

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

Ohio Department of Natural Resources, Division of Oil and Gas 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: CLINTON/MEDINA THROUGH MT. SIMON (KNOX & MT. SIMON PRIMARY TARGET)  
Injection Interval: From: 5235 feet to 8950  
Geologic description of injection zone: SANDSTONE, DOLOMITE

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:  
CONDUCTOR - 100' OF 16" CEMENTED TO SURF.; FRESHWATER - 500' OF 13-3/8" CEMENTED TO SURF.;  
BEREA - 1350' OF 9-5/8" CEMENTED TO SURFACE;  
PRODUCTION- 7650' OF 7" CEMENTED TO DEPTH OF 3650' (1585' ABOVE INJECTION ZONE)  
INJECTION TUBING - 5135' OF 3-1/2" SET ON PACKER
- B. Proposed method for testing the casing:  
HYDRAULIC PRESSURE OF 3-1/2" TUBING AND 7" CASING ANNULUS  
PRESSURE TEST ANNULUS TO 1400 PSI FOR 15 MINUTES WITH NO MORE THAN 5% PRESSURE DECLINE
- C. Description of the proposed method for completion and operation of the injection well:  
PERFORATE SELECTED INTERVALS IN THE CLINTON/MEDINA OPEN HOLE KNOX THRU MT. SIMON  
ACIDIZE PERFORATIONS WITH 1000 GALLONS OF ACID  
FRACTURE STIMULATE CLINTON/MEDINA WITH 200 SX SAND
- D. Description of the proposed unloading, surface storage, and spill containment facilities:  
CONCRETE UNLOADING PAD WITH CONCRETE VAULT  
6-500 BARREL TANKS (3000 BBLs)  
CONCRETE WALLED SECONDARY CONTAINMENT BERM WITH CONCRETE FLOOR  
SECONDARY CONTAINMENT DIMENSIONS 90' X 80' X 3'  
3000 BBLs OF STORAGE WILL BE TIED TOGETHER AT THE BOTTOM  
SECONDARY CONTAINMENT SUFFICIENT TO CONTAIN 3000 BBLs PLUS 25 YR 24 HR STORM

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33. **PROPOSED INJECTION VOLUMES**

- A. Indicate the estimated amount of saltwater to be injected into the proposed injection well per day:  
AVERAGE: 1000 BBLs MAXIMUM: 2000 BBLs
- B. Indicate the method to be used to measure the actual amount of saltwater injected into the well:  
DAILY WATER TICKETS AND FLOW METER

34. **PROPOSED INJECTION PRESSURES**

- A. Indicate the estimated pressure to be used for injection of saltwater into the proposed injection well:  
AVERAGE: 1000 MAXIMUM: 1200
- B. Indicate the method to be used to measure the actual daily injection pressure:  
PRESSURE GAGE AND CHART RECORDER

