

STATE OF OHIO
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS

OIL AND GAS WELL
DRILLING PERMIT

API WELL NUMBER

3 4 103 2

4585
PERMIT

**1 4

FORM 51: REVISED 2/85

OWNER/OPERATOR NAME, ADDRESS:

CRISGINGER ROBERT A INC
9393 BARTON DR
STRONGSVILLE OH
44136

DATE ISSUED:

04/18/90

PERMIT EXPIRES:

04/18/91

TELEPHONE NUMBER:

216-238-4537

IS HEREBY GRANTED PERMISSION TO:
IF UNPRODUCTIVE.

Drill New Well

AND ABANDON NEW WELL

PURPOSE OF WELL: Oil & Gas

SUBSTANCE TO BE STORED OR COMPLETION DATE IF PERMIT TO PLUG:

DESIGNATION AND LOCATION:

LEASE NAME FECCA UNIT

WELL NUMBER 1

COUNTY MENTNA

CIVIL TOWNSHIP

TRACT OR ALLOTMENT 2

FOOTAGE LOCATION

LAFAYETTE

407' NL & 1068' EL OF LOT 13, TRACT 2

SECTION

LOT 13

FRACTION

QUARTER TOWNSHIP

TYPE OF TOOLS: Air Rotary/Fluid Rotary

PROPOSED TOTAL DEPTH 3400

FEET

GROUND LEVEL ELEVATION 1099

GEOLOGICAL FORMATION(S)

CLINTON

ULTIMATE DISPOSAL OF WATER AND OTHER WASTE SUBSTANCES:

Salt Water Disposal Well

Secondary Recovery

Salt Water Haulers

HAULER REGISTRATION NUMBER

1. 204

2.

CONDITIONALLY APPROVED CASING PROGRAM (SUBJECT TO APPROVAL OF OIL AND GAS WELL INSPECTOR):

CONDUCTOR MINIMUM OF 60' (IF AIR)

8 5/8" 50' BELOW BIG INJUN, APPROX. 360' WITH CEMENT CIRCULATED TO SURFACE
OR

8 5/8" APPROX. 570' THRU BEREA WITH CEMENT CIRCULATED TO SURFACE

4-1/2" PRODUCTION CASING TO T.D. CEMENTED IF PRODUCTIVE

This permit is NOT TRANSFERABLE and expires 365 days after issuance, unless drilling has commenced prior thereto. This permit, or an exact copy thereof, must be displayed in a conspicuous and easily accessible place at the well site before permitted activity commences and remain until the well is completed. Ample notification to inspector is necessary. All mudding, cementing, placing and removing casing, and plugging operations must be done under the supervision of:

OIL AND GAS WELL INSPECTOR:

MORAVY, HAROLD

104 S. MAIN ST.

WEST SALEM OH

419-846-3075

216-674-2319

MARKINS, PAUL

419-599-9481

FIRE AND EMERGENCY NUMBERS:

FIRE: 216-722-1113

MEDICAL SERVICE: 216-722-1113

SPECIAL CONDITIONS:

DEPUTY MINE INSPECTOR: MUST BE NOTIFIED IF WELL IN A COAL-BEARING TOWNSHIP IS TO BE PLUGGED AND ABANDONED.

/s/ Scott R. Kell, Acting Chief

CHIEF, DIVISION OF OIL AND GAS

WHITE—WELL SITE COPY / BLUE—INSPECTOR'S COPY / GREEN—DIVISION OF OIL AND GAS COPY / CANARY—DIVISION OF MINES COPY
PINK—DIVISION OF MINES COPY / GOLDENROD—OPERATOR'S FILE COPY

1. APPLICATION NUMBER 125361
 2. OPERATOR Robert A. Crissinger, Inc
 3. API 103 COUNTY Medina

	<u>INITIALS</u>	<u>DATE</u>
4. DATE STAMP	<u>P/c</u>	<u>3/30</u>
5. PERMIT FEE & CHECK NUMBER	<u>1357</u> - \$	<u>250.</u> -
6. A D FEE AND CHECK NUMBER	_____	_____
7. INJECTION WELL FEE AND CHECK NUMBER	_____	_____
8. EXPEDITE FEE AND CHECK NUMBER	_____	_____
9. AFFIDAVIT SENT TO DIV. OF MINES	_____	_____

10. AFFIDAVIT REC'D FOR DIV. OF OIL & GAS

11. APPLICATION ENTERED: ID 4-3

Application Part A
 Brine Storage & Final Disposal Plan
 Restoration Plan
 County Engineer File

12. TECHNICAL REVIEW	<u>AC</u>	<u>4/9</u>
13. SPECIAL AREA/SAMPLES: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>AC</u>	<u>4/9</u>

