

SUPPLEMENT TO APPLICATION
PERMIT FOR A SALTWATER INJECTION WELL (Form 210)

Ohio Department of Natural Resources, Division of Mineral Resources Management
 2045 Morse Road, Bldg H3
 Columbus, OH 43229-6693

AREA OF REVIEW. An application for a saltwater injection well (SWIW) will be evaluated on the basis of an "area of review" surrounding the proposed well. The area of review for wells in which injection of greater than two hundred barrels per day is proposed shall be the area circumscribed by a circle with the center point at the location of the injection well and a radius of one-half mile. The area of review for wells in which a maximum injection of two hundred barrels per day or less is proposed shall be the area circumscribed by a circle with the center point at the location of the injection well and a radius of one-quarter mile

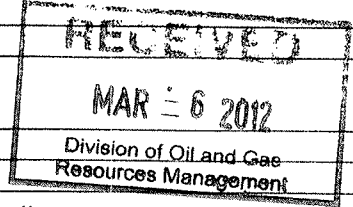
31. PROPOSED INJECTION ZONE

Geological Formation: _____ Oriskany Ss; Huron Shale
 Injection Interval: From: _____ feet to _____
 Geologic description of injection zone: 3608 2724 Sandstone (Or): Shale (Huron) 2902 3810

32. WELL CONSTRUCTION AND OPERATION

A. Description of the proposed casing and cement program for new wells, or of the casing, cementing or sealing with prepared clay for existing wells to be converted:
 8.625" x 24#/ft @ 1330' cemented to surface
 4.5" production x 10.5#/ft. @ 3772' cemented to 1342' w/550 sx

B. Proposed method for testing the casing:
 Hydraulic Pressure test to ODMRM specs



C. Description of the proposed method for completion and operation of the injection well:
 Cement squeeze Berea perms (1581-1586) to shut off. Drill out cement to squeeze plug & pressure test squeeze integrity. Pull tubing & rerun w/packer, set packer @ 1750' & test for annular integrity; finish construction of surface facility. Top injection perforations @ 2724' 2709'

D. Description of the proposed unloading, surface storage, and spill containment facilities:
 Brine storage and injection pump facility will be constructed of an earthen pad and dike lined w/impermeable liner 30 mil x dimension of pad + dike, set atop 6" sand layer and covered by 6" sand
 Loading facility constructed of concrete pad w/fluid recovery drainage & containment w/concrete diked walls and screened sump w/pump to tanks
 7 - 210 bbl fiberglass storage tanks w/loading filters set in series
 All tanks and injection pump set with fluid level and pressure overrides (fail safe) controls
 Injection pump equipped with pressure relief plumbed back to stock tank; all piping constructed of non-corrosive materials (plastic, pvc, fiberglass) except for downstream from injection pump; injection line constructed of steel
 Storage facility pad and dike constructed of sufficient size/dimension to contain 1.5x tankage volumes
 Ingress and egress via same lease road constructed of crushed limestone; access gated; monitor shed on site w/ full-time employee to operate well, unloading volume record keeping and brine quality control; all fluid volumes will be measured by two brine meters: 1 @ unloading point, and 1 downstream of injection pump; additional gauge measurements @ tanks by steel gauge tape; on site records will be kept in log journals and duplicated by entry of same data onto onsite computer files; permanent records kept @ company offices.

33. PROPOSED INJECTION VOLUMES

A. Indicate the estimated amount of saltwater to be injected into the proposed injection well per day:
 AVERAGE: _____ 1200 bbl/d _____ MAXIMUM: _____ 1500 bbl/d _____
 B. Indicate the method to be used to measure the actual amount of saltwater injected into the well:
 See description above: brine meters and manual gauge reports

34. PROPOSED INJECTION PRESSURES

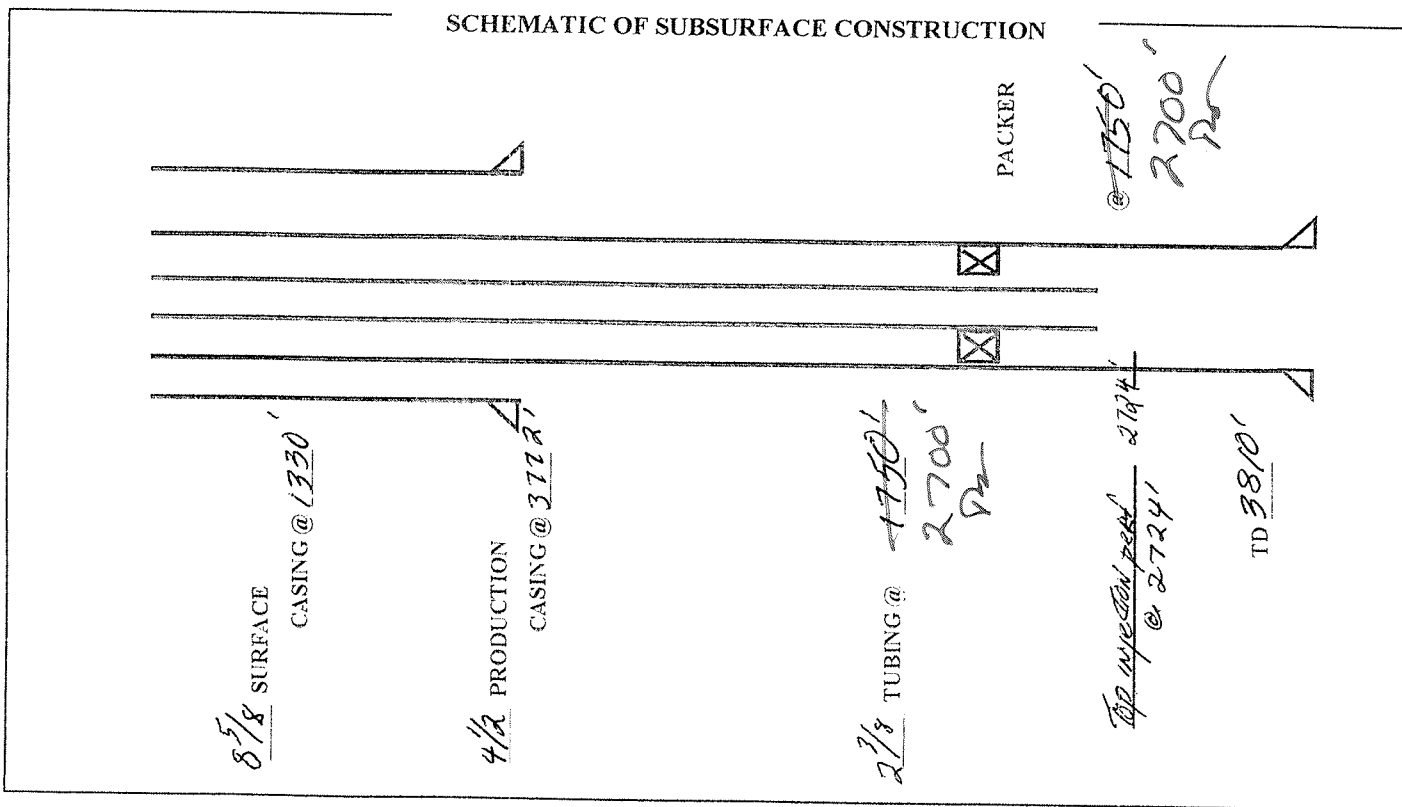
A. Indicate the estimated pressure to be used for injection of saltwater into the proposed injection well:
 AVERAGE: _____ 300 psi _____ MAXIMUM: _____ 550 psi _____ 670 psi
 B. Indicate the method to be used to measure the actual daily injection pressure:
 Brine injection flow meter is equipped with pressure recorder + memory storage

35. PROPOSED CORRECTIVE ACTION

Explain any corrective action proposed for wells penetrating the proposed injection formation or zone within the area of review

36. **MAP.** Each application for a permit shall be accompanied by a map or maps showing and containing the following information:
- A. The subject tract of land on which the proposed injection well is to be located.
 - B. The location of the proposed injection well on the subject tract established by an Ohio registered surveyor showing the distances in feet from the proposed well site to the boundary lines on the subject tract:
 - C. The geographic location of all wells, penetrating the formation proposed for injection regardless of status, within the area of review:
 - D. All holders of the land owner's royalty interest of record, or holders of the severed oil and gas mineral estates of record in the subject tract.
 - E. All owners or operators of wells producing from or injecting into the same formation proposed as the injection formation.

37. **SCHEMATIC DRAWING OF SUBSURFACE CONSTRUCTION.** Label the schematic drawing below indicating size and setting depth of surface casing, intermediate (if any) and production casings; amount of cement used, measured or calculated tops of cement; size and setting depth of tubing; type and setting depth of packer; geologic name of injection zone showing top and bottom of injection interval. If the proposed input well design is substantially different from the schematic below, attach on a separate sheet a schematic of your proposal labeled with the above information.



38. Public notice of an application for an enhanced recovery project is required by law. In addition, the applicant must submit, on an attached sheet, a list of the names and address of those persons required to receive personal notice in accordance with Rule 1501:9-5-05(E)(1), of the Ohio Administrative Code.

