



**Surface Application Annual Report Form 15** Rev. 01/17

For calendar year ending  
 31-Dec-2018

**I. Name of entity that owns or has a legal right or obligation to maintain road:**

<b>Name:</b>	KNOX TOWNSHIP	<b>County:</b>	Holmes
<b>Street Address:</b>	13709 TOWNSHIP ROAD 224	<b>Township/ Municipality:</b>	KNOX
<b>City / State / Zip:</b>	BIG PRAIRIE / OH / 44611	<b>Other</b>	
<b>Phone:</b>	(330) 378-4397	<div style="border: 2px solid black; padding: 5px;"> <p><b>RECEIVED</b></p> <p>APR 15 2019</p> <p><small>Division of Oil and Gas Resources Management</small></p> </div>	

**II. Application Points**

*EXAMPLE: Clark County – Wayne Township – Township Road 144 between Township Road 166 and David Road*

		Quantities (BBL)	Dates of Application
1)	HOLMES COUNTY-KNOX TOWNSHIP-TOWNSHIP ROAD 222 BETWEEN COUNTY ROAD 52 AND TOWNSHIP ROAD 221	21	8-14-18
2)	HOLMES COUNTY-KNOX TOWNSHIP-TOWNSHIP ROAD 221 BETWEEN COUNTY ROAD 280 AND COUNTY ROAD 51	39	8-14-18
3)	HOLMES COUNTY-KNOX TOWNSHIP- TOWNSHIP ROAD 217 BETWEEN COUNTY ROAD 280 AND TOWNSHIP ROAD 218	12	8-14-18
4)	HOLMES COUNTY-KNOX TOWNSHIP-TOWNSHIP ROAD 218 BETWEEN TOWNSHIP ROAD 217 AND COUNTY ROAD 280	13	8-14-18
5)			
6)			
7)			
8)			

**III. Brine Haulers**

	Name	Registration Number
1)	MAC OIL FIELD SERVICES, INC.	UIC-232
2)		
3)		
4)		
5)		

**IV. Sources**

Permit Number	Well Owner Name	County	Township	Quantities (BBL)

total = 85

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
2198	MAC OIL - MOHR #2	WAYNE	WOOSTER	85

**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.

KATHLEEN S. SKOLMUTCH,  
 \_\_\_\_\_  
 PRINT NAME  
*Kathleen S. Skolmutch*  
 \_\_\_\_\_  
 SIGNATURE OF OWNER/AUTHORIZED AGENT

FISCAL OFFICER  
 \_\_\_\_\_  
 PRINT TITLE  
 4-14-19  
 \_\_\_\_\_  
 DATE SIGNED