14. VERBAL FROM DIV. OF MINES _____

15. WRITTEN FROM DIV. OF MINES _____

16. GEOLOGIST APPROVAL gd 4/11/90

17. EXPEDITE DATE _____

18. DATA ENTRY/ISSUED 4/17 Insr Hold ID 4-18

19. PERMIT: Taken Mailed NB 4/19

20. INSPECTOR CALLED (If picked up) _____

21. FINAL MAP CHECK SO 4/25

22. COMMENTS: Insr. hold
Robert Crissinger will Ins. Co. today
4-17-90 for up-date on policy. md.

DATE SELECTED: 3/30/90

1 SURETY#: 3367 3 BOND#: 1
 4 APP#: 125361 13 CNTY: MEDI 14 TWP: LAFAYETTE 2 TYPE APP: NW 10 PURP: OG 12 STORAGE:
 27 SEC: 28 LOT: 13 29 FRACT: 30 QTR TWP: 31 TRACT: 2 32 ALLOT:
 19 WELL: 1 20 LEASE NAME: FECCA UNIT 22 FORM: CLINTON 21 PTD: 3400 23 D UNIT: 20.000
 24 TOOL: RTAF 37 COAL B: N 25 FIRE: 216-722-1113 26 MED: 216-722-1113 33 QUAD: WESTFIELD CENTER
 34 X COOR: 2,170,050 35 Y COOR: 513,900 36 ELEV: ~~1099~~ ¹⁰⁹⁹ ~~1145~~ 49 ~~1099~~ OK. WELL CLASS: Pool

PREVIOUSLY PERMITTED

15 API: 103 16 DRL/D: 2 17 PERMIT: 0 18 MULTI:
 40 REG: 41 CALL: 42 DISP: A: SW 43 B: ~~SA~~ 44 C: SH 45 D: 46 AD DENIED:

CASING PROGRAM:

04	---	---
30	858	360
0r	---	---
08	858	570
21	---	---
---	---	---
---	---	---
---	---	---
---	---	---
---	---	---

FOOTAGE: 407' NL & 1068' EL
 OF LOT 13, TRACT 2

51 TECH DATE: 4/9/90
 52 GEODATE: 4/11
 53 GEO INT: ---
 54 ISSUE: -----

50 SPEC COND

#4036 ~ 4750 ssw
 el. 1043' 1099
 Be 495 -1043
 Cl 3256 56
 495 Re
 +56
 551
 -11 UP DIP
 540
 +30 EXTRA LENGTH
 570

#408 ~ 9000' w el. 991
 Bi -184
 B0 -415
 415 B0
 184 Bi
 231

540 Bi
 -230
 310
 +50 THRU
 360 Bi
 Bi ~ 230 higher than B0

TD ok ✓

APPLICATION FOR A PERMIT
OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL & GAS, FOUNTAIN SQ., BLDG. A, COLUMBUS, OH 43224

125361

INSTRUCTIONS ON REVERSE SIDE		FORM 1: Revised 03/85	
1. I, We (applicant) <u>ROBERT A. CRISSINGER, INC.</u>		2. Owner # <u>F 3367</u>	
(address) <u>10333 PINE NEEDLE TRAIL, CLEVELAND, OHIO 44136</u>		Phone # <u>216 - 572 - 0069</u>	
hereby apply this date <u>MARCH 28</u> , 1990 for a permit to:			
<input checked="" type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Plug & Abandon <input type="checkbox"/> Convert <input type="checkbox"/> Reopen <input type="checkbox"/> Deepen <input type="checkbox"/> Reissue <input type="checkbox"/> Reissue & Revised Location			
3. TYPE OF WELL: <input checked="" type="checkbox"/> Oil & Gas <input type="checkbox"/> Artificial Brine <input type="checkbox"/> Saltwater Injection <input type="checkbox"/> Industrial Waste <input type="checkbox"/> Storage of: _____ <input type="checkbox"/> Other: Explain _____ <input type="checkbox"/> *Solution Mining <input type="checkbox"/> *Enhanced Recovery (If type chosen has an asterisk (*), check appropriate box below)			
Input/Injection		Water Supply	
Production/Extraction		Observation	
4. MAIL PERMIT TO: <u>ROBERT A. CRISSINGER, INC.</u> <u>10333 PINE NEEDLE TRAIL</u> <u>CLEVELAND, OHIO 44136</u>		24. TYPE OF TOOLS <input type="checkbox"/> Cable <input type="checkbox"/> Air Rotary <input type="checkbox"/> Fluid Rotary <input checked="" type="checkbox"/> Air & Fluid Rotary <input type="checkbox"/> Cable & Air Rotary <input type="checkbox"/> Cable & Fluid Rotary <input type="checkbox"/> Cable & Air Rotary & Fluid Rotary	
5. COUNTY: <u>MEDINA</u>		25. PROPOSED CASING PROGRAM: <u>8 5/8" @ 400'</u> <u>4 1/2" @ 10'</u>	
6. CIVIL TOWNSHIP: <u>LAFAYETTE</u>			
7. SECTION: _____ 8. LOT: <u>13</u>			
9. FRACTION: _____ 10. QTR TWP: _____			
11. TRACT/ALLOT: <u>2</u>			
12. WELL #: <u>1</u>			
13. LEASE NAME: <u>FECCA UNIT #1</u>			
14. PROPOSED TOTAL DEPTH: <u>3,400</u> ✓			
15. GEOLOGICAL FORMATION: <u>CLINTON SANDSTONE</u>			
16. DRILLING UNIT IN ACRES (must be same as acres indicated on plat): <u>20</u>			
IF PERMITTED PREVIOUSLY:			
17. API #: <u>34</u> _____ * <u>14</u> _____			
18. OWNER: _____		26. IF SURFACE RIGHTS ARE OWNED BY THE STATE OF OHIO, DEPARTMENT OF NATURAL RESOURCES: Division _____ Telephone _____	
19. WELL #: _____		27. FIRE AND MEDICAL DEPT. TELEPHONE NUMBERS Closest to Well Site: Fire <u>216 - 722 - 1113</u> Medical <u>216 - 722 - 1113</u>	
20. LEASE NAME: _____		28. MEANS OF EGRESS CO Rd <u>50</u> _____ TWP Rd _____ CO Rd <u>40</u> Municipal Rd _____ State Hwy <u>3</u> _____	
21. PREVIOUS TOTAL DEPTH: _____			
22. PREVIOUS GEOLOGICAL FORMATION: _____			
23. MEANS OF INGRESS CO Rd <u>50</u> _____ TWP Rd _____ CO Rd <u>40</u> Twp Rd _____ State Hwy <u>3</u> _____			
29. LANDOWNER ROYALTY INTEREST			
Name <u>MICHAEL & SUSAN FECCA</u>			
Address <u>RYAN ROAD CHIPPAWA LAKE OHIO</u>			
Name <u>DAVID & JENNIE JENKINS</u>			
Address <u>RYAN ROAD CHIPPAWA LAKE OHIO</u>			
Name _____			
Address _____			
Name _____			
Address _____			
Name _____			
Address _____			