After submitting the application, and after a determination by the Division that it is complete as required by the rules of the Division, a legal notice must be published by the applicant in a newspaper of general circulation in the area of review. The legal notice must contain the information described in Rule 1501:9-5-05(E)(1) of the Ohio Administrative Code. A copy of the notice must be delivered to all owners or operators of wells within the area of review producing from or injecting into the same formation proposed as the injection formation. Proof of publication, publication date, and an oath as to the delivery to those entitled to receive personal notice under this method must be filed with the Division within thirty days after the Division determines that the application is complete.

In addition, notice of all applications for enhanced recovery projects will be published in the Division's Weekly Circular.

The undersigned hereby agrees to comply with all provisions for an enhanced recovery project as required by Chapter 1501:9-5 of the Ohio Administrative Code. In addition, the undersigned deposed and says that he shall 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 Mineral Resources Management.

Owner/Authorized Agent (Type or Print):

D.T. ATHA, INC

Signature of Owner/Authorized Agent:

David J. Atha

Title:

PRESIDENT

Permanent Address of Home Office:

29030 ROCKSTULL RD., SUGAR GROVE, OH 43155

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

SWORN to and subscribed before me this 1 day of March, 2012

(SEAL)

[Signature]

Notary Public

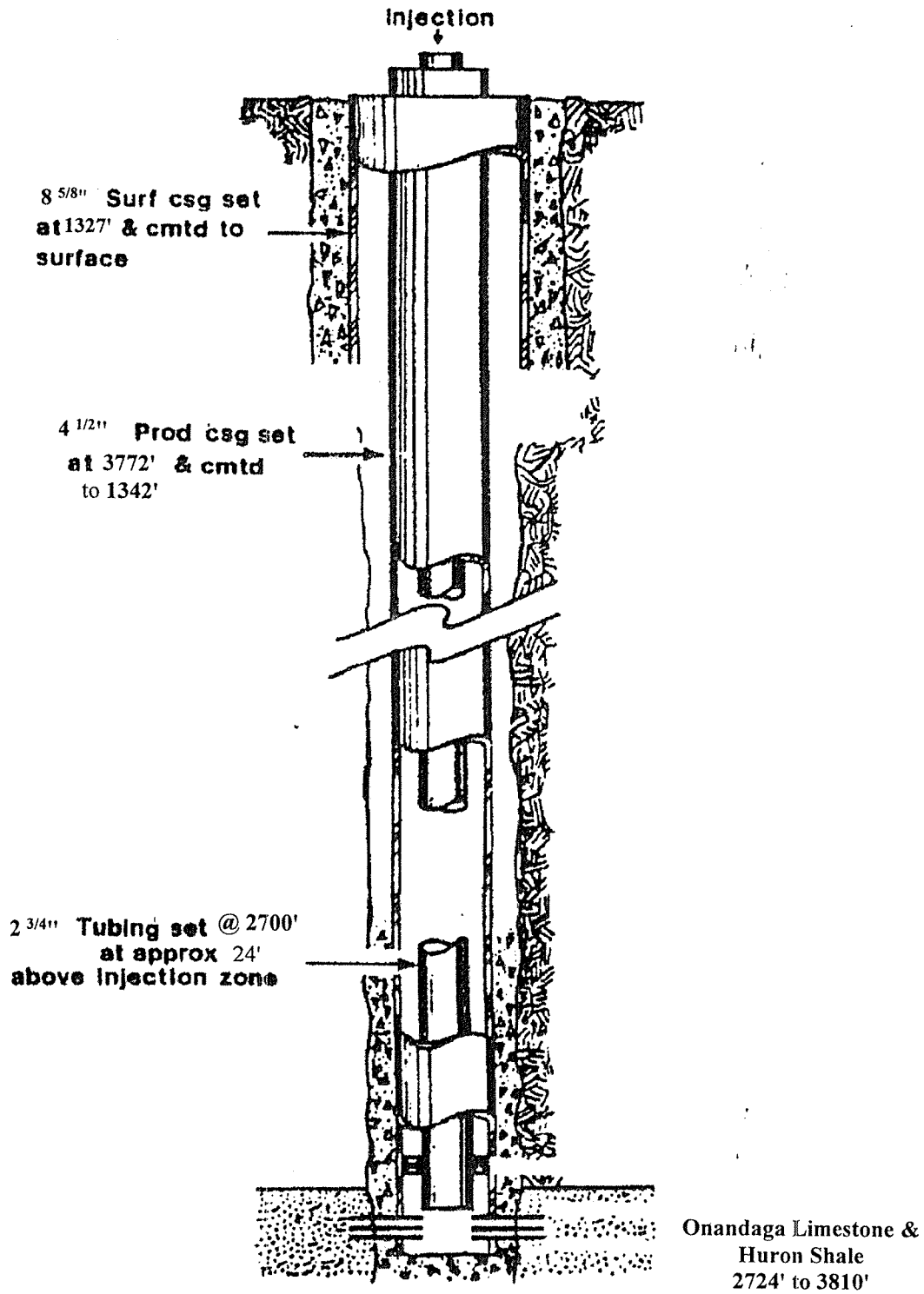
STACIE K. KNOTT

JUNE 3, 2012
Date Commission Expires

Athens County, Rome Twp.,
SWIW #9 Frost M #1

Subsurface Construction
For Injection Well

Maximum Injection Pressure: 630 psi

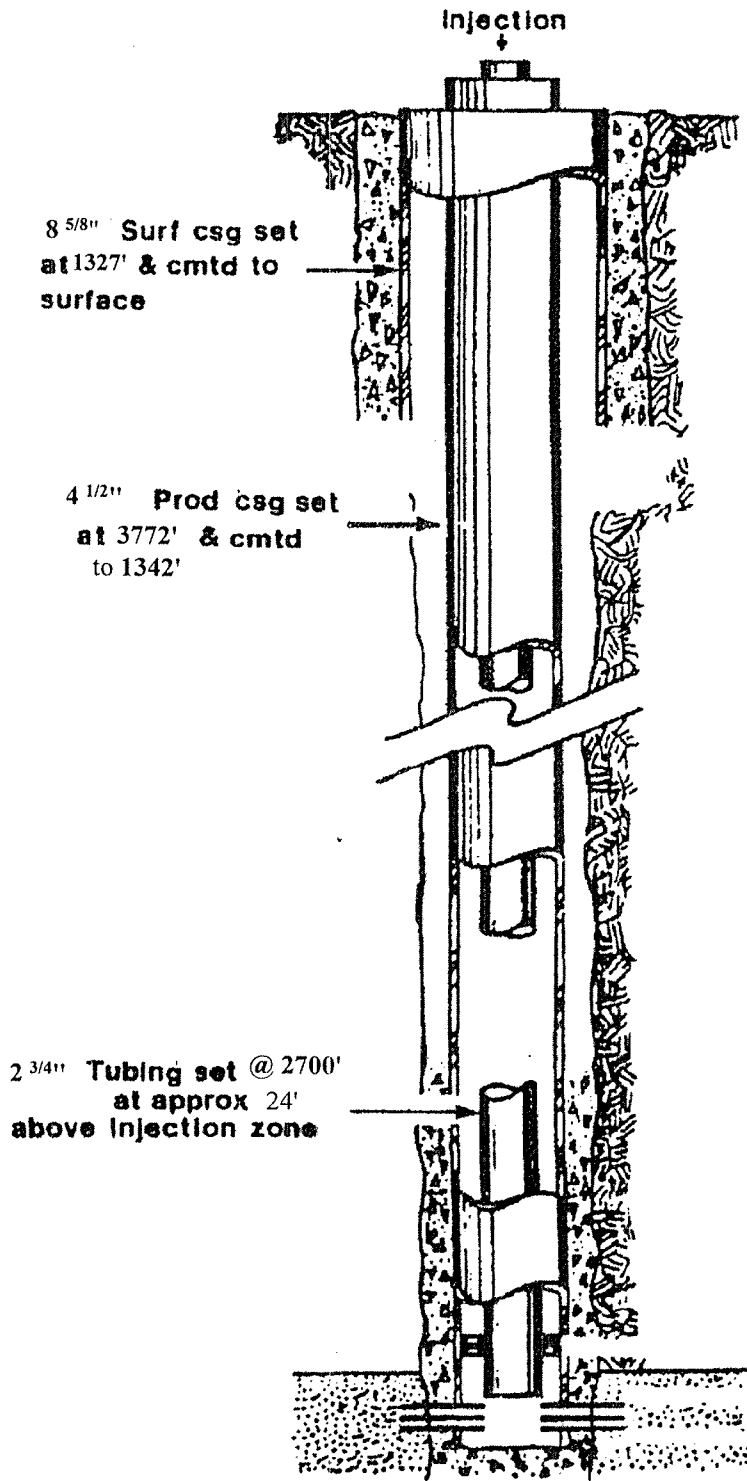


Total Depth: 3810'

Athens County, Rome Twp.,
SWIW #9 Frost M #1

Subsurface Construction
For Injection Well

Maximum Injection Pressure: 630 psi



Total Depth: 3810'

SALTWATER INJECTION WELL – AFFIDAVIT

Ohio Department of Natural Resources
Division of Oil and Gas Resources Management
2045 Morse Road, Columbus, Ohio 43229-6693

State of Ohio, Fairfield County, ss

David T. Atha being

first duly sworn says that as principal, or authorized agent, for D.T. Atha, Inc., he or

she has made application for a saltwater injection well in the State of Ohio Athens,

County, Rome Township, section/lot number Section 32; and

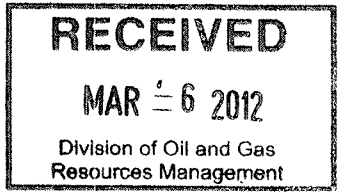
further certifies that notice of application has been delivered to each individual entitled to personal notification in accordance with paragraph (E) of Rule 1501:9-3-.06 of the Ohio Administrative Code.

