



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

Name:	Teresa St Clair, Fiscal Officer	County:	Knox
Street Address:	28301 Front Royal Road	Township/ Municipality:	Jackson
City / State / Zip:	Walhonding / OH / 43843	Other	
Phone:	(740) 398-1062		

II. Application Points

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

		Quantities (BBL)	Dates of Application
1)	Tank	30	1/29
2)	Clark Road, Kerr Road	100	7/17, 9/3
3)	Cottrel Road, McKee Road	160	7/10, 9/3
4)			
5)			
6)			
7)			
8)			

III. Brine Haulers

	Name	Registration Number
1)	Double D Well Service	276
2)		
3)		
4)		
5)		

RECEIVED
 JAN 14 2013
 DIVISION OF OIL & GAS

IV. Sources

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
34-083-2-0882	Valley Petroleum	Knox	Clay	80
34-083-2-0848	Valley Petroleum	Knox	Jackson	50

Total = 290

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
34-083-2-3875	Valley Petroleum	Knox	Butler	80
34-083-2-4562	Valley Petroleum	Knox	Butler	30
34-089-2-2367	Valley Petroleum	Licking	Fallsbury	50

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.

Teresa StClair

 PRINT NAME

Fiscal officer

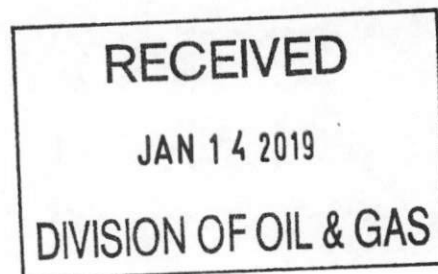
 PRINT TITLE

Jessica StClair

 SIGNATURE OF OWNER/AUTHORIZED AGENT

1-10-19

 DATE SIGNED





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PRINT NAME

PRINT TITLE

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