I the undersigned, being first duly sworn, depose and state under penalties of law, that I am authorized to make this application, that this application was prepared by me or under my supervision and direction, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

I the undersigned, further depose and state that I am the person who has the right to drill upon the tract of land or drilling unit, described in this application, and that I have the right to produce oil or gas from a pool thereon, and to appropriate the oil or gas that I produce therefrom either for myself or others. And furthermore, I the undersigned, being first duly sworn, depose and state at this time I am not liable for a final nonappealable order of a court for damage to streets, roads, highways, bridges, culverts, or drainageways pursuant to Section 5577.12 of the Ohio Revised Code, and that all requirements of any political subdivision having jurisdiction over an activity related to the drilling or operation of this oil or gas well that are in effect at the time of this application and on file with the Division of Oil and Gas, including but not limited to zoning ordinances and the requirements of Section 4513.34 of the Ohio Revised Code, will be complied with until abandonment of this well. If applying for a permit to plug and abandon a well, I hereby certify that the written notices, as required in Section 1509.11, Ohio Revised Code, have been given.

That I hereby agree to conform with all provisions of Chapter 1509 of the Ohio Revised Code, to all orders and rules issued by the Chief, Division of Oil and Gas.

Signature of Owner/Authorized Agent: Robert A. Crissinger

Name (Type or Print) ROBERT A. CRISSINGER Title PRESIDENT

If signed by Authorized Agent, a certified copy of appointment of agent must be on file.

MADE to and subscribed before me this the 28 day of MARCH, 1990

[Signature]
(Notary Public)

(SEAL)

(Date Commission Expires)

JACK SALIS
 NOTARY PUBLIC - STATE OF OHIO
 MY COMMISSION EXPIRES FEB. 27, 1995

Before this application can be processed, Form 9 (Authority and Organization Form), indicating the exact owner name on this Form 1, and proof of compliance with the surety requirements of Chapter 1509.07 of O.R.C. must be on file with the Division of Oil & Gas. If a new owner name (i.e. one not previously filed with the Division) is used, a Form 9 and evidence of meeting the surety requirements must be filed with this application.

All information requested on this form must be provided unless exempted by the instructions below. Incomplete applications will be returned to the applicant.

An application for a permit requires the following:

- ✓ a. Original and (2) copies of the application;
- ✓ b. Original and (4) copies of an Ohio Registered surveyor's plat;
- ✓ c. Original and (1) copy of the restoration plan;
- ✓ d. Original and (1) copy of Brine Storage and Final Disposal Plan
- ✓ e. \$250.00 check or money order for a permit fee to drill, reopen, reissue, deepen, and plug back; or \$50.00 check or money order for a permit to plug and abandon.
- f. \$100.00 check or money order for a permit to drill, reopen, reissue, deepen, plug back or convert a well to saltwater injection.
- g. \$50.00 check or money order if brine is to be disposed of by any method other than underground injection or enhanced recovery as stated on the Plan for Storage and Disposal of Brine and Other Waste Substances.

(MAKE CHECKS PAYABLE TO THE DIVISION OF OIL & GAS)

Item 1. Provide requested information.

Item 2. Indicate owner number in blank. If owner number is not known, ensure that the owner name is identical to owner name that is on the Form 9 (Authority and Organization Form) that is on file with the Division.

Item 3. Indicate the type of well for which the application is being submitted.

Item 4. Provide name, address, city, state and zip code where the permit is to be mailed.

Items 5 - 13. Indicate drilling location.

Items 14 - 16. Provide requested information.

Section 17. Complete when application is for a permit to reopen, deepen, reissue, plug back, convert, or plug & abandon. If API # is unknown indicate previous permit number.

Items 18 - 22. Complete if application is to reissue a previous permit, or to plug back, convert, deepen, reopen or plug & abandon an existing well.

