

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: 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: 2nd 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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	IDENTIFICATION	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A	DIKE AREA	<input checked="" type="checkbox"/> YES	<input checked="" 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 checked="" type="checkbox"/> N/A	OTHER PITS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" 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 checked="" type="checkbox"/> N/A	INJ. PRESS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	BUR. TANKS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
OTHER LINES	<input checked="" 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 checked="" 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: _____

Polished around 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: Ricky King TITLE: Sup DATE: 2-16-00
REVIEWED BY: Jeffery TITLE: Sup DATE: 02/18/00
COPY TO LEGAL: 1 UIC: 1 IDLE & ORPHAN: 1 CHIEF: 1
RECOMMENDED FURTHER ACTION: _____

No. 25360

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

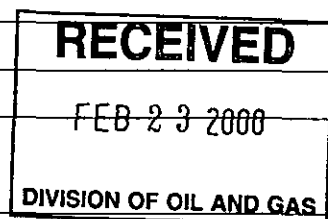
OWNER OF WELL: Zenith O.L. & GAS ADDRESS: _____
OPERATOR: _____ ADDRESS: _____
COUNTY: Cosh TOWNSHIP: Monroe PERMIT #: 41023 WELL #: 1
LEASE: Rice SURFACE OWNER: _____
REGISTRATION #: _____ LICENSE #: _____ HAULER: _____
DRIVER: _____ ADDRESS: _____
DATE OF VIOLATION: 2-16-00 TIME: _____ AM/PM

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).

1. Remove Contaminations From Above Storage Tanks & Above Tank
2. physically identify Storage Tanks.
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
REGION PHONE (740) 828 3141

OWNER OF WELL: Zenith O.L. & 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

STATUTE/RULE	DESCRIPTION
1. <u>1501. 9-5-03 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 3-10-00 (DATE).

- Remove Contamination From Around Storage Tank & Brine Tank
- Properly Identify Storage Tank.
- _____
- _____
- _____
- _____

ISSUED BY: Timothy K. TITLE: AS
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: MORRIS WELL # 1 SEC/LOT: 9

LEASE NAME: Reiss SURFACE OWNER: UIC: AD-ERP-SWIV

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	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:

Position Around Bottom of Storage
Tank To Beinc Tank

No ID AT well or Tank

5-4-00 Compliance

(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 # 25360

COMPLIANCE: 544T00 NON-COMPLIANCE: TTT

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

SIGNATURE: Rocky TITLE: DATE: 2-16-00

REVIEWED BY: TITLE: DATE: 05/500

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

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: <u>November 14, 2000</u>		FORM 7: REVISED 4/94
2. Check Type of Request <input checked="" type="checkbox"/> If Individual Transfer indicate API number: 34 <u>03124023</u> 14 <input type="checkbox"/> If Multiple Transfer list all API numbers and complete data on back of form.		
3. COUNTY: <u>Coshocton</u>	12. Assignor Address & Telephone Number: P.O. Box 237 Mt. Gilead, OH 43338 419-947-8545	
4. CIVIL TOWNSHIP: <u>Monroe</u>		
5. WELL: <u>#1</u>		
6. LEASE NAME: <u>M.L. Reiss</u>	13. Assignee/Transferee: Robert B. Wallace 2612 T. R. 87 Killbuck, Ohio 44637 330-276-2911	
7. SECTION: <u>9</u>	8. LOT	
9. FRACTION: <u>---</u>	10-QTR-TWP: <u>---</u>	Owner # <u>6877</u>
11. I, We (Assignor/Transferor) <u>Zenith Oil & Gas, Inc.</u> Owner # <u>193</u> , 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 <u>---</u> No <u>X</u>

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, STATE OF OHIO

MY COMMISSION EXPIRES FEB. 16, 2003

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/TRANSFeree:

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/TRANSFeree: 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:

<input type="checkbox"/> Certificate of Insurance	Date
<input type="checkbox"/> Bond Requirements	
<input type="checkbox"/> Organization & Authorization Form	
<input type="checkbox"/> Well Completion Record	

TRAD
12-4-00
BM
12/4/00
OK

Indicate under the status column whether the wells listed are producing or non-producing.

[illegible]