



OHIO DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL & GAS RESOURCES MANAGEMENT 2045 Morse Road, F-2 • Columbus, OH 43229-6693

This report must be submitted to DOGRM by April 15 for the preceding calendar year as required by ORC1509.226(F).

Surface Application Annual Report Form 15 Rev. 01/17

For calendar year ending 31-Dec-2018

I. Nar	me of entity th	at owns or has a legal right or obliga	ation to maintain road	:		
Name:		Hidden Lakes Community Assn. County:		Morrow RECEIVED		
Street Address:		PO Box 201 Township/ Municipality		Gilead FEB 2 5 2019		
Cit	y / State / Zip:	Mt. Gilead / OH / 43338 Othe	Other	DIVISION OF OIL & GA		
Ph	one:	(419) 571-2418				
II. Ap	Township Road	ark County – Wayne Township – Township d 166 and David Road		Quantities (BBL)	Dates of Application	
1)	Campground	nty - Gilead Township - 5248 Twp. Rd. Facility	108 - Roads within	160	7/3/18	
2)						
3)						
4)			S TO THE REAL PROPERTY OF THE PARTY OF THE P		EU- 11- 1- 10	
5)			- 100	(191)	60 E	
6)	Zi-Billy (min			T. 1. 98	HARRIE DE MAIL	
	the state of the s			- Committee - Comm	THE RESIDENCE OF THE PARTY OF T	

III. Brine Haulers

7)

8)

Name		Registration Number
1) Fishburn S	Services, Inc.	U.I.C. 3
2)		
3)		
4)		
5)		

IV. Sources

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
3633	Fishburn Producing	Morrow	Franklin	80
3955	Fishburn Producing	Morrow	Franklin	80

Total= 160

non i l	Permit Number	Well Owner Name	County	Township	Quantities (BBL)	
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N/A						
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					14834	
INSTR	RUCTIONS					
Item I	Required. The name for the maintenance	ne must be supplied by the person(s), one of the road(s) to which brine has been	company or governen applied.	nment unit that is	s responsible	
Item II	Include county, tow	unship, and actual point of application	of brine. A barrel (l			
Item III	Hauler's Name and Registration Number must be listed if a hauler delivered or applied brine. If the county township, or municipality used its own vehicles to apply brine, a Registration Number is not needed.					
Item IV	Supply requested information for each point from which brine was collected and eventually used for surface application.					
Addition	nal copies of this form	n may be attached if necessary.				
	PRIN	IT NAME	-	PRINT TITLE		
	SIGNATURE OF OWN	ER/AUTHORIZED AGENT	DATE SIGNED			