Item 23. List all County, Township, and/or Municipal Roads, Streets and Highways by name or number that applicant anticipates to use as means of ingress to the well site.

Item 24. Indicate type of tools to be used.

Item 25. Indicate size and amount of casing to be used.

Item 26. Complete if surface rights are owned by the Department of Natural Resources.

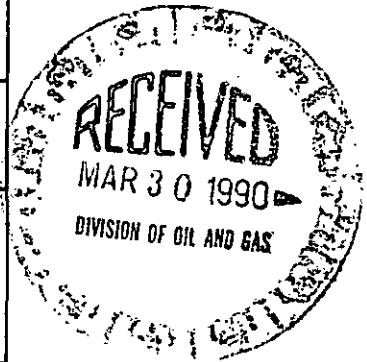
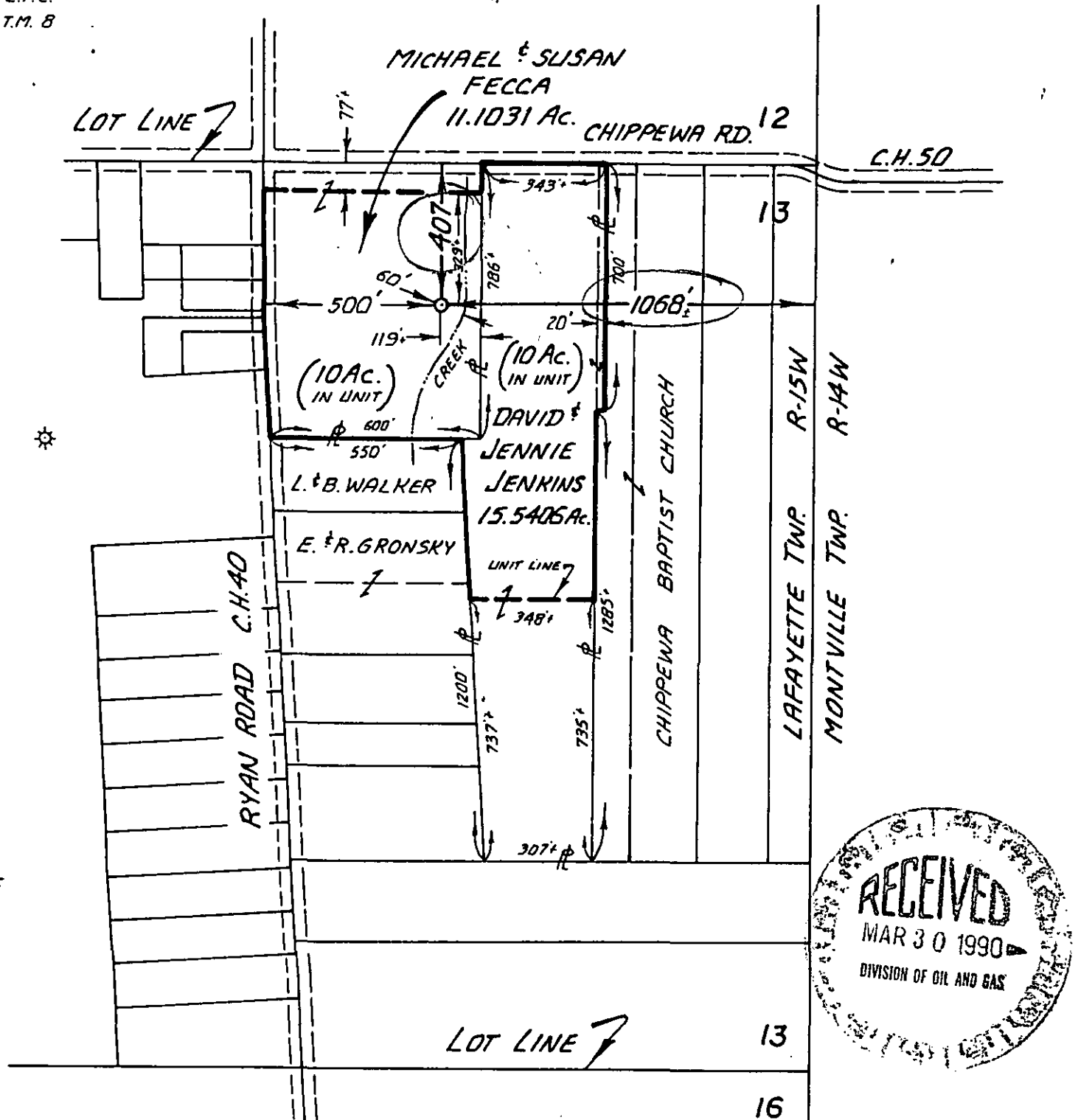
Item 27. Indicate fire and medical department emergency telephone numbers closest to the well site.

Item 28. List all County, Township, and/or Municipal Roads, Streets and Highways by name or number that applicant anticipates to use as means of egress from the well site.

Item 29. List names and addresses of landowner royalty interest holders. Names must coincide with those shown on the designated unit or subject tract on the surveyor's plat or an explanation must be included. (Overriding royalty and working interests are not required.)

