

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

OIL AND GAS WELL
DRILLING PERMIT

API WELL NUMBER

3 4 007 2

3/11
PERMIT

**1 4

FORM 51: REVISED 2/85

OWNER/OPERATOR NAME, ADDRESS:

CLINTON OIL CO
4770 INDIANOLA AVE
COLUMBUS OH
43214

DATE ISSUED:

9/27/87

PERMIT EXPIRES:

12/31/87

TELEPHONE NUMBER:

614-888-9588

IS HEREBY GRANTED PERMISSION TO:
IF UNPRODUCTIVE.

DRILL AND ABANDON

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 PALCOBRIE, ET AL
WELL NUMBER 2-1-31
COUNTY ASHTABULA
CIVIL TOWNSHIP HARTFORDFIELD
TRACT OR ALLOTMENT
FOOTAGE LOCATION 1020' NL & 300' EL OF LOT 39

SECTION
LOT 39
FRACTION
QUARTER TOWNSHIP

TYPE OF TOOLS:

NO TOOL LOG REQUIRED

PROPOSED TOTAL DEPTH 3256 FEET
GROUND LEVEL ELEVATION 110

GEOLOGICAL FORMATION(S)

CLINTON

ULTIMATE DISPOSAL OF WATER AND OTHER WASTE SUBSTANCES:

COMPLY WITH 1509 ORL & 1501 OAC

HAULER REGISTRATION NUMBER

1. _____
2. _____

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

CASING IN HOLE:
6 5/8" - 275'
4 1/2" - 3240'

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:

ROBERT JERRY
6579 RT. 322 E. P.O. BOX 55
WILLIAMSFIELD OH
216-293-4026
216-896-0616

CHESLUCK, JAY - SUPVR.
216-343-2374

FIRE AND EMERGENCY NUMBERS:

FIRE: 216-466-4765
MEDICAL SERVICE: 216-466-4765

SPECIAL CONDITIONS:

CONF# 2/13/87

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

/s/ Donald L. Mason, Esq.

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

DATE SELECTED: 7/07/92

1 SURETY#: 28 3 BOND#: 0

4 APP#: 132228 13 CNTY: ASHT 14 TWP: HARPERSFIELD 2 TYPE APP: PA 10 PURP: OG 12 STORAGE:

27 SEC: 28 LOT: 38 29 FRACT: 30 QTR TWP: 31 TRACT: 32 ALLOT:

19 WELL: 2-1231 20 LEASE NAME: PALIOBEIS, ET AL 22 FORM: CLINTON 21 PTD: 3256 23 D UNIT: 20.000

24 TOOL: NT 37 COAL B: N 25 FIRE: 216-466-4765 26 MED: 216-466-4765 33 QUAD: GENEVA

34 X COOR: 2,426,750 35 Y COOR: 770,650 36 ELEVA: 810 49 WELL CLASS:

PREVIOUSLY PERMITTED

15 API: 007 16 DRL/D: 2 17 PERMIT: 3711 18 MULTI:

40 REG: 41 CALL: 42 DISP: A: ND B: 43 C: 44 D: 45 AD DENIED: 46

CASING PROGRAM:

23		
24	8 5/8	295
24	4 1/2	3240
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FOOTAGE:

1025' NL & 300' EL of
 Lot 38

50

SPEC COND

Completed 2/13/87

51

TECH DATE: _____

52

GEO DATE: 7/17/92

53

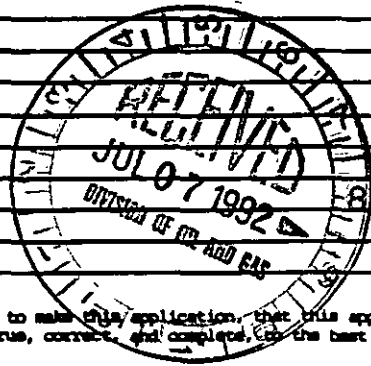
GEO INT: --

54

ISSUE: _____

APPLICATION FOR A PERMIT
OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL & GAS, FOUNTAIN SQ., BLDG. A, COLUMBUS, OH 43224 **132228**