And further affiant saith not.

David T. Atha
Affiant Signature

Sworn to before me and subscribed in my presence this 1 day of March,
2012.

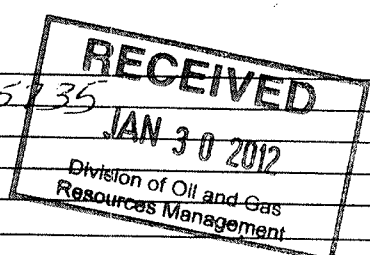
[Signature]
Notary Public
Stacie R. Knott
My Commission Expires
June 3, 2012



APPLICATION FOR A PERMIT (FORM 1)
 OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL AND GAS RESOURCES MANAGEMENT
 2045 Morse Road, Building H-3
 COLUMBUS, OHIO 43229-6693
 (614) 265-6633

SEE INSTRUCTIONS ON PAGE 2 (BACK)

1. I, We (applicant) <u>D.T. Atha, Inc.</u>		2. Owner #: <u>7077</u>	
(address) <u>P.O. Box 320, Sugar Grove, Ohio 43155</u>		Phone #: <u>740-746-8567</u>	
hereby apply this date <u>28-Dec</u> , 20 <u>11</u> for a permit to:			
<input type="checkbox"/> Reissue (check appropriate blank)	<input type="checkbox"/> Revised Location	<input checked="" type="checkbox"/> Convert	
<input type="checkbox"/> Drill New Well	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Deepen	
<input type="checkbox"/> Drill Directionally	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Reopen	
<input type="checkbox"/> Drill Horizontally	<input type="checkbox"/> Orphan Well Program	<input type="checkbox"/> Temporary Inactive	
3. TYPE OF WELL:			
<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Annular Disposal	<input checked="" type="checkbox"/> Saltwater Injection	
<input type="checkbox"/> Stratigraphic Test	<input type="checkbox"/> Gas Storage	<input type="checkbox"/> Other (explain):	
<input type="checkbox"/> Solution Mining*	<input type="checkbox"/> Enhanced Recovery* (* if checked, select appropriate box below)		
<input type="checkbox"/> Input/Injection	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Observation	
<input type="checkbox"/> Production/Extraction			
4. MAIL PERMIT TO: <u>D.T. Atha, Inc., P.O. Box 320, Sugar Grove, OH 43155</u>		20. TYPE OF TOOLS:	
		<input type="checkbox"/> Cable	
		<input type="checkbox"/> Cable / Air Rotary	
		<input type="checkbox"/> Cable / Fluid Rotary	
		<input type="checkbox"/> Cable / Air / Fluid Rotary	
		<input type="checkbox"/> Air Rotary	
		<input type="checkbox"/> Air / Fluid Rotary	
		<input type="checkbox"/> Fluid Rotary	
		<input checked="" type="checkbox"/> Service Rig	
5. COUNTY: <u>Athens</u>		21. PROPOSED CASING PROGRAM: 8.625" @ 1330' cemented to surface; 4.5" casing set @ 3772' cement top @ 2704' <u>1342'</u>	
6. CIVIL TOWNSHIP: <u>Rome</u>			
7. SECTION: <u>31</u> 8. LOT: _____			
9. FRACTION: _____ 10. QTR TWP: _____			
11. TRACT / ALLOT: _____			
12. WELL #: <u>1</u>			
13. LEASE NAME: <u>M. Frost</u>			
14. PROPOSED TOTAL DEPTH: <u>3810'</u>			
15. PROPOSED GEOLOGICAL FORMATION: <u>Onandaga Ls; Huron Shale</u>			
16. DRILLING UNIT IN ACRES (must be same as acres indicated on plat): _____			
17. IF PERMITTED PREVIOUSLY:		22. FIRE AND MEDICAL DEPARTMENT TELEPHONE NUMBERS: (closest to well site)	
API #: <u>34-009-3761-00-00</u>		Fire: <u>740-667-3343</u>	
OWNER: <u>D.T. Atha, Inc.</u>		Medical: <u>740-592-3247</u>	
WELL #: _____		23. MEANS OF INGRESS & EGRESS:	
LEASE NAME: <u>M. Frost</u>			Township Road: _____
TOTAL DEPTH: <u>4000'</u>			County Road: _____
GEOLOGICAL FORMATION: <u>Orisk., Shale, Berea</u>			Municipal Road: _____
18. IF SURFACE RIGHTS ARE OWNED BY THE OHIO DEPARTMENT OF NATURAL RESOURCES		State Highway: <u>ST RT 144</u>	
Division Name: _____		24. IS THE WELL LOCATION OR PRODUCTION FACILITIES WITHIN AN URBANIZED AREA AS DEFINED BY 1509.01(Y) ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Division Phone: _____			
19. LANDOWNER ROYALTY INTEREST:			
Is There An Attached List? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name: <u>Melvina May Frost</u>			
Address: <u>7901 ST RT 144 Guysville, OH 45735</u>			
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 the facts stated herein 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 on the tract or drilling unit and to drill into and produce from a pool and to appropriate the oil or gas that I produce therefrom either for myself or others as described in this application. And furthermore, I the undersigned, being duly sworn, depose and state at this time that I am not liable for any final nonappealable order of a court for damage to streets, roads, highways, bridges, culverts, or drainage ways pursuant to Section 5577.12 of the Ohio Revised Code (ORC). I, the undersigned, further depose and state that all notices required by 1509.06 (A) (9) ORC for this application have been duly provided by me. If applying for a permit to plug and abandon a well, I hereby certify that the written notices, as required in Section 1509.13, ORC, have been given.

That I hereby agree to conform with all provisions of Chapter 1509., ORC, and Chapter 1501., OAC, and all orders and conditions issued by the Chief, Division of Oil and Gas Resources Management.

Signature of Owner/Authorized Agent David T. Atha
 Name (Type or Print) DAVID T. ATHA Title PRESIDENT

If signed by Authorized Agent, certificate of appointment of agent must be on file.

Sworn to and subscribed before me this 12th day of January, 20 12.



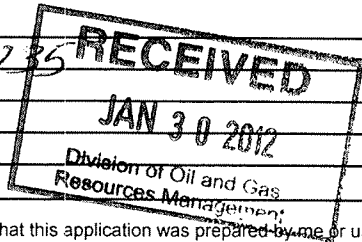
WILLIAM H. ATHA
 NOTARY PUBLIC, STATE OF OHIO
 MY COMMISSION EXPIRES ON
11-12-2015

William H. Atha
 (Notary Public)
William H. Atha
November 12, 2015
 (Date Commission Expires)

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 OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL AND GAS RESOURCES MANAGEMENT
 2045 Morse Road, Building H-3
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17. IF PERMITTED PREVIOUSLY: API #: <u>34-009-3761-00-00</u> OWNER: <u>D.T. Atha, Inc.</u> WELL #: _____ LEASE NAME: <u>M. Frost</u> TOTAL DEPTH: <u>4000'</u> GEOLOGICAL FORMATION: <u>Orisk., Shale, Berea</u>	23. MEANS OF INGRESS & EGRESS: Township Road: _____ County Road: _____ Municipal Road: _____ State Highway: <u>ST RT 144</u>
18. IF SURFACE RIGHTS ARE OWNED BY THE OHIO DEPARTMENT OF NATURAL RESOURCES Division Name: _____ Division Phone: _____	24. IS THE WELL LOCATION OR PRODUCTION FACILITIES WITHIN AN URBANIZED AREA AS DEFINED BY 1509.01(Y) ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. LANDOWNER ROYALTY INTEREST: Is There An Attached List? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: <u>MELVINA MAY FROST</u> Address: <u>7901 ST RT 144 Guysville, OH 45235</u> 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 the facts stated herein are true, correct, and complete, to the best of my knowledge.