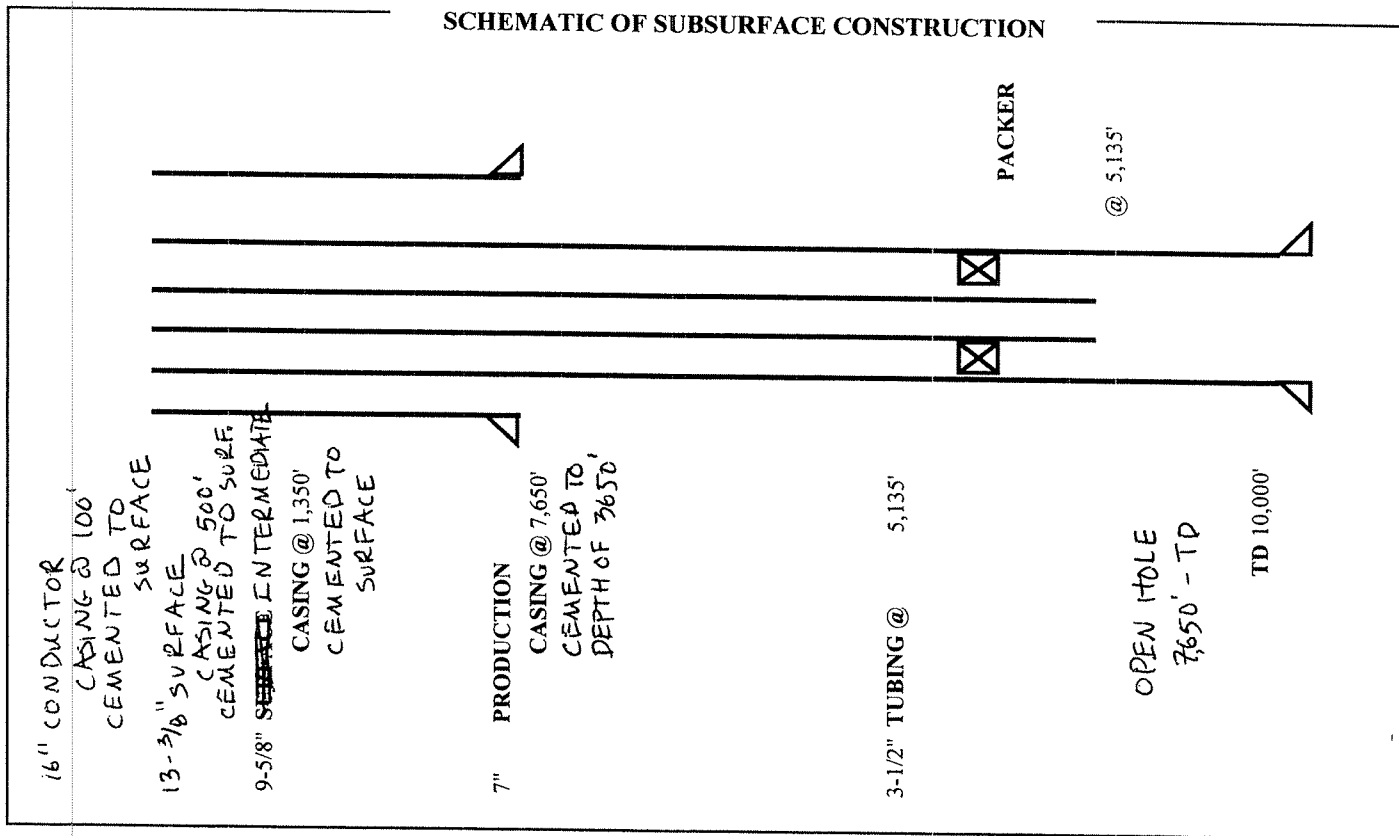
35. **PROPOSED CORRECTIVE ACTION**

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

API #34121213790000 IS A DOMESTIC WELL AND WILL BE PURCHASED AND PLUGGED.

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.

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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):

JOHN S. GAYDOS

Signature of Owner/Authorized Agent:

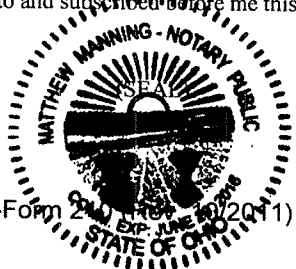
*John S. Gaydos* Title: SWD Well Manager

Permanent Address of Home Office:

SES ASSETS, LLC, 3333 N I 35-BLDG F, GAINESVILLE TX, 76240

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

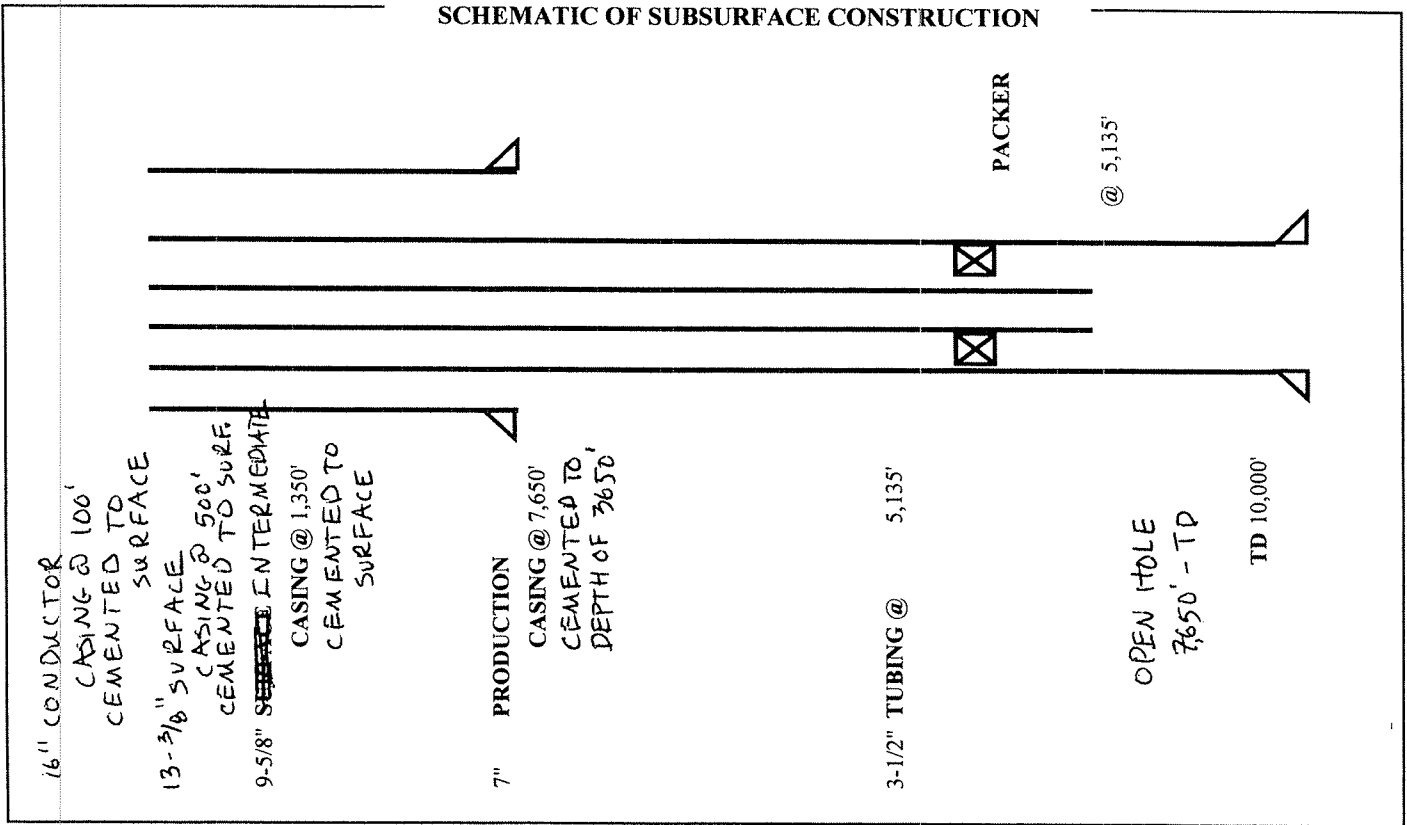
SWORN to and subscribed before me this 6th day of December, 2011.