INSTRUCTIONS ON REVERSE SIDE		FORM 1: Revised 03/85
1. I, We (applicant) <u>Clinton Oil Co.</u> , (address) <u>P. O. Box 14981, Columbus, OH 43214</u>		2. Owner # <u>28</u> Phone # <u>614 - 888 - 9588</u>
hereby apply this date <u>July 7,</u> 1992 for a permit to:		
<input type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input checked="" 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 Storage of: _____ Other: Explain _____ <input type="checkbox"/> *Solution Mining <input type="checkbox"/> *Enhanced Recovery (If type chosen has an asterisk (*), check appropriate box below) <input type="checkbox"/> Input/Injection <input type="checkbox"/> Water Supply <input type="checkbox"/> Production/Extraction <input type="checkbox"/> Observation		
4. MAIL PERMIT TO: <u>CLINTON OIL COMPANY</u> <u>P. O. Box 14981 ..</u> <u>Columbus, OH 43214</u>	24. NA TYPE OF TOOLS <input type="checkbox"/> Cable <input type="checkbox"/> Air Rotary <input type="checkbox"/> Fluid Rotary <input 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>Ashtabula</u>	25. PROPOSED CASING PROGRAM: _____	
6. CIVIL TOWNSHIP: <u>Harpersfield T11N; R5W</u>	NA	
7. SECTION: _____ 8. LOT: <u>38</u>		
9. FRACTION: _____ 10. QTR TWP: _____		
11. TRACT/ALLOT: _____		
12. WELL #: <u>2-1231</u>		
13. LEASE NAME: <u>Paliobeis, et al.</u>		
14. PROPOSED TOTAL DEPTH: <u>NA.</u>		
15. GEOLOGICAL FORMATION: <u>NA</u>		
16. DRILLING UNIT IN ACRES (must be same as acres indicated on plat): <u>NA</u>	26. IF SURFACE RIGHTS ARE OWNED BY THE STATE OF OHIO, DEPARTMENT OF NATURAL RESOURCES: Division <u>NA</u> Telephone _____	
IF PERMITTED PREVIOUSLY:		
17. API #: <u>3 4 0072 - 3711 - *</u> * 1 4 _		
18. OWNER: <u>Clinton Oil Co., The</u>	27. FIRE AND MEDICAL DEPT. TELEPHONE NUMBERS Closest to Well Site: Fire <u>216 - 466 - 4765</u> Medical <u>216 - 466 - 4765</u>	
19. WELL #: <u>2-1231</u>		
20. LEASE NAME: <u>Paliobeis, et al.</u>		
21. PREVIOUS TOTAL DEPTH: <u>3256'</u>		
22. PREVIOUS GEOLOGICAL FORMATION: <u>Clinton</u>		
23. MEANS OF INGRESS CO Rd _____ TWP Rd _____ Twp Rd _____ State Hwy <u>534</u>	28. MEANS OF EGRESS CO Rd _____ TWP Rd _____ Municipal Rd _____ State Hwy <u>534</u>	
29. LANDOWNER ROYALTY INTEREST		
Name _____	<u>John A. Paliobeis & Rosemarie Paliobeis, H & W</u>	
Address _____	<u>Pete Billias & Joanne Billias, H&W</u>	
Name _____	<u>Zisis Hatziz & Helen Hatziz, H&W</u>	
Address _____	<u>Christ Dufopulos & S. Diane Dufopulos, H & W</u>	
Name _____	<u>1752 South Broadway, R. D. #3, Geneva, OH 44041</u>	
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 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 4511.34 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 1509.13, 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: David R. Barker
 Name (Type or Print) David R. Barker title Vice Pres., Production & Engineering
 If signed by Authorized Agent, a certified copy of appointment of agent must be on file.

SWORN to and subscribed before me this the 7 day of July 19 92.

Eileen M. Frey
 (Notary Public)

(SEAL)

GREEN M. FREY
 Notary Public, State of Ohio
 My Commission Expires April 2, 1996

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 _____		

340072 3711 **14

PLUGGING REPORT

Owner: Clinton Oil Co. Surety No: 28 Well Type: Oil & Gas (Clinton)
 County: Ashtabula Township: Harpersfield Sec: — Lot: 38 Qtr. Twp. —
 Footage: 1025' NL & 300' EL of Lot 38
 Lease: Paliobers Well No: 2 Date Drilling Completed: 2-13-87
 Well Pressure: — psi. Fluid Flow: Yes No Rate —
 Plug Contractor: D & E well service Date of Permit to Plug: 7-17-92 / 7-17-93
 Cement Contractor: Petroset, Sidley Inc. Log Contractor: N/A
 Notification Received: Yes No Clay or Cement Ticket Attached: Yes No

BOREHOLE/CASING RECORD

Type	Bit Diameter (in.)	Casing Diameter (in.)	Shot/Rip depth (ft.)	Set (ft.)	Recovered (ft.)
Drive pipe	—	—	—	—	—
Conductor	—	—	—	—	—
Surface	—	8 5/8	300'	—	—
Intermediate	—	NONE	—	—	—
Production	7 7/8"	4 1/2"	1858'	3240'	1858'

MANNER IN WHICH WELL WAS PLUGGED

	#1	#2	#3	#4	#5
Formations Plugged	Clinton Packershell	Lime	Unknown		
Top (ft.)	3057' 3030'	1637'	Unknown		
Base (ft.)	3162' 3054'	2970'	"		
Plug Interval: Top (ft.)	2835	1537	0'		
Base (ft.)	3035	1887	350'		
Tag/wireline depth (ft.)	—	—	—		
Method: gravity	—	—	Yes		
pressure	Yes	Yes	—		
Through: production casing	4 1/8" casing	4 1/2" casing	8 5/8" casing		
tubing	—	—	—		
Clay: source	—	—	—		
tons	—	—	—		
Bridge Plug: type	—	—	—		
depth	—	—	—		
Cement: type	Class A	Class A	9sk GROUT		
source	Petroset	Petroset	Sidley, Inc.		
loss circ. (lbs./sks.)	50 lbs	—	—		
additives %	3% calcium	2% gel	—		
weight (lbs./gal.)	15.6	14.5	N/A		
sacks	25	87	—		

Gel spacer: Yes No Viscosity — 40 — —
 Density — — — —

Wellbore circulation: Duration 30 min Fluid FRESH WATER Flow rate — Bbls./min.