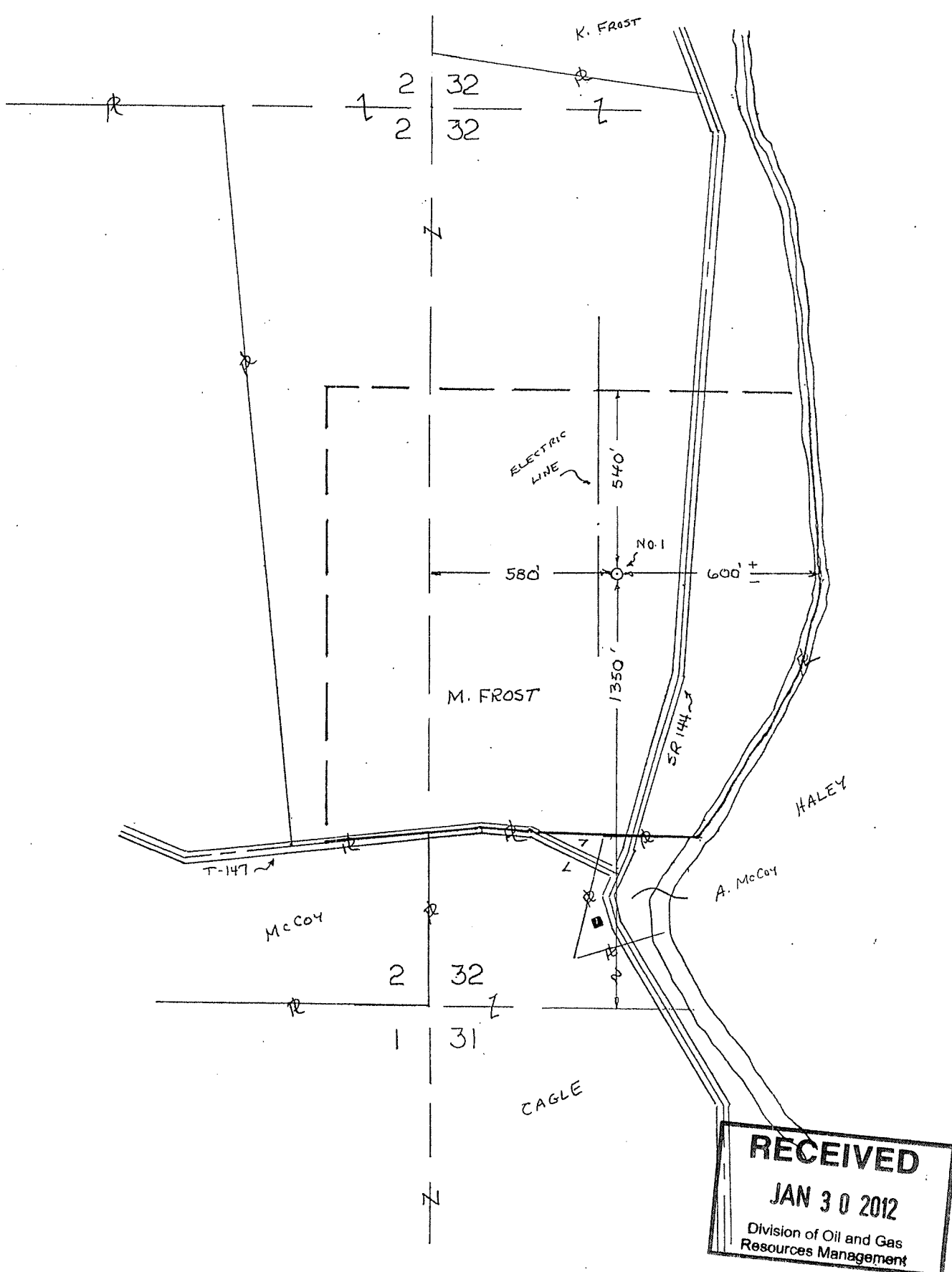
I, the undersigned, further depose and state that I am the person who has the right to drill on the tract or drilling unit and to drill into and produce from a pool and to appropriate the oil or gas that I produce therefrom either for myself or others as described in this application. And furthermore, I the undersigned, being duly sworn, depose and state at this time that I am not liable for any final nonappealable order of a court for damage to streets, roads, highways, bridges, culverts, or drainage ways pursuant to Section 5577.12 of the Ohio Revised Code (ORC). I, the undersigned, further depose and state that all notices required by 1509.06 (A) (9) ORC for this application have been duly provided by me. If applying for a permit to plug and abandon a well, I hereby certify that the written notices, as required in Section 1509.13, ORC, have been given.

That I hereby agree to conform with all provisions of Chapter 1509., ORC, and Chapter 1501., OAC, and all orders and conditions issued by the Chief, Division of Oil and Gas Resources Management.

Signature of Owner/Authorized Agent David T. Atha
 Name (Type or Print) DAVID T. ATHA Title PRESIDENT

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

Sworn to and subscribed before me this the 27th day of January, 20 12.
William H. Atha
 (Notary Public)
William H. Atha
November 12, 2015



I hereby certify that all drilling or producing wells within 1000 feet and all buildings and streams within 200 feet have been shown, there are no drilling unit lines nearer than 500 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.

Joseph T. Spilker S-5862
REG. SURVEYOR

OPERATOR MID-CON PETROLEUM CORP.
ADDRESS 987 Professional Pkwy. Heath, Ohio 43056
SURFACE M. FROST

LANDOWNER
MINERALS M. FROST

WELL NO. 1 DRILLING UNIT AC. 40
COUNTY ATHENS
TWP. ROME
QUAD. CUTLER

X 2,188,405
OHIO PLANE COORDINATES
Y 471,070

0' 400' 800'
SCALE 1"=400'

SUBDIVISION CIVIL TWP.
TWP. 6N
RANGE 11W

QUARTER TWP. _____
SECTION 32 (LOT)
TRACT _____
ALLOTMENT _____
FRACTION _____ OTHER _____

ELEV. 612' DATE: 10-31-02

RECEIVED
JAN 30 2012
Division of Oil and Gas
Resources Management

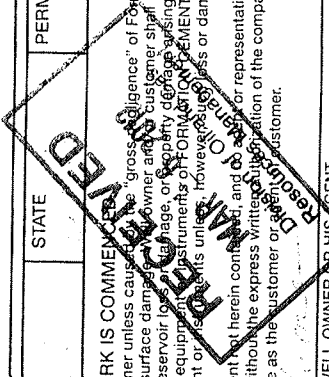
STATE OF OHIO
DEPT. OF NATURAL RESOURCES
SPLIKER
5862
SURVEYOR
NORTH



WORK ORDER AND INVOICE

P.O. Box 2667
Zanesville, Ohio 43702-2667
1-740-453-6926

DATE	WELL NO.	COUNTY	TOWNSHIP	SEC.	STATE	PERMIT NO.
05/05/05	1	Washington	Washington	1	OH	
LEASE						
CHARGE TO:						
<p>FORMATION CEMENTING, Inc., shall not be liable for damage to the property of well owner and / or customer unless caused by the "gross negligence" of Formation Cementing Inc. This provision applies, but is not limited to, subsurface damage, and surface damage arising from subsurface damage. The well owner and customer shall be responsible for and shall defend and indemnify and hold FORMATION CEMENTING, INC. harmless against any liability for reservoir loss or leakage, or property damage arising from a well "blow out" unless such loss or damage is caused by the "gross negligence" of FORMATION CEMENTING, INC. If equipment or instruments of FORMATION CEMENTING, INC. are lost or damaged at wellsite, the well owner or customer shall either recover the same or pay for such equipment or instruments unless, however, such loss or damage is caused by the gross negligence of FORMATION CEMENTING, INC.</p> <p>It is expressly understood and agreed that FORMATION CEMENTING, INC. shall not be bound by any agreement, oral or written, or representative connected with or employed by FORMATION CEMENTING, INC. has authority to alter or extend the terms of this agreement without the express written authorization of the company president. I have read and understood the terms of this Agreement and represent that I am authorized to sign the same as the customer or agent of the customer.</p> <p>SIGNED DATE: _____ TIME: _____ AM. _____ PM. _____</p> <p>By signing this Work Order and Invoice, you agree to pay a late charge of 1 1/2% per month or 18% per annum for each and every month that your account is delinquent.</p>						
CONTRACTOR	M. J. ...					
TYPE JOB	...					
MEASURE	...					
CASING NEW USED	...					
SIZE	...					
WEIGHT TYPE	...					
THREAD BORESIZE	...					
CABLE TOOLE ROTARY	...					
OB BEGAN	...					
OB COMPLETED	...					
DRIVERS	...					
RUCKS	...					
						TOTAL



Penalty of 1 1/2% per month (18% annual) after 30 days.

