TO LEGAL: 1 UIC: 1/1 IDLE & ORPHAN: 1/1 CHIEF: 1/1
RECOMMENDED FURTHER ACTION: _____

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

OWNER OF WELL: Zenith o.l. & GAS ADDRESS: _____
OPERATOR: _____ ADDRESS: _____
COUNTY: Cosh TOWNSHIP: Morgan PERMIT #: 41023 WELL #: 1
LEASE: Rciss 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>ISO: 9-5-05 A10</u>	<u>Leakage</u>
2. <u>ISO: 9-1-07</u>	<u>Pollution</u>
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

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

- Remove Contaminations From Above Storage Tank # Rciss Tank
- properly identify Storage Tanks.
- _____
- _____
- _____
- _____

RECEIVED
FEB 23 2000
DIVISION OF OIL AND GAS

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
REGION PHONE (740) 828 3141

OWNER OF WELL: Zenith Oil & Gas ADDRESS: _____
OPERATOR: _____ ADDRESS: _____
COUNTY: Cosh TOWNSHIP: Monroe PERMIT #: 41023 WELL #: 1
LEASE: Reiss 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 REGIONAL OFFICE OF THE DIVISION OF OIL & GAS, OHIO DEPARTMENT OF NATURAL RESOURCES, ON THE ABOVE DATE, AND THE FOLLOWING VIOLATIONS WERE NOTED:

RECEIVED
MAY 15 2000
DIVISION OF OIL AND GAS

STATUTE/RULE	DESCRIPTION
1. <u>1501. 9-9-03 A.10</u>	<u>Identify</u>
2. <u>1501. 9-1-07</u>	<u>Pollution</u>
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

THE FOLLOWING REMEDIAL ACTION MUST BE COMPLETED BY 3-15-00 (DATE).

- Remove Contamination from around storage tank # Blue tank
- properly identify storage tank.
- _____
- _____
- _____
- _____

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.

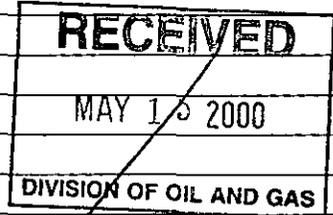
EXTENDED TO: _____ (DATE) _____ INITIALS

REMEDIAL ACTION COMPLETED: 5-4-00 (DATE)

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

STATUS CHECK
 INITIAL REPORT
 FOLLOW-UP REPORT

DATE: 2/14/00 ARRIVAL TIME: 10:45 AM/PM DEPARTURE TIME: 11:45 AM/PM
 COUNTY: Cosh TOWNSHIP: MONROE WELL # 1 SEC/LOT: 9
 LEASE NAME: Reiss SURFACE OWNER: _____ UIC: AD-ERP-SWIW
 OWNER OF WELL: 2 with oil & gas OPERATOR: _____
 ADDRESS: 0193 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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	IDENTIFICATION	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	DIKE AREA	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
LEASE ROAD	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	DRILLING PITS	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	OTHER PITS	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
WELLSITE	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	WELL HEAD	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	PROD. LINES	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
AD HOOK-UP	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	INJ. PRESS.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	BUR. TANKS	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
OTHER LINES	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	VALVES & CONNECT.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	HAULER'S LOG	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	

ACCOMPANIED BY: _____ INSPECTION SUMMARY: _____

Position around Bottom of Storage Tank to Beinc Tank

No ID AT well or Tank

5-400 Compliance

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

PHOTOGRAPHS: YES NO TAKEN BY: _____ SAMPLES: YES NO
 LAB NAME: _____ LAB RESULT BACK: TTT MAIL RECEIPT: TTT
 NOTICE ISSUED: YES NO DATE: 2/16/00 NOTICE # 25362
 COMPLIANCE: 544T00 NON-COMPLIANCE: TTT
 CHAIN OF EVID. FORM: YES NO WIT. STATEMENT: YES NO
 SIGNATURE: Rocky King TITLE: Supr DATE: 2-16-00
 REVIEWED BY: Jeffrey TITLE: Supr DATE: 05/15/00
 COPY TO LEGAL: 1 UIC: 1/1 IDLE & ORPHAN: 1/1 CHIEF: 1/1
 RECOMMENDED FURTHER ACTION: _____

REQUEST FOR CHANGE OF OWNER
OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL & GAS 4383 FOUNTAIN SQ. BLDG. B - 3 COLUMBUS, OHIO 43224

1. Date of Application: November 14, 2000 FORM 7: REVISED 4/94

2. Check Type of Request
 If Individual Transfer indicate API number: 34 03124023 14
 If Multiple Transfer list all API numbers and complete data on back of form.

