

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-20

Name:	CASS TO	a legal right or obligation	County:	MUSKING	sund
10015 111 850 -		Township/ Municipality:	CASS		
City / State / Zip:	TRINWAY	04 43842	Other		
Phone:	(140) 754-18	25			
Application Point EXAMPLE: Clair Township Road		e Township – Township Road pad	d 144 between	Quantities (BBL)	Dates of Application
4)	ONE				
2)				1.	
3)					
4)					
5)	A Property of				
6)					in Sentility (1/2)
7)	Walter programs	Salar at Maria Salar	A Try I stop		de affeção de Acordos
8)	and Author	ned as any pakahasan disaha		and the later	en Market kanse in sa
Brine Haulers	The second	side the fifty of the			W. Brandell, GAT or Sciences
Name				Registra	tion Number
1)	ONE				
2)			Parana an in Salaha da	7 To a supplement	No shakkin
3)	1. 377				
4)					43
5)					
. Sources Permit Num	nher	Well Owner Name	Count	y Towns	Quantitie
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Surface Application Annu	ial Report Form 15	RECEIVED			Page 1

DNR DOGRM 01/17

APR 0 9 2018

Division of Oil and Gas Resources Management

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
	1			
	, ///		W	1,61
	NA			
				-
		-		
			4	Tene.
				4 P

## 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.

Yvonne Sidwell	FISCAL OFFICER	
PRINT NAME	PRINT TITLE	
Steamer Saluell	4/9/18	
SIGNATURE OF OWNER/AUTHORIZED AGENT	DATE SIGNED	