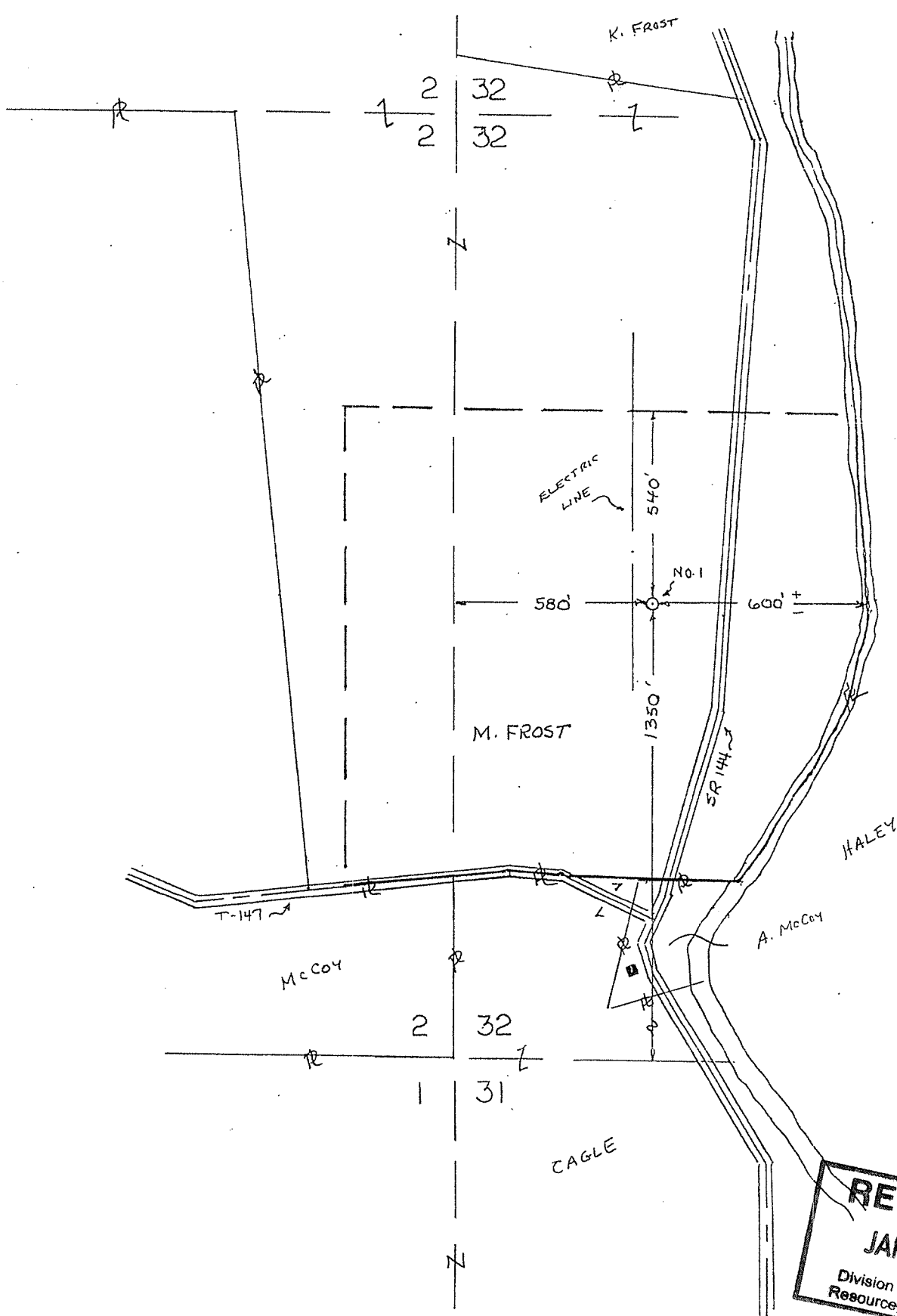


P.O. Box 2667
Zanesville, Ohio 43702-2667
1-740-453-6926

WORK ORDER AND INVOICE

gl 1/2

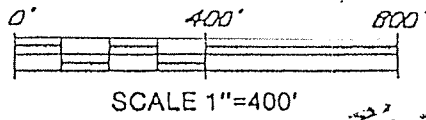
DATE <i>12-10-08</i>	WELL NO.	COUNTY <i>Washington</i>	TOWNSHIP	SEC. <i>26</i>	STATE <i>OHIO</i>	PERMIT NO. <i>10005007</i>
LEASE <i>Washington County, Ohio</i>						
CHARGE TO: <i>ATF, Zanesville, OH 43707</i>						
<p>FORMATION CEMENTING, INC., shall not be liable for damage to the property of well owner and / or customer unless caused by the "gross negligence" of Formation Cementing Inc. This provision applies, but is not limited to subsurface damage, and surface damage arising from subsurface damage. Well owner and/or customer shall be responsible for and shall defend and indemnify and hold FORMATION CEMENTING, INC. harmless against any liability for reservoir loss or impairment or property damage arising from a well "blow out" unless such loss or damage is caused by the "gross negligence" of FORMATION CEMENTING, INC. If equipment or property of FORMATION CEMENTING, INC. are lost or damaged at well site, the well owner or customer shall either recover the same or pay for such equipment or impairment, unless, provided such loss or damage is caused by the gross negligence of FORMATION CEMENTING, INC.</p> <p>It is expressly understood and agreed that FORMATION CEMENTING, INC. shall not be bound by any agreement not herein contained and no agent or representative connected with or employed by FORMATION CEMENTING, INC. has authority to alter or extend the terms of this agreement without the express written authorization of the company president. I have read and understood the terms of this Agreement and represent that I am authorized to sign the same as the customer or agent of customer.</p> <p>SIGNED DATE _____ A.M. P.M. WELL OWNER OR HIS AGENT <i>[Signature]</i> <i>[Signature]</i></p> <p>By signing this Work Order and Invoice, you agree to pay a late charge of 1 1/2% per month or 18% per annum for each and every month that your account is delinquent.</p>						
CONTRACTOR	<i>Bank Chiropractic (Chiropractor)</i>					
TYPE JOB	<i>125 lbs to 150 lbs cement 2 3/4" job</i>					
MEASURE	<i>500/86 job</i>					
CASING NEW <input checked="" type="checkbox"/> USED	<i>30" 165' Flashed</i>					
SIZE	<i>1- 4 1/2" Fluid Control</i>					
WEIGHT	<i>2- 165' Borehole 3 1/4" x 3.5"</i>					
THREAD	<i>2- 4.5" Bechtels</i>					
CABLE TOOLE <input checked="" type="checkbox"/> ROTARY	<i>4- Centralizers</i>					
JOB BEGAN	<i>12:00 AM</i>					
JOB COMPLETED	<i>1:30 AM</i>					
DRIVERS	<i>Mark [Signature]</i>					
TRUCKS	EQUIPMENT					TOTAL
						<i>1371</i>
Penalty of 1 1/2% per month (18% annual) after 30 days.						<i>50</i>



RECEIVED
 JAN 30 2002
 Division of Oil and Gas
 Resources Management

I hereby certify that all drilling or producing wells within 1000 feet and all buildings and streams within 200 feet have been shown, there are no drilling unit lines nearer than 500 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.

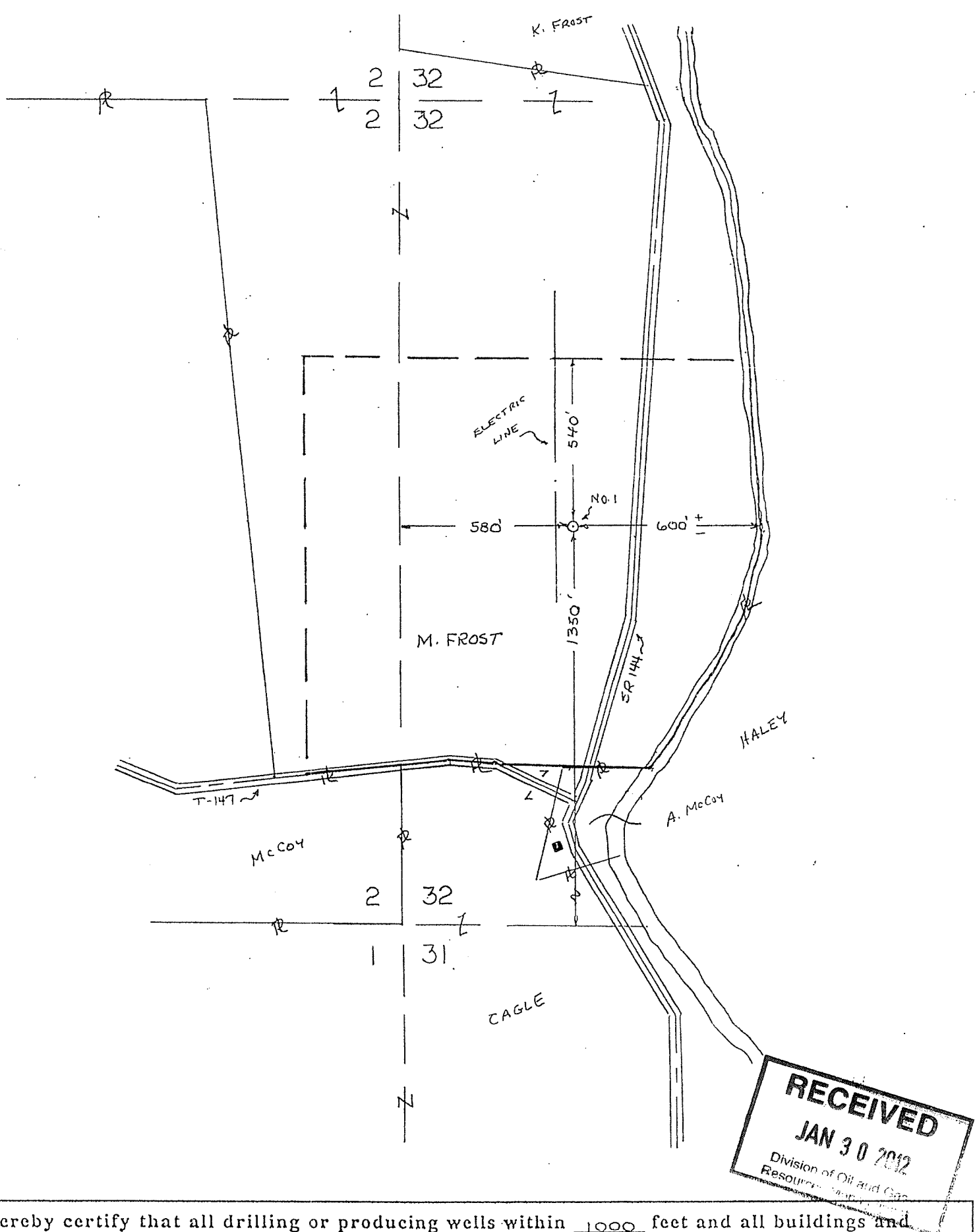
Joseph J. Spilker S-5862
 REG. SURVEYOR



OPERATOR MID-CON PETROLEUM CORP.
 ADDRESS 987 Professional Pkwy. Heath, Ohio 43056
 SURFACE M. FROST
 LANDOWNER
 MINERALS M. FROST
 WELL NO. 1 DRILLING UNIT AC. 40
 COUNTY ATHENS
 TWP. ROME
 QUAD. CUTLER
 OHIO PLANE COORDINATES
 X 2,188,405
 Y 471,070