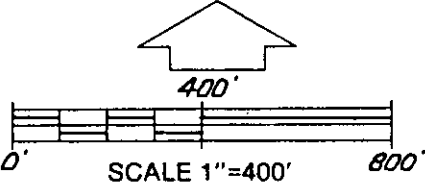
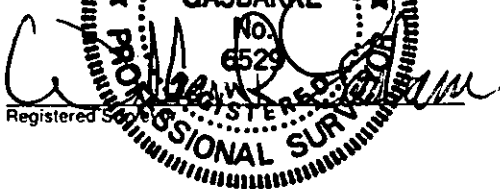
For use by DIVISION OF OIL AND GAS and DIVISION OF MINES

Is location within a coal bearing township?	Yes _____	No _____
A landowner affidavit has been attached?	Yes _____	No _____
Application referred to Division of Mines?	Date _____	By _____
Approved by _____	Date _____	
Disapproved by _____	Date _____	
Explanation _____		



407' NL & 1068' EL of Lot 13, TRACT 2 20Ac. CI-Pool-RT **FECCA UNIT NO. 1**

I certify that no oil and producing wells within 600 feet and that all buildings and streams within 200 feet have been shown, that there are no drilling unit lines nearer than 300 feet, that this plat is true and correct and was prepared according to the current State of Ohio, Department of Natural Resources, Division of Oil and Gas Regulations.



Freda M. Schneider
Notary Public
FREDA M. SCHNEIDER
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES MAY 15, 1994

OPERATOR ROBERT A. CRISSINGER, JR.
ADDRESS 10333 PINE NEEDLE TRAIL
CLEVELAND, OHIO 44136
SURFACE OWNER M. & S. FECCA
MINERAL OWNER " " " "
WELL NO. UNIT 1 DRILLING UNIT SIZE 20 Ac.
COUNTY MEDINA
TOWNSHIP LAFAYETTE
CITY OR VILLAGE _____
OHIO PLANE COORDINATES: NORTH ~~SOUTH~~ ZONE
X 2,170,050
Y 513,900

WELL LOCATION PLAT
ORIGINAL LAND SUBDIVISION C.W.R.
TOWNSHIP 2 N RANGE 15 W
QUARTER TOWNSHIP _____
SECTION _____ LOT 13
TRACT 2
DATE MARCH 14, 1990
QUAD MAP WESTFIELD CENTER
ELEVATION: TOPO ~~ACTUAL~~
1099' ~~1145'~~ 1099'