*Matthew Manning*  
Notary Public  
June 20, 2016  
Date Commission Expires

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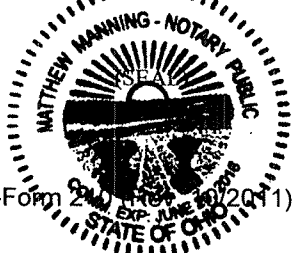
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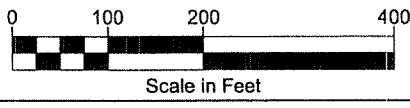
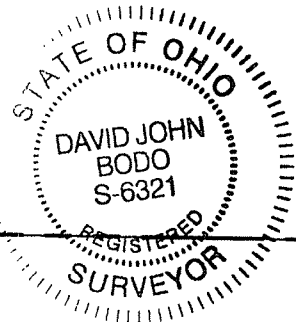
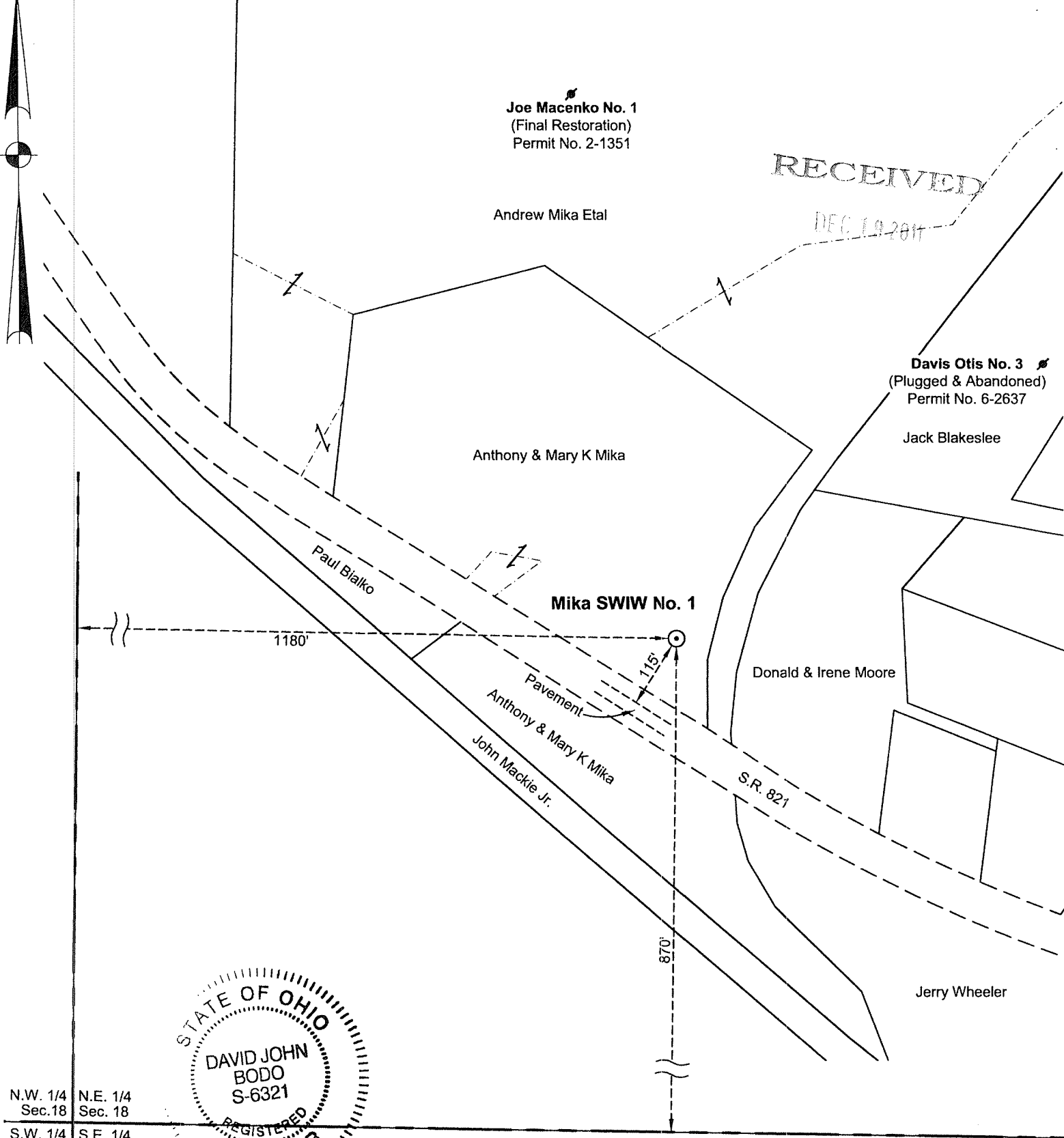
Owner/Authorized Agent (Type or Print): JOHN S. GAYDOS  
 Signature of Owner/Authorized Agent: *John S. Gaydos* Title: SWD Well Manager  
 Permanent Address of Home Office: SES ASSETS, LLC, 3333 N I 35-BLDG F, GAINESVILLE TX, 76240

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 6<sup>th</sup> day of December, 2011.

