



*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:**

<b>Name:</b>	Cameron Keaton, Knox Cty Engineer	<b>County:</b>	Knox
<b>Street Address:</b>	422 Columbus Road	<b>Township/ Municipality:</b>	
<b>City / State / Zip:</b>	Mt Vernon / OH / 43050	<b>Other</b>	
<b>Phone:</b>	(740) 397-1590		

**II. Application Points**

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

		<b>Quantities (BBL)</b>	<b>Dates of Application</b>
1)	Tank	230	1/16, 1/19, 1/31, 2/6
2)	Woods Church Road	65	6/4
3)			
4)			
5)			
6)			
7)			
8)			

**III. Brine Haulers**

	<b>Name</b>	<b>Registration Number</b>
1)	Double D Well Service	276
2)		
3)		
4)		
5)		

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JAN 17 2019

DIVISION OF OIL & GAS

**IV. Sources**

<b>Permit Number</b>	<b>Well Owner Name</b>	<b>County</b>	<b>Township</b>	<b>Quantities (BBL)</b>
34-083-2-0097	Valley Petroleum	Knox	Butler	40
34-083-2-0882	Valley Petroleum	Knox	Clay	105

Total = 295

Permit Number	Well Owner Name	County	Township	Quantities (BBL)
34-083-2-1780	Valley Petroleum	Knox	Jackson	70
34-083-2-2715	Valley Petroleum	Knox	Clay	80

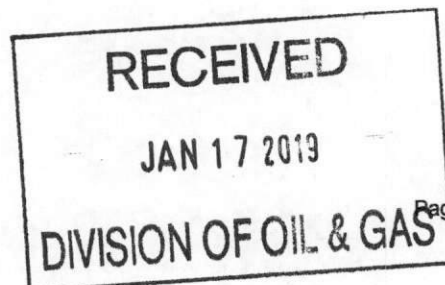
**INSTRUCTIONS**

- 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.

CAMERON KEATON  
PRINT NAME  
Cameron Keaton  
SIGNATURE OF OWNER/AUTHORIZED AGENT

KNOX COUNTY ENGINEER  
PRINT TITLE  
1/15/2019  
DATE SIGNED





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\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**PRINT TITLE**

\_\_\_\_\_  
**SIGNATURE OF OWNER/AUTHORIZED AGENT**

\_\_\_\_\_  
**DATE SIGNED**