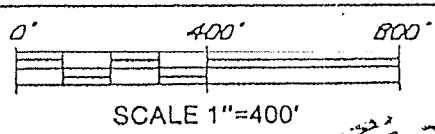
SUBDIVISION CIVIL TWP.
 TWP. 6N
 RANGE 11W
 QUARTER TWP. _____
 SECTION 32
 TRACT _____
 ALLOTMENT _____
 FRACTION _____ OTHER _____
 ELEV. 612' DATE: 10.31.02

STATE OF OHIO
 DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL AND GAS
 SURVEYOR
 NORTH
 * SPILKER *
 5862



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JAN 30 2012
 Division of Oil and Gas
 Regulatory Services

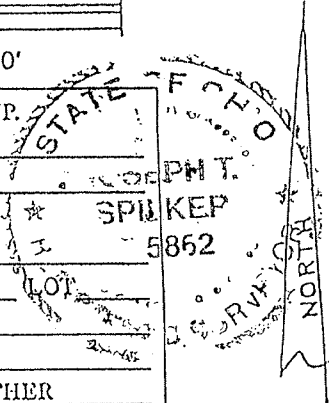
I hereby certify that all drilling or producing wells within 1000 feet and all buildings and streams within 200 feet have been shown, there are no drilling unit lines nearer than 500 feet, that this plat is true and correct and was prepared according to the current State of Ohio, Department of Natural Resources, Division of Oil and Gas Regulations.



Joseph J. Spilner S-5862
 REG. SURVEYOR

OPERATOR MID-CON PETROLEUM CORP.
 ADDRESS 987 Professional Pkwy. Heath, Ohio 43056
 SURFACE M. FROST
 LANDOWNER
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 WELL NO. 1 DRILLING UNIT AC. 40
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 Y 471,070

SUBDIVISION CIVIL TWP. _____
 TWP. 6N
 RANGE 11W
 QUARTER TWP. _____
 SECTION 32
 TRACT _____
 ALLOTMENT _____
 FRACTION _____ OTHER _____
 ELEV. 612' DATE: 10-31-02



Well Completion Record

Ohio Department of Natural Resources

Division of Mineral Resources Management, 2045 Morse Road, Building H-3, Columbus, OH 43229-6693

1. Owner #	526	Form 8: Revised 4/2002	
2. Owner name, address and telephone numbers: MID-CON PETROLEUM CO INC 987 PROFESSIONAL PWKY HEATH, OH 43056 Phone: (740) 323-2772		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: Drill New Well		3. API #: 34-009-2-3761-00-00	
7. Type of well: Oil & Gas		5. County: ATHENS	
9 X: 2188405 Y: 471070		6. Civil Township: ROME	
10. Quad: CUTLER		8. Footage: 1350'SL & 580'WL OF SEC. 32 (E)	
11. Section: 32	12. Lot:	21. Date drilling commenced: 3-18-07	
13. Fraction:	14. Qtr. Twp:	22. Date drilling completed: 3-24-07	
15. Tract:		23. Date put into production: 10-18-07	
16. Allot:		24. Date plugged if dry:	
17. Well #: 1		25. Producing formation: ORISKANY / Ohio Shale	
18. Lease Name: FROST M		26. Deepest formation: ORISKANY SS.	
19. PTD: 4000	20. Drilling Unit: 40	27. Driller's total depth: 3800	
30. Type of tools:		28. Logger's total depth: 3808	
<input type="checkbox"/> Cable	<input type="checkbox"/> Air Rotary	29. Lost hole at _____ feet.	
<input type="checkbox"/> Fluid Rotary	<input checked="" type="checkbox"/> Air/Fluid Rotary	31. Type of completion:	
<input type="checkbox"/> Cable/Air rotary	<input type="checkbox"/> Service Rig	<input type="checkbox"/> Open Hole	
<input type="checkbox"/> Cable/Fluid Rotary		<input checked="" type="checkbox"/> Through Casing	
<input type="checkbox"/> Cable/Air Rotary/Fluid Rotary		<input type="checkbox"/> Slotted Liner	
33. Perforated intervals and number of shots: 2902-3072 25 SHOTS 3598-3608 20 SHOTS		32. Elevation:	
34. Method of shot, acid, or fracture treatments, production tests, pressures, etc.:		Ground Level 612	
Shot: _____ lbs.	Acid: 1000 Gal.	CO2: _____ tons	
_____ qts.	Type: HCL	Breakdown: 1600	
Type: _____	Percent: 15	ATP 1150	
		ISIP 850	
		MIN. SIP: 650	
		AVG. RATE 27 BPM	
35. Mouse hole Plugged:		<div style="border: 2px solid black; padding: 5px; display: inline-block;">RECEIVED N2: JAN 30 2012 Division of Oil and Gas Resources Management Rat hole plugged</div>	
<input type="checkbox"/> Yes _____ Sacks	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____ Sacks	
<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
36. Amount of initial production per day:			
Natural:	Gas 0 (MCF.)	Oil 0 (Bbls.)	
After Treatment:	Gas 25 (MCF.)	Oil 0 (Bbls.)	
SERC Data:	Number of Tanks: 1	Maximum Storage Capacity of all Tanks (bbls.): 100	
37. Casing and tubing record: Please indicate which is used (cement or mudding):			
Type	Size	Feet Used in Drilling	Amount of Cement or Mud
Conductor/Drive Pipe	11.75"	40	N/A
Surface	8.625"	1330	350 SX
Intermediate			
Production	4.5"		200 SX
Tubing			
Comments:			
38. Name of drilling contractor: FMS DRILLING			
39. Type of electrical and/or radioactivity logs run (all logs must be submitted): GR-C-D-N Temp BOND/GR Perf			
40. Name of logging company: A Superior Well Services Timco, Inc.			
DIVISION USE ONLY:			
Log Submitted: Y/N	Well Class: Deeper Pool Wildcat	A/D:	
Confidential: Y/N			

ROME TWP.
ATHENS CO.