Remarks: _____

Plugging Operations Witnessed by Inspector	Date	Arrival Time	Departure Time
<i>Jerry M. Kehl</i>	8-26-92	9:00 AM	12:45 P.M.
<i>Jerry M. Kehl</i>	"	2:00 PM.	4:40 P.M.

AFFIDAVIT

I, _____, after being first duly cautioned, state that I have personal knowledge of all the facts contained in this Affidavit, that I am competent to testify to the matters stated herein, and that the following is true to the best of my knowledge and belief:

1. That I am the owner or operator agent who plugged the well referenced in this plugging report;
2. That the attached clay or cement tickets are the actual tickets for such materials used to plug the well referenced in this report;
3. That the subject well was in fact plugged as indicated on this plugging report and that the subject well was plugged in accordance with Chapter 1509 of the Ohio Revised Code, Section 4101:20 et seq. of the Ohio Administrative Code and/or 1501:9-11-01 et seq. of the Ohio Administrative Code;

Further Affiant sayeth naught.

In testimony whereof, I have herewith subscribed my name this _____ day of _____, 19____.

Signature of Owner or Operator Agent

The foregoing instrument was sworn to, subscribed and acknowledged before me this _____ day of _____, 19____.

Jerry M. Kehl

Signature of Inspector (Pursuant to Section 1509.14 O.R.C.)

The inspector's signature does not imply that the owner/operator has plugged the well bore in compliance with the requirements of Section 1501:9-11-03 of the Ohio Administrative Code.

34 0072

3711 **14
permit no.

SPDS/PLUGGING DATE 8-26-92

RESTORATION REPORT

- Preliminary well exists
 FINAL - well plugged

OWNER Clinton Oil Co. WELL NO. 2 LEASE NAME Paliobeis
COUNTY Ashtabula TOWNSHIP Harpersfield LOT 38 LANDOWNER _____
(if not same as lease name)

- | | | | |
|--|---|--|---|
| 1) Copy of Restoration Plan, Div. Form 4, used in inspection | YES | NO | N/A <input checked="" type="checkbox"/> |
| 2) Pits filled as required | YES <input checked="" type="checkbox"/> | NO | <u>N/A</u>
Date filled |
| 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 <input checked="" type="checkbox"/> | NO | |
| 6) Debris removed | YES <input checked="" type="checkbox"/> | NO | |
| 7) Area seeded or sodded; vegetation established | 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 | YES | NO | N/A <input checked="" type="checkbox"/> |
- (see reverse side for filing guidance)

REMARKS:

(TO BE SUBMITTED WITH INSPECTOR'S ACTIVITY REPORTS AFTER AREA IS IN COMPLIANCE WITH CHAPTER 1509)

NOTIFICATION RECEIVED: YES _____ NO

N50

Jerry M. Dell Insp.
SIGNATURE AND TITLE

4-29-93

DATE SIGNED

OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
ATTN: FIELD ENFORCEMENT SECTION
FOUNTAIN SQUARE
COLUMBUS, OH 43224
FORM 56: REVISED 07/24/85

API WELL NUMBER

34 0072

3711
permit no.

**14

A

SPUD/PLUGGING DATE 2-9-87

RESTORATION REPORT

Preliminary well exists

FINAL - well plugged

OWNER Clinton Oil WELL NO. 2 LEASE NAME Paliobis
COUNTY Ashtabula TOWNSHIP Harpersfield SEC/LOT 38 LANDOWNER _____
(if not same as lease name)

- | | | | |
|--|---|--|-------------|
| 1) Copy of Restoration Plan, Div. Form 4, used in inspection | YES ___ | NO <input checked="" type="checkbox"/> | N/A ___ |
| 2) Pits filled as required | YES <input checked="" type="checkbox"/> | NO ___ | Date filled |
| 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; vegetation established | 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 | YES <input checked="" type="checkbox"/> | NO ___ | N/A ___ |

(see reverse side for filing guidance)

REMARKS: _____

(TO BE SUBMITTED WITH INSPECTOR'S ACTIVITY REPORTS AFTER AREA IS IN COMPLIANCE WITH CHAPTER 1509)

NOTIFICATION RECEIVED: YES ___ NO

[Signature]
SIGNATURE AND TITLE

1-25-89
DATE SIGNED