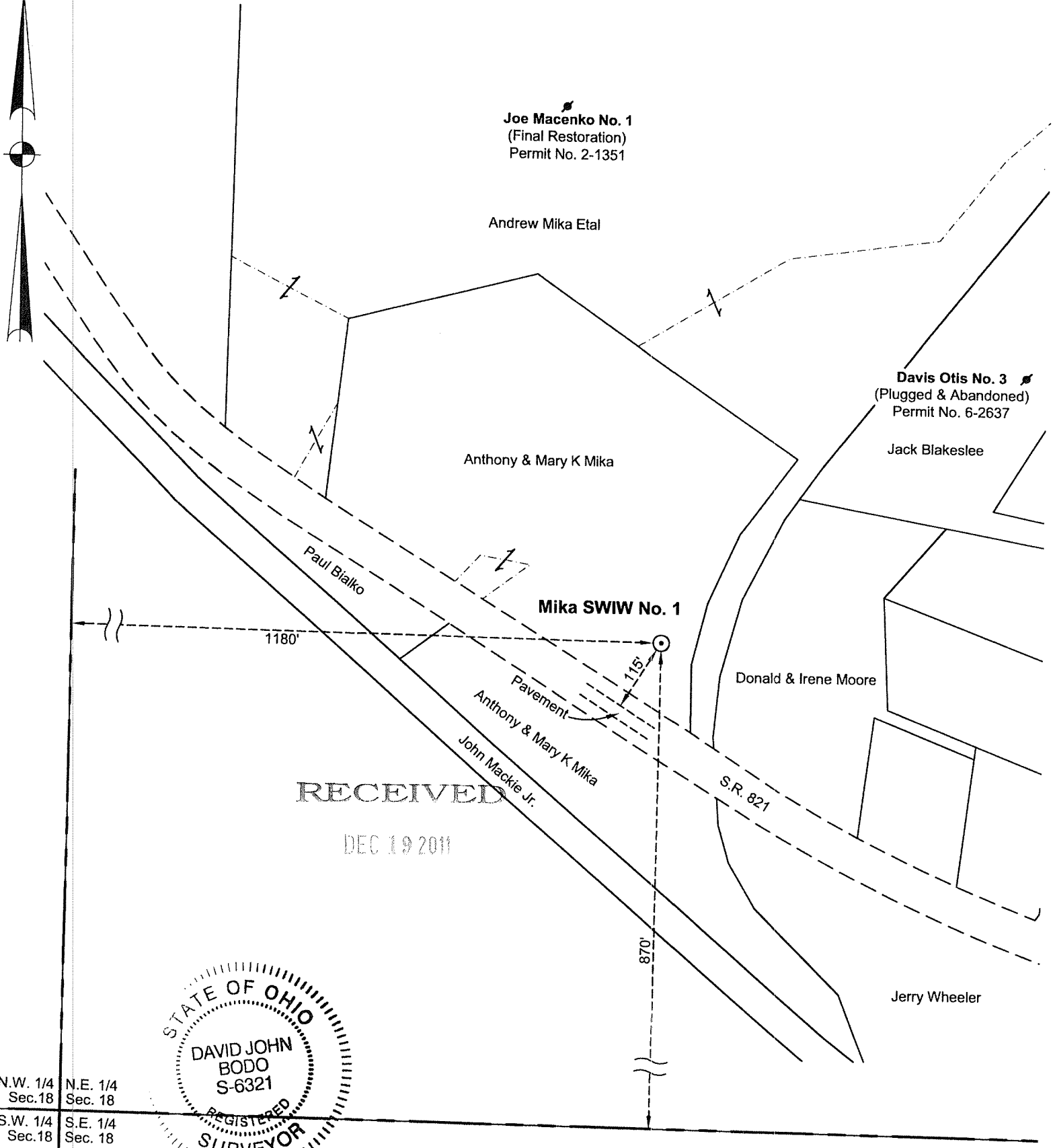


*Matthew Manning*  
 Notary Public  
 Date Commission Expires June 30, 2011



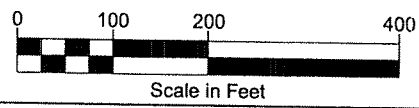
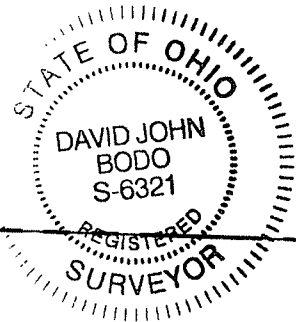
Names and acreages compiled from the Noble County Auditor's and/or Recorder's records.

<b>Plat Showing Location of Well</b> State of Ohio, Department of Natural Resources -- Division of Oil & Gas Resources Management, Columbus, Ohio		
<b>Mika SWIW No. 1</b>		
<input type="checkbox"/> Oil or Gas	<input checked="" type="checkbox"/> New Location <input checked="" type="checkbox"/> Class II Injection Well	Scale: 1" = 200'
I hereby state that all drilling or producing wells within 1000 feet and all public roads, railroads, 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 Ohio Department of Natural Resources, Division of Oil & Gas Resources Management (OAC 1501:9-1).		
<b>Registered Surveyor Number 6321</b> or <b>Registered Surveyor Number 8239</b>		<b>David Bodo &amp; Associates, Inc.</b> Professional Surveyors 5175 Tongo Rd NW, Carrollton, Ohio, 44615 (330) 863-2300 <b>SES 2096</b>
Operator: <b>SES Assets, LLC</b> Address: 3333 N I 35-BLDG F, Gainesville, Texas, 76240 Landowner:    Surface <u>Anthony &amp; Mary Mika</u> Minerals <u>--</u>		Subdivision Civil Township Township: <u>7</u> Range: <u>9</u> Section: <u>18</u> Lot: <u>--</u> Tract: <u>--</u> Subdivision: <u>Congress Lands</u>