RESTORATION PLAN
OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS

<p>1. DATE OF APPLICATION: 3-28-90</p>	<p>FORM 4: Revised 03/85</p>
<p>2. OWNER NAME, ADDRESS, & TELEPHONE #'s: ROBERT A. CRISSINGER, INC. 10333 PINE NEEDLE TRAIL CLEVELAND, OHIO 44136 (216) 572-0069</p>	<p>3. API #: 34 - - - - - * 14 - 4. WELL #: 1 5. LEASE NAME: FECCA UNIT 6. PROPERTY OWNER: FECCA/JENKINS 7. COUNTY: MEDINA 8. CIVIL TOWNSHIP: LAFAYETTE 9. SECTION: TRACT 2 10. LOT: 13</p>
<p>11. CURRENT LAND USE: <input checked="" type="checkbox"/> Cropland ___ Commercial <input checked="" type="checkbox"/> Pasture ___ Idle Land ___ Wetlands ___ Recreational ___ Residential ___ Industrial ___ Unreclaimed strip mine ___ Woodland: Circle <u>Broad-leaved</u> or <u>Needlelike</u></p>	<p>17. TYPE OF WELL: ___ Oil <input checked="" type="checkbox"/> Gas ___ Other</p>
<p>12. SLOPE GRADIENT & LENGTH DETERMINED FROM: <input checked="" type="checkbox"/> Ground measurement ___ U.S. Geological Survey Topographical Maps ___ Other, explain _____</p>	<p>18. STEEPEST SLOPE GRADIENT CROSSING SITE: <input checked="" type="checkbox"/> 0 to 2% ___ 2.1 to 8% ___ 8.1 to 10% ___ 10.1 to 24% ___ greater than 24%</p>
<p>13. TYPE OF FALL VEGETAL COVER: ___ Little or no vegetal cover <input checked="" type="checkbox"/> Short grasses ___ Tall weeds or short brush (1 to 2 ft.) ___ Brush or bushes (2 to 6 ft.) ___ Agricultural crops ___ Trees with sparse low brush ___ Trees with dense low brush</p>	<p>19. LENGTH OF STEEPEST SLOPE CROSSING SITE: <input checked="" type="checkbox"/> 1 to 100 ft. ___ 101 to 200 ft. ___ 201 to 400 ft. ___ greater than 400 ft.</p>
<p>14. SOIL & RESOILING MATERIAL AT WELLSITE: <input checked="" type="checkbox"/> Stockpile & protect topsoil to be used when preparing seedbed ___ Use of soil additives (e.g. lime, fertilizer) ___ No resoiling planned ___ Proposed alternative _____</p>	<p>20. RESTORATION OF DRILLING PITS: ** ___ Haul drilling fluids and fill pits ___ Use steel circulating tanks <input checked="" type="checkbox"/> Proposed alternative <u>SOLIDIFY PITS</u></p>
<p>15. DISPOSAL PLAN FOR TREES AND TREE STUMPS: <input checked="" type="checkbox"/> No trees disturbed ___ Haul to landfill ___ Cut into firewood ___ Sell to lumber co. ___ Bury with landowners approval ___ Mulch sm. trees & branches, erosion control ___ Use for wildlife habitat w/landowner approval ___ Proposed alternative _____</p>	<p>21. BACKFILLING AND GRADING AT SITE: ___ Construct diversions channelled to naturally established drainage systems ___ Construct terraces across slopes <input checked="" type="checkbox"/> Grade to approximate original contour ___ Grade to minimize erosion & control offsite runoff ___ Proposed alternative <u>MAR 30 1990</u></p>
<p>16. SURFACE AND SUBSURFACE DRAINAGE FACILITIES: <input checked="" type="checkbox"/> No existing drainage facilities for removal of surface and/or subsurface water ___ Tile drainage system underlying land to be disturbed ___ Drain pipe(s) underlying land to be disturbed ___ Surface drainage facilities on land to be disturbed</p>	<p>22. VEGETATIVE COVER TO BE ESTABLISHED AT SITE: <input checked="" type="checkbox"/> Seeding plan ___ Sod ___ Agricultural crops ___ Trees &/or Bushes ___ Proposed alternative _____</p>
<p>17. SURFACE AND SUBSURFACE DRAINAGE FACILITIES: <input checked="" type="checkbox"/> No existing drainage facilities for removal of surface and/or subsurface water ___ Tile drainage system underlying land to be disturbed ___ Drain pipe(s) underlying land to be disturbed ___ Surface drainage facilities on land to be disturbed</p>	<p>23. ADDITIONAL HOLES: ___ Rat/Mouse, if used, will be plugged. NOT USED</p>
<p>18. SURFACE AND SUBSURFACE DRAINAGE FACILITIES: <input checked="" type="checkbox"/> No existing drainage facilities for removal of surface and/or subsurface water ___ Tile drainage system underlying land to be disturbed ___ Drain pipe(s) underlying land to be disturbed ___ Surface drainage facilities on land to be disturbed</p>	<p>24. PROPOSED OR CURRENT LENGTH OF ACCESS ROAD: ___ 100 ft. or less ___ 101 to 500 ft. <input checked="" type="checkbox"/> 501 to 1500 ft. ___ greater than 1500 ft.</p>
<p>19. SURFACE AND SUBSURFACE DRAINAGE FACILITIES: <input checked="" type="checkbox"/> No existing drainage facilities for removal of surface and/or subsurface water ___ Tile drainage system underlying land to be disturbed ___ Drain pipe(s) underlying land to be disturbed ___ Surface drainage facilities on land to be disturbed</p>	<p>25. CURRENT LAND USE OF PATH OF ACCESS ROAD: ___ Cropland <input checked="" type="checkbox"/> Pasture ___ Commercial ___ Idle land ___ Wetlands ___ Recreational ___ Industrial ___ Residential ___ Unreclaimed strip mine ___ Woodland (Circle <u>Broad-leaved</u> or <u>Needlelike</u>)</p>

REQUIRED BY SECTION 1509.06 (L), OHIO REVISED CODE - FAILURE TO SUBMIT MAY RESULT IN AN ASSESSMENT OF CRIMINAL FINES NOT LESS THAN \$100.00 NOR MORE THAN \$2,000.00 OR CIVIL PENALTIES NOT LESS THAN \$4,000.00.

26. SURFACING MATERIAL FOR ACCESS ROAD:

Gravel _____ Brick and/or tile waste _____
 Slag _____ Crushed stone _____
No surfacing material to be used _____
Proposed alternative _____

28. GRADING & EROSION CONTROL PRACTICE ON ROAD:

Diversions _____ Water breaks _____ Drains _____
Outsloping of road _____ Open top culverts _____
 Pipe culverts _____ Filter Strips _____ Rip rap _____
Proposed alternative _____

27. PATH OF ACCESS ROAD TO BE DETERMINED BY:

Landowner _____ Contractor _____
 Existing access road _____ Operator _____

29. STEEPEST SLOPE GRADIENT ON ACCESS ROAD:

0 to 5% _____ 6 to 10% _____ greater than 10% _____

30. APPROX. LENGTH OF STEEPEST SLOPE ON ROAD:

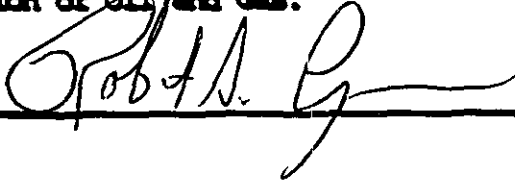
0 to 100 ft. _____ 101 to 200 ft. _____
_____ 201 to 400 ft. _____ greater than 400 ft. _____

31. HAS LANDOWNER RECEIVED A COPY OF THIS RESTORATION PLAN? _____ Yes _____ No

TO BE MAILED

The undersigned hereby agrees to implement all restoration operations identified on this form, and conform to all provisions of Section 1509.072 of the Ohio Revised Code, and to all orders and rules issued by the Chief, Division of Oil and Gas.

Signature of Owner/Authorized Agent



Name (Typed or Printed)

ROBERT A. CRISSINGER

PRESIDENT

Date

3-28-90

Restoration Plan must be submitted to the Division in duplicate.