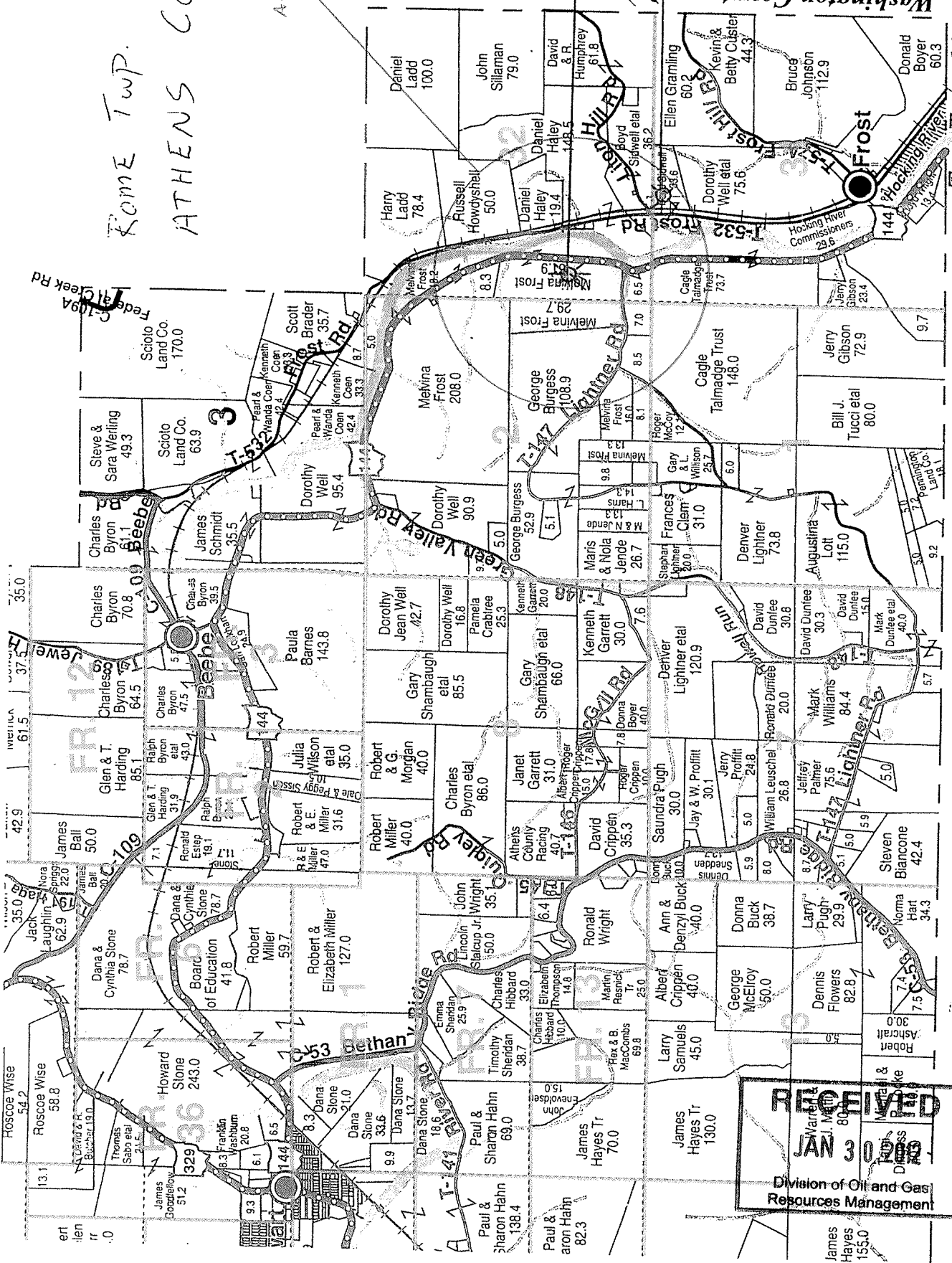
AREA OF
REVIEW

OWNER #
7277
D. ATIA
PA 3761

ADDITIONAL INVEST.
PA 5764

Washington County

Troy Township



RECEIVED
JAN 30 1988
Division of Oil and Gas
Resources Management



WORK ORDER AND INVOICE

P.O. Box 2667
Zanesville, Ohio 43702-2667
1-740-453-6926

11021

DATE 3/20/07	WELL NO. 11440	COUNTY Adams	TOWNSHIP Summit	SEC. 33	STATE OH	PERMIT NO. 37769
-----------------	-------------------	-----------------	--------------------	------------	-------------	---------------------

LEASE
East Adams

CHARGE TO:
Mason Petroleum

THIS WORK ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

FORMATION CEMENTING, Inc. shall not be liable for damage to the property of well owner and / or customer unless caused by the "gross negligence" of Formation Cementing Inc. This provision applies, but is not limited to subsurface damage, and surface damage arising from subsurface damage. Well owner and/or customer shall be responsible for and shall defend and indemnify and hold FORMATION CEMENTING, INC. harmless against any liability for reservoir loss or damage, or property damage arising from a well "blow out" unless such loss or damage is caused by the "gross negligence" of FORMATION CEMENTING, INC. If equipment or instruments of FORMATION CEMENTING, INC. are lost or damaged at the wellsite, the well owner or customer shall either recover the same or pay for such equipment or instruments unless, however, such loss or damage is caused by the gross negligence of FORMATION CEMENTING, INC.

It is expressly understood and agreed that FORMATION CEMENTING, INC. shall not be bound by any agreement not herein contained, and no agent or representative connected with or employed by FORMATION CEMENTING, INC. has authority to alter or extend the terms of this agreement without the express written authorization of the company president. I have read and understood the terms of this Agreement and represent that I am authorized to sign the same as the customer or agent of customer.

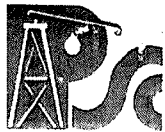
SIGNED: DATE: _____ TIME: _____ A.M. _____ P.M. _____ WELL OWNER OR HIS AGENT

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JAN 30 2007
Division of Oil and Gas
Resources Management

By signing this Work Order and Invoice, you agree to pay a late charge of 1.5% per month or 18% per annum for each and every month that your account is delinquent.

CONTRACTOR	Dive Drilling & Production Services	
TYPE JOB	Mudlogging Trucks	
MEASURE	170	Subsiding loss Cement 14 galls
	125	Subsiding loss Cement 36 galls
	1300	Drill
	950	Subsiding loss
	175	Subsiding loss Cement 100 galls
	1-63%	Subsiding loss
		Thin Cement Delivery
JOB BEGAN	AM 4:00	PM
JOB COMPLETED	AM 5:00	PM
DRIVERS	Mike Kubiak, Tom Deppert, Ned	
TRUCKS	1711	Equipment
	2007	1560, 1561, 1562, 1563
		TOTAL

Penalty of 1.5% per month (18% annual) after 30 days.



PRODUCERS SERVICE CORP.

109 SOUTH GRAHAM ST.
ZANESVILLE, OHIO 43701

JOB LOG

FIELD COPY

INVOICE NO. _____

12614

PRESSURE IN P.S.I.

BREAKDOWN 1068 MAXIMUM 1150
AVERAGE 1070 DISPLACEMENT 1200
SHUT-IN: INSTANT 0 5-MIN _____ 10-MIN _____

VOLUMES IN GAL.

LOAD & BKDN _____ PAD 2000
TREATMENT 12000 DISPL _____
TOTAL VOLUME _____

HYDRAULIC HORSEPOWER

USED 682

AVERAGE RATES IN B.P.M.

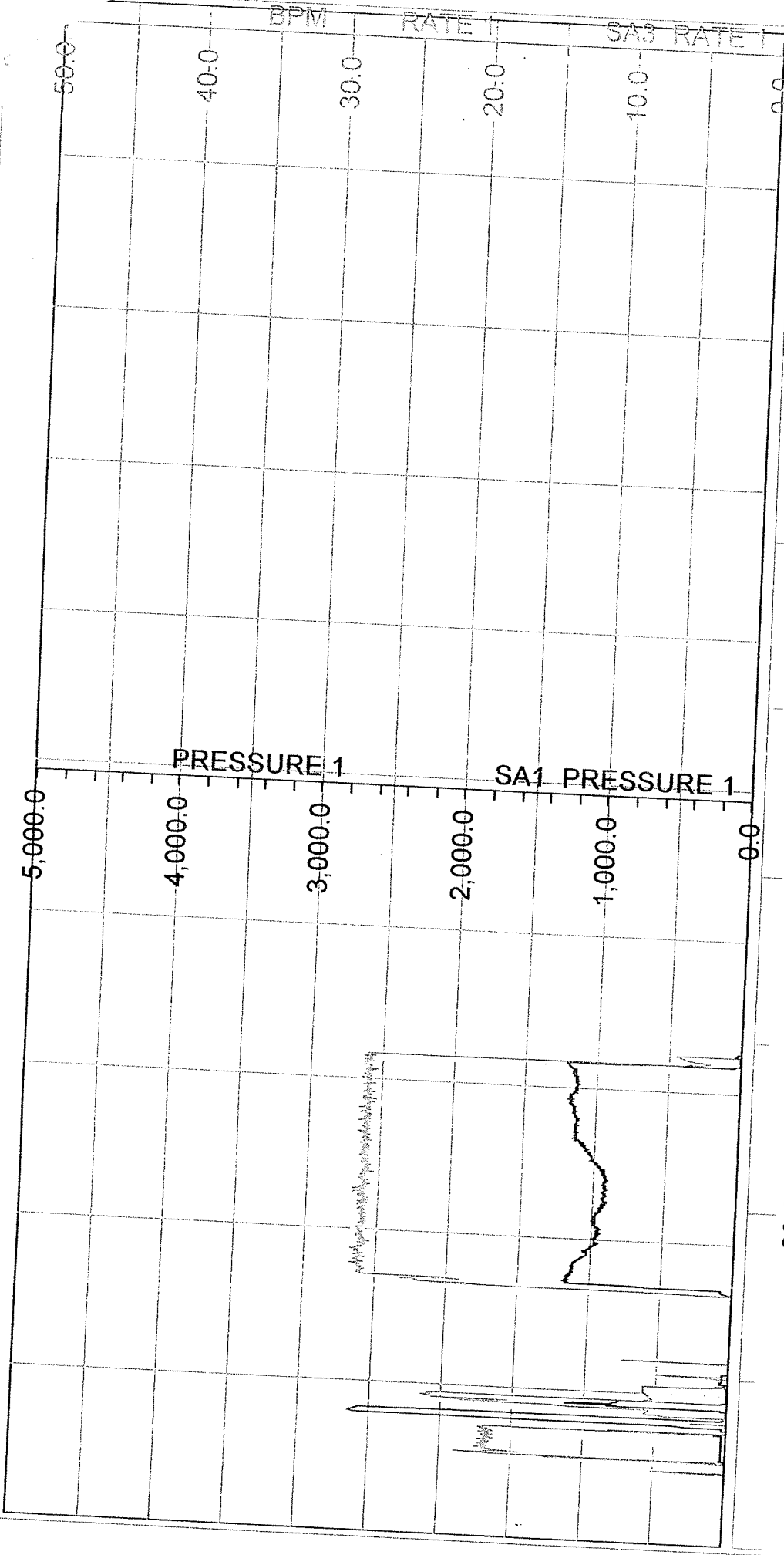
TREATING 261 DISPL 25 OVERALL 26

DESCRIPTION OF JOB

1st Stage Shale Zone in Well, Well No. 1
7-30-09 D.T. Hth

TIME	RATE (BPM)	VOLUME (GAL)	PRESSURE (PSI)		DESCRIPTION OF STAGE OR EVENT
			TUBING	CASING	
					Safety meeting
					Work done
					3rd up
906	17	1100		20	Time pump out hole
911				2600	Time pump
				1068	Break
913	21	2000		2000	Time pump
	24	2000		0	Time pump
920	24	2000		2000	Time pump
924	26	5000		2000	Time pump
927	26	9000		2000	Time pump
930	26	12000		2000	Time pump
940	26	20000		1150	Time pump
942	26	25000		1200	Time pump
					Stand by
					Shale zone time
					10 shots
					Perf Interval - 2724' - 2826'
					10 SHOTS

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JAN 30 2012
Division of Oil and Gas
Resource Management



00:30 01:00 01:30 02:00

RECEIVED
 JAN 30 2009
 Division of Oil and Gas
 Resources Management

INV.#12614
 LOAD HOLE
 PSI TEST
 STAGE ACID
 Begin Pad
 BEGIN SAND 1/2#
 Begin Sand 1#
 Begin Sand 1 1/4#
 Begin Flush
 INSTANT SHUT IN
 Shale Zone



(740) 454-6253
 (740) 454-0775-FAX
 109 SOUTH GRAHAM ST.
 ZANESVILLE, OHIO 43701

REMIT TO:
 P.O. BOX 2277
 ZANESVILLE, OHIO 43702-2277

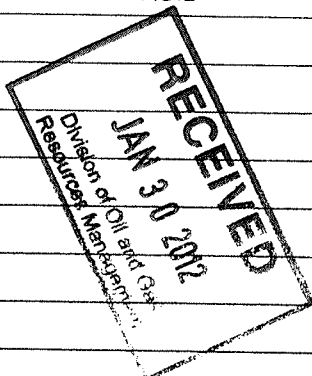
INVOICE NO.