Well Number: <u>1</u> Drilling Unit Acre: <u>--</u> County: <u>Noble</u> Township: <u>Noble</u> Urbanized Area: <u>Non-Urbanized</u> Quad: <u>Caldwell North</u>		FEMA Panel No.: <u>39121C0137C</u> Zone: <u>"X"</u> Effective Date: <u>Jan. 06, 2011</u> Elevation: <u>758</u> Date: <u>12/08/2011</u>
(NAD 83)    Ohio State    (NAD 27) Plane Coordinates (South Zone)		<u>N.E. 1/4 Sec. 18</u> <u>870' to S.L.</u> <u>1180' to W.L.</u>
X <u>2,230,460</u> Y <u>658,445</u>	X <u>2,261,925</u> Y <u>658,405</u>	<i>Coordinates are based on actual GPS field observations</i>



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N.W. 1/4 Sec. 18    N.E. 1/4 Sec. 18  
 S.W. 1/4 Sec. 18    S.E. 1/4 Sec. 18

Plat Showing Location of Well  
 State of Ohio, Department of Natural Resources -- Division of Oil & Gas Resources Management, Columbus, Ohio

**Mika SWIW No. 1**

Oil or Gas     New Location     Class II Injection Well    Scale: 1" = 200'

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*David J. Bodo*

**David Bodo & Associates, Inc.**  
 Professional Surveyors  
 5175 Tongo Rd NW, Carrollton, Ohio, 44615  
 (330) 863-2300    **SES 2096**

Registered Surveyor Number 6321 or Registered Surveyor Number 8239

Operator: **SES Assets, LLC**  
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 Landowner: Surface Anthony & Mary Mika  
 Minerals --  
 Well Number: 1    Drilling Unit Acre: --  
 County: Noble    Township: Noble  
 Urbanized Area: Non-Urbanized  
 Quad: Caldwell North

Subdivision Civil Township  
 Township: 7  
 Range: 9  
 Section: 18    Lot: --  
 Tract: --  
 Subdivision: Congress Lands