3 4 1 0 3 2 4 5 8 5 1 4

Permit No.

(To be submitted with Activity Report)

50

RECORD OF CASING, CEMENTING AND MUDDING

Well Owner: ROBERT CRISSINGER INC.
 Lease Name: FECCA UNIT Well No. 1
 County: MEDINA Twp. LAFAYETTE
 Contractor: PECK + ROWAN DRUG.
 Type of Tools: ROTARY CABLE
 Service Company: _____
 Procedure: PRESSURE GRAVITY
 Plugging of: _____
 Mouse hole YES NO _____ SACKS
 Rat hole YES NO _____ SACKS

Date Issued: 4/18/90 Expiration Date: 4/18/91
 Spud Date: ⁰ Month 5 Day 9 Year 90
 Type of Job: SURFACE PRODUCTION OTHER
 Type of Cement: 100LTC 100Reg Sacks: 200
 Amount of Mud: _____
 Size of Hole: 11" DEPTH 440 FT
 Casing: SIZE 8 5/8 DEPTH 384 FT
 Float Equipment: SHOE COLLAR OTHER
 Special Equipment: _____

CASING RECORD

SIZE	SET	REMARKS
<u>8 5/8</u>	<u>384'</u>	<u>CEMENTED</u>

Cement/Mud Circulated to Surface: YES NO
 Notification Received: YES NO
 Job Witnessed by Inspector: YES NO
 Annular Disposal indicated on permit: YES NO
 Meets construction requirements for A.D. (Explain below if no or if remedial action is required). YES NO
 DATE JOB COMPLETED 5/10/90

Formations: (if available) DL EL KB RF GL

NAME	TOP	BOTTOM

Remarks:
 (attach cement/mud tickets if available)
GOOD CIRCULATION, CEMENT HOLDING @ SURFACE
USED 8 5/8" 20# CASING
RECEIVED
MAY 3 1 1990

Date: 5/10/90

Signed: Harold Morany

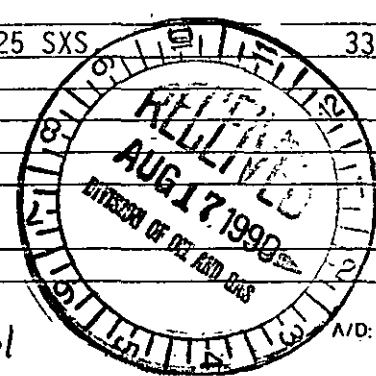
DIVISION OF OIL AND GAS
 REGION A

OIL AND GAS WELL INSPECTOR

WELL COMPLETION RECORD
 OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL AND GAS, FOUNTAIN SQ. BLDG. A, COLUMBUS, OH 43224

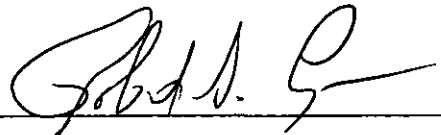
MS

1. Owner # 3367	Form 8: Revised 2/85		
2. Owner name, address & telephone numbers: ROBERT A. CRISSINGER, INC. 10333 PINE NEEDLE TRAIL STRONGSVILLE, OHIO 44136 (216) 572-0069		This report is due in duplicate 30 days after completion of the well. If the permit has expired and the well was not drilled, <input type="checkbox"/> check here, sign on reverse side, and return to our office within 30 days after expiration.	
4. Type of permit: OIL & GAS		3. API #: 34 103 2 4585	5. County: MEDINA
7. Type of well: DRILL NEW WELL		6. Civil Township: LAFAYETTE	8. Footage: 407' FNL & 1068' FEL OF LOT 13 TRACT 2
9. X: 10. Quad: WESTFIELD CENTER	Y: 11. Section: 12. Lot: 13	21. Date drilling commenced: 5-09-90	22. Date drilling completed: 5-13-90
13. Fraction: 14. Qtr Twp:	15. Tract: 2	23. Date put into production: 7-15-90	24. Date plugged if dry:
16. Allot: 17. Well #: 1	18. Lease Name: FECCA UNIT	25. Producing formation: CLINTON SANDSTONE	26. Deepest formation: CLINTON <i>Queenston</i>
19. PTD: 3400'	20. Drilling Unit: 20.000	27. Driller's total depth: 3383'	28. Logger's total depth: 3379'
29. Type of tools: <input type="checkbox"/> Cable <input type="checkbox"/> Fluid Rotary <input type="checkbox"/> Cable/Air Rotary <input type="checkbox"/> Cable/Fluid Rotary <input type="checkbox"/> Cable/Air Rotary/Fluid Rotary		30. Type of completion: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Through Casing <input type="checkbox"/> Slotted Liner	
31. Elevation: Ground Level 1099'		Derrick Floor 1105'	Kelley Bushing 1107'
32. Perforated intervals & number of shots: 3222' - 3306' (68 SHOTS)			
33. Method of shot, acid, or fracture treatments, production tests, pressures, etc.: HYDRAULIC WATER/SAND FRAC			
34. Mouse hole plugged: <input type="checkbox"/> Yes _____ Sacks <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Rat hole plugged: <input type="checkbox"/> Yes _____ Sacks <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
35. Amount of initial production per day: (MCF.) (Bbls.) Natural: Gas <u>5</u> Oil <u>0</u> Brine <u>0</u> After treatment: Gas <u>35</u> Oil <u>0</u> Brine <u>0</u> Lost Hole at _____ feet Additional Data: _____			
36. Record of disposal of water and other waste including liquids used in fracture treatment: a. _____ Annular Disposal b. <input checked="" type="checkbox"/> Injection Well: County WAYNE Permit # 0775 c. _____ Dust/Ice Control: County _____ Township or Municipality _____ Other _____ d. _____ Enhanced Recovery: County _____ Permit # _____			
37. Brine Hauler(s): 1. <u>RDH WATER SERVICES (#204)</u> Name(s) <u>BURBANK, OHIO</u> Address(es) 2. _____ (#36 and #37 must be completed if brine is hauled away from the site.)			
38. Casing and tubing record: Please indicate which is used (cement or mudding)			
Size	Feet Used in Drilling	Amount of Cement or Mud	Feet Left in Well
<u>8 5/8"</u>	<u>420'</u>	<u>150 SXS.</u>	<u>384'</u>
<u>4 1/2"</u>	<u>3383'</u>	<u>125 SXS</u>	<u>3357'</u>
Comments: _____			
39. Name of drilling contractor: PEEK & ROWAN			
40. Type of electrical and/or radioactivity logs run: (All logs must be submitted) NEUTRON - DENSITY, RESISTIVITY			
41. Name of logging company: BUCKEYE WELL SURVEYS			
DIVISION USE ONLY: Log Submitted <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Well Class: <u>Pool</u> A/D: Additional Fee: Y/N			