No. 12614

FIELD COPY

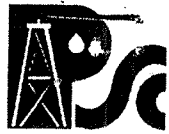
DATE OF SALE 7/20/11	LEASE 200001	TOWNSHIP Judd	COUNTY Athens	STATE OH
CUSTOMER ORDER NO.	PERMIT NO. 2161	FORMATION Shale/B-sand	TYPE shale + sand	
OWNER D.T. Hthe		CASING NEW USED U.	SIZE 4.2	FROM 66
CHARGE TO		TUBING	TO	WEIGHT
ADDRESS		OPEN HOLE 11/11		
		PERFORATIONS	2724	NO. OF SHOTS 10
		PERFORATIONS	1500	NO. OF SHOTS
		PERFORATIONS		NO. OF SHOTS
		SERVICE ENGINEER Maurice Miller		

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
	700	HHP	FLUID PUMPING CHARGE	4200	4200
	20	BPM	BLENDER-PROPORTIONER CHARGE	19	380
	100	MI.	MILEAGE CHARGE (2) UNIT(S)	7	700
	700	GAL.	% ACID	2	1400
	1	GAL.	PROHIB 1	500	500
	2	HR.	ACID DELIVERY	200	400
	20	GAL.	PRO-CLA FIRM LP	20	400
	20	GAL.	PRO-NE	20	400
		LB.	PROGEL		
		LB.	PRO BREAK 4		
	350	LB.	FLC	2	700
		GAL.	PRO SLIK		
	150	LB.	IRON TROL		
	1	U/M	Water		
	1	U/M	Iron		
	4	U/M	1/2" x 1/2" x 1/2" Balls	300	1200
	1	U/M	all Sand		
	400	CWT	BULK FRAC SAND	11.25	4500
	40000	TOTAL WEIGHT	LOADED MILES	TON MILES	



CUSTOMER Y <i>A.E. Hthe</i> Authorized Agent	NOTE: IF PAID BY _____ AMOUNT DUE IS _____	TOTAL AMOUNT
--	---	--------------

Thank You!



PRODUCERS SERVICE CORP.

109 SOUTH GRAHAM ST.
ZANESVILLE, OHIO 43701

JOB LOG

FIELD COPY

INVOICE NO. 12614

PRESSURE IN P.S.I.

BREAKDOWN 3300 MAXIMUM 1500
AVERAGE 1446 DISPLACEMENT 1300
SHUT-IN: INSTANT 955 5-MIN 815 10-MIN _____

VOLUMES IN GAL.

LOAD & BKDN 795 PAD 3205
TREATMENT 28000 DISPL 4300
TOTAL VOLUME 6300

HYDRAULIC HORSEPOWER

USED 727

AVERAGE RATES IN B.P.M.

TREATING 20 DISPL 21 OVERALL 20

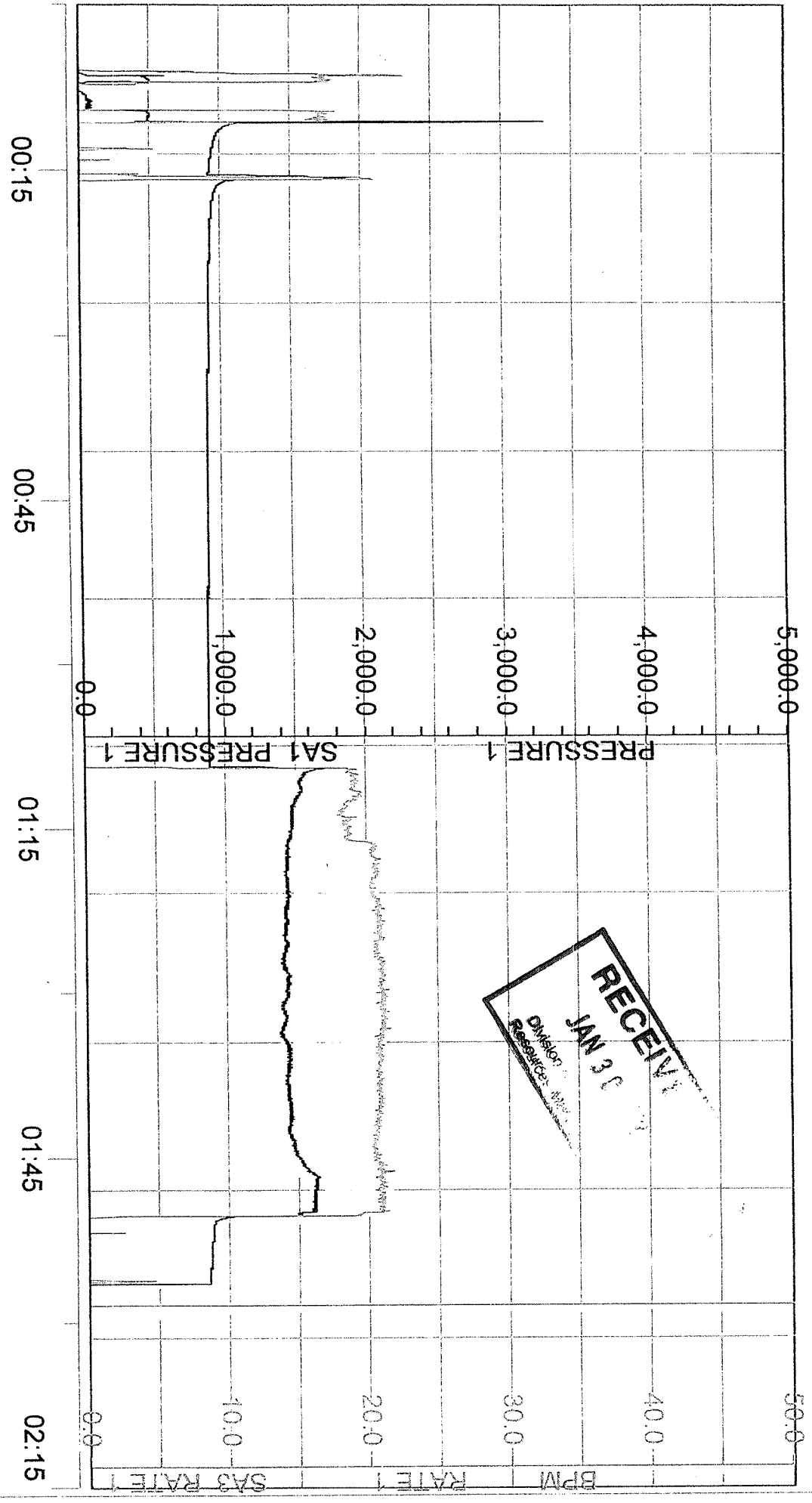
DESCRIPTION OF JOB

2nd Stage Beena down water Sand Flac
12/20/09 12/27 11ba FLAC #1

TIME	RATE (BPM)	VOLUME (GAL)	PRESSURE (PSI)		DESCRIPTION OF STAGE OR EVENT
			TUBING	CASING	
950	20	6500		450	Change 1 to 2
952	7	150			Pump Head Above Ball
	10	250		70	" " " " " "
955	15			500	Displace w H ₂ O
956	5	795		3300	Load Ball & Break
1000	20	300		1900	Stage Head
1054	19.5	1100		1600	Begin Pad
1058	18.4	4000		1475	Begin Sand 1 PPG
1110	20.1	14000		1415	1 Beena Sand 1 PPG
1111	21	19000		1412	Cont. Treatment
1120	21	24000		1440	1 Beena - Sand 1 1/4 PPG
1130	20.5	32000		1480	Begin Flush
1155	20	36300		1500	Complete Treatment
				955	1 1/2 HR
				870	2nd HR
					Back up
					off treatment
					When
					2nd

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Division of Oil and Gas
Resources Management

W.#12614
 Pump acid & Ball
 Displace W/ H2O
 STAGE ACID
 Berea Zone
 Stand by for water



Begin Pad
 BEGIN SAND 1/2#
 Begin Sand 1#
 Begin Sand 1 1/4#
 Begin Flush
 INSTANT SHUT IN
 5 MIN SHUT IN