(NAD 83)    Ohio State    (NAD 27)  
 Plane Coordinates (South Zone)  
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 Y 658,445    Y 658,405

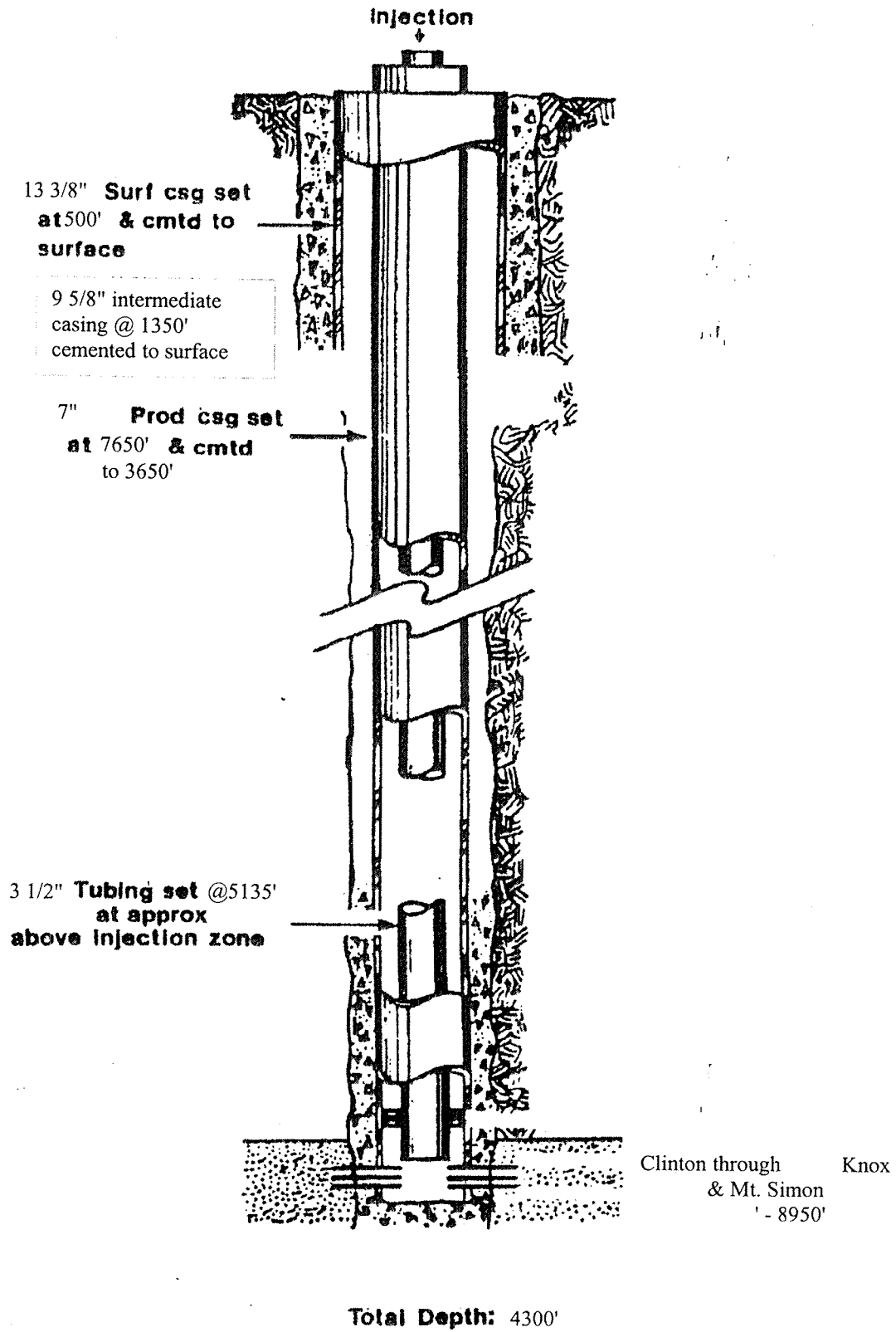
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Noble County, Noble Twp., SWIW # 8  
Mika SWIW #1