3. COUNTY: Coshocton
 4. CIVIL TOWNSHIP: Monroe
 5. WELL: #1

12. Assignor Address & Telephone Number:
 P.O. Box 237
 Mt. Gilead, OH 43338
 419-947-8545

6. LEASE NAME: M.L. Reiss
 7. SECTION: 9 8. LOT

13. Assignee/Transferee:
 Robert B. Wallace
 2612 T. R. 87
 Killbuck, Ohio 44637 330-276-2911

9. FRACTION: --- 10-QTR-TWP: ---

Owner # 6877

11. I, We (Assignor/Transferor)
Zenith Oil & Gas, Inc.
 Owner # 193, hereby request that records on file with the Division of Oil and Gas, Department of Natural Resources, State of Ohio, be amended to reflect the change of owner of the oil and/or gas well described in 3 through 10.

14. Assignee Address & Telephone Number:
 2612 T.R. 87
 Killbuck, Ohio 44637
 330276-2911

IF WELL HAS NOT BEEN SPUDDED, IT CANNOT BE TRANSFERRED

15. Exempt Domestic well (see criteria for domestic wells on attached information sheet)
 Yes ___ No X

The spacing/acreage requirements in effect under Ohio law at the time the well(s) was drilled will remain in effect for as long as the well(s) exists. A revised survey plat and appropriate fee must be submitted to the Division if any changes are made to the drilling unit on file at the Division.

ASSIGNOR/TRANSFEROR:
 I, the undersigned, hereby agree to furnish any and all records and reports required by the Division of Oil and Gas for compliance with Chapter 1509, Ohio Revised Code, and all rules of that Division for the period ending on the date of assignment. Furthermore, I hereby depose and state that all holders of royalty interests that are affected by this assignment or transfer, will be properly notified in conformance with Section 1509.31 O.R.C. It is understood that my liabilities for this well WILL NOT BE TERMINATED UNTIL I COMPLY WITH THE ABOVE.
Richard C. Meyer
 (Signature of Assignor/Transferor)

ASSIGNOR/TRANSFEROR: Richard C. Meyer for Zenith Oil & Gas, Inc.
 (Printed or Typed)

STATE OF Ohio COUNTY OF Morrow being first duly sworn by me, says that the information set forth herein is true and accurate.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14th DAY OF November 2000

Dawn M. Irwin
 (Notary Public)

NOTE: FOR WELLS TRANSFERRED TO LANDOWNERS
 The well you are purchasing for domestic use may require periodic servicing to maintain productivity. When the well becomes incapable of production, you are required to plug the well and restore the site in accordance with Division requirements. Any brine produced must be properly disposed in accordance with Chapter 1509 O.R.C. You should be aware after transfer, **ALL EXPENSES** incurred are the responsibility of the well owner.

ASSIGNEE/TRANSFEE:
 I, the undersigned, depose and state that I am the owner of aforementioned oil and/or gas well and that I have the right to appropriate the oil or gas that I produce therefrom either for myself or for others. I further depose and state that I shall comply with the assignor/transferor's Restoration Plan for Storage and Disposal of Brine and other Waste Substances or that I shall submit a new Restoration Plan for Storage and Disposal of Brine and other Waste Substances to be approved by the Division. Further it is understood that upon proper completion of this form, I will become the "owner" as defined under CHAPTER 1509, O.R.C. AND MUST COMPLY WITH ALL LAWS, RULES AND ORDERS BY THE CHIEF OF THE DIVISION OF OIL AND GAS.

Robert B. Wallace
 (Signature of Assignee/Transferee)

ASSIGNEE/TRANSFEE: ROBERT B. WALLACE
 (Printed or Typed)

STATE OF OHIO COUNTY OF Holmes being first duly sworn by me, says that the information set forth herein is true and accurate.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30th DAY OF November 2000
 (SEAL) Barbara A. Sheely
 (Notary Public)
 BARBARA A. SHEELY
 Notary Public, State of Ohio
 My Commission Expires Sept. 28, 2003

DIVISION USE ONLY
 Assignee/Transferee is in compliance with:
 ___ Certificate of Insurance Date 12-4-00
 ___ Bond Requirements
 ___ Organization & Authorization Form
 ___ Well Completion Record
TRAD
BIM
OK 12/4/00

