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OHIO DEPARTMENT OF NATURAL RESOURCES

DIVISION OF OIL & GAS RESOURCES MANAGEMENT OIL by April 15 for the preceding calendar year 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-20

Name of entity t	hat owns or has a legal right or obligation	to maintain road:		
Name:	United Aggregates inc	County: Township/	Knox y: Clinton	
Street Address:		Municipality:		
City / State / Zip	: Mtivetnow of 43050	Other		
Phone:	(740) 397-0000			
Application Poi				
	lark County – Wayne Township – Township Road ad 166 and David Road	144 between	Quantities (BBL)	Dates of Application
1) United	Agg Brine tank		70	10/27/16
2) United	Aga Brinetank	4	0	12/20/16
3) United		(	0	8/23/16
4) Unite	Aga Brine tank		78	1/14/16
5) United	1 Agg Brine tank		80	2/12/16
6)	<b></b>			4 4 4
7)				
8)	ng kapangan ngawa			
. Brine Haulers				
Name			Registra	ation Number
1) B+J	Drilling Company		Uic-4	a

## **IV. Sources**

2)

3)

4)

5)

Permit Number	Well Owner Name	County	Township	(BBL)
5333	to oil and Gas	licking		70
4525	Bisoe	Knox		40

Total= 308

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Permit Number	Well Owner Name	County	Township	Quantities (BBL)
4205	Biboe	Knox		40
4483	mason drilling	Knox		78
X,40				
		1 4		
	- 114			- E 5-
		h is the	No.	
			*	
				e II. w

## **INSTRUCTIONS**

- Item I Required. The name must be supplied by the person(s), company or government unit that is responsible for the maintenance of the road(s) to which brine has been applied.
- Item II Include county, township, and actual point of application of brine. A barrel (BBL) equals 42 U.S. gallons.
- 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.

Additional copies of this form may be attached if necessary.

Josh Hengren	HHS Supervisor
PRINT NAME	PRINT TITLE
gooh folymore	2-28-17
SIGNATURE OF OWNER/AUTHORIZED AGENT	DATE SIGNED