**Subsurface Construction  
For Injection Well**

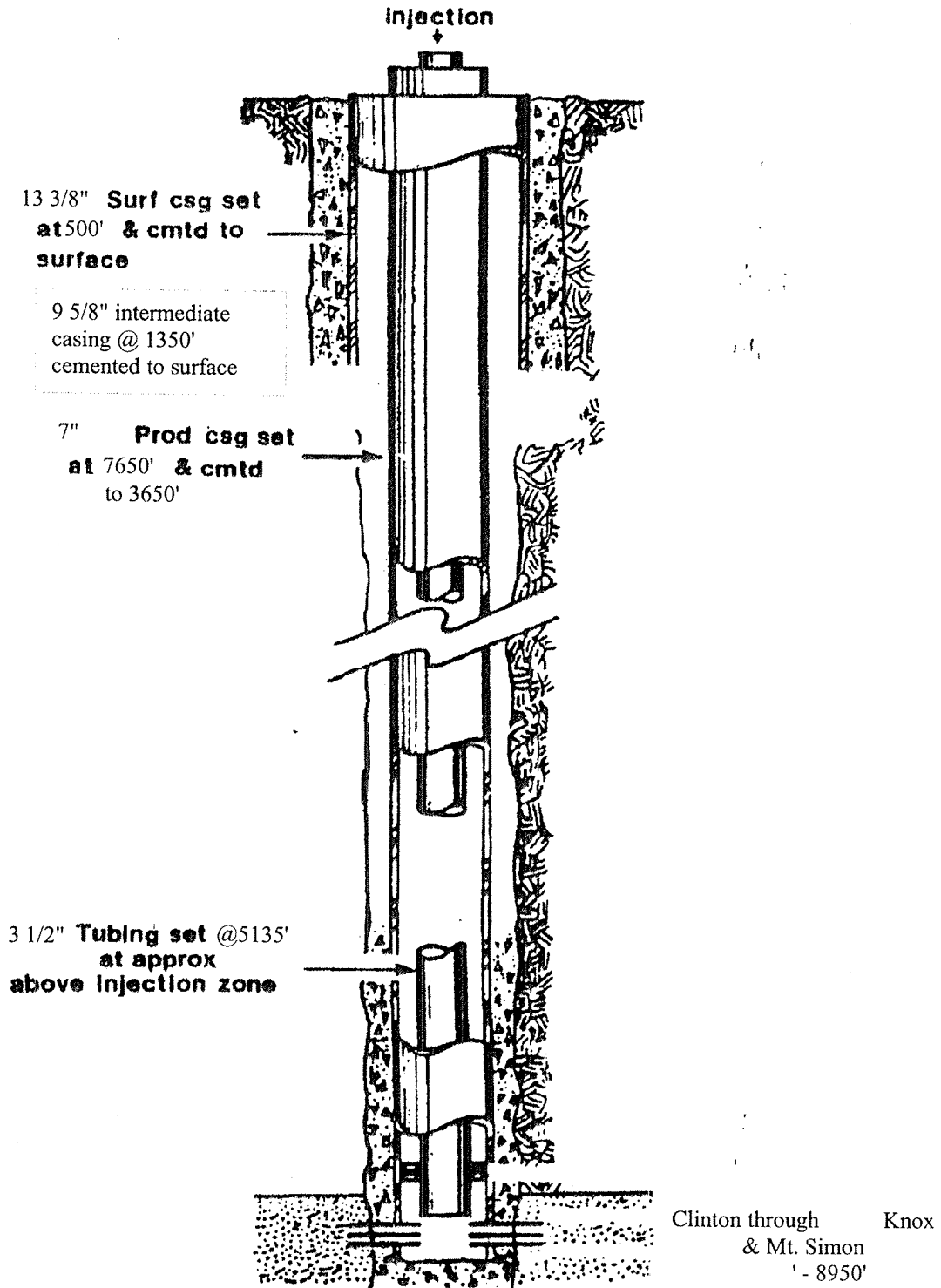
Maximum Injection Pressure:          psi