FORMATION	TOP	BASE	Shows of oil, gas, fresh water, or Brine — Indicate depth or interval and amount	REMARKS
Fresh Water Strata				
Coal Seams				
1st Cow Run	321-6			
2nd Cow Run	324-1			
Maxton Sand	328-4			
Keener Sand	337-1			
Big Injun Sand	337-2			
Berea Sand	337-6	534	541	
Ohio Shale	341-1			
Big Lime	344-4	1902'	2380' 3129	
Oriskany	347-2			
Salina	351-2			
Newburg	351-3			
Lockport	354-1			
Little Lime	354-3	2390'	3130'	
Packer Sheel	354-5	3188'	3208'	
Stray Clinton	357-2	3224'		
Red Clinton	357-3		3267	
White Clinton	357-4		3310'	
Medina	357-7	3310'	3383'	
Queenston	361-3	338		
Trenton Lime	364-3			
Black River	364-4			
Gull River	364-5			
Glenwood Shale	364-6			
Rose Run	367-3			
Trempealeau	371-2			
Mt. Simon	377-3			
Granite wash	400-1			
Granite	400-2			

I (We) certify that the above information is true and correct, to the best of my knowledge.

SIGNATURE  DATE 8-15-90

NAME (TYPED OR PRINTED) ROBERT A. CRISSINGER TITLE PRESIDENT

REPRESENTING ROBERT A. CRISSINGER, INC.

AM

34 1032 4585 ** 14
permit no.

SPUD/PLUGGING DATE 5/9/90

RESTORATION REPORT

Preliminary-well exists

FINAL - well plugged

OWNER ROBERT CRISSINGER INC. WELL NO. 1 LEASE NAME FECCA UNIT
COUNTY MEDINA TOWNSHIP LAFAYETTE SEC/LOT 13 LANDOWNER _____
(if not same as lease name)

- | | |
|--|--|
| 1) Copy of Restoration Plan, Div. Form 4, used in inspection | YES <input checked="" type="checkbox"/> NO ___ N/A ___ |
| 2) Pits filled as required | YES <input checked="" type="checkbox"/> NO ___ |
| 3) Location restored as required (graded or terraced) | YES <input checked="" type="checkbox"/> NO ___ |
| 4) Drilling equipment removed | YES <input checked="" type="checkbox"/> NO ___ |
| 5) Production equipment removed | YES ___ NO <input checked="" type="checkbox"/> |
| 6) Debris removed | YES <input checked="" type="checkbox"/> NO ___ |
| 7) Area seeded or sodded | YES <input checked="" type="checkbox"/> NO ___ |
| 8) Roadways restored | YES <input checked="" type="checkbox"/> NO ___ |
| 9) Landowner Waiver, Div. Form 5, filed (copy attached) | YES ___ NO <input checked="" type="checkbox"/> |
| 10) Restoration Plan, Form 4, found accurate and correct
(see reverse side for filing guidance) | YES <input checked="" type="checkbox"/> NO ___ N/A ___ |

RECEIVED
OCT 02 1990
DIVISION OF OIL AND GAS
REGION A

REMARKS: _____

(TO BE SUBMITTED WITH INSPECTOR'S ACTIVITY REPORTS AFTER AREA IS IN COMPLIANCE WITH CHAPTER 1509)
NOTIFICATION RECEIVED: YES NO

FOR DIVISION USE ONLY

Bond on file. _____ OTHER _____
 Bonding Company _____ Cancelled _____
 Bond No. _____
 LIABILITY CANCELLED _____
 _____ date

Harold Morang
SIGNATURE AND TITLE
9/20/90
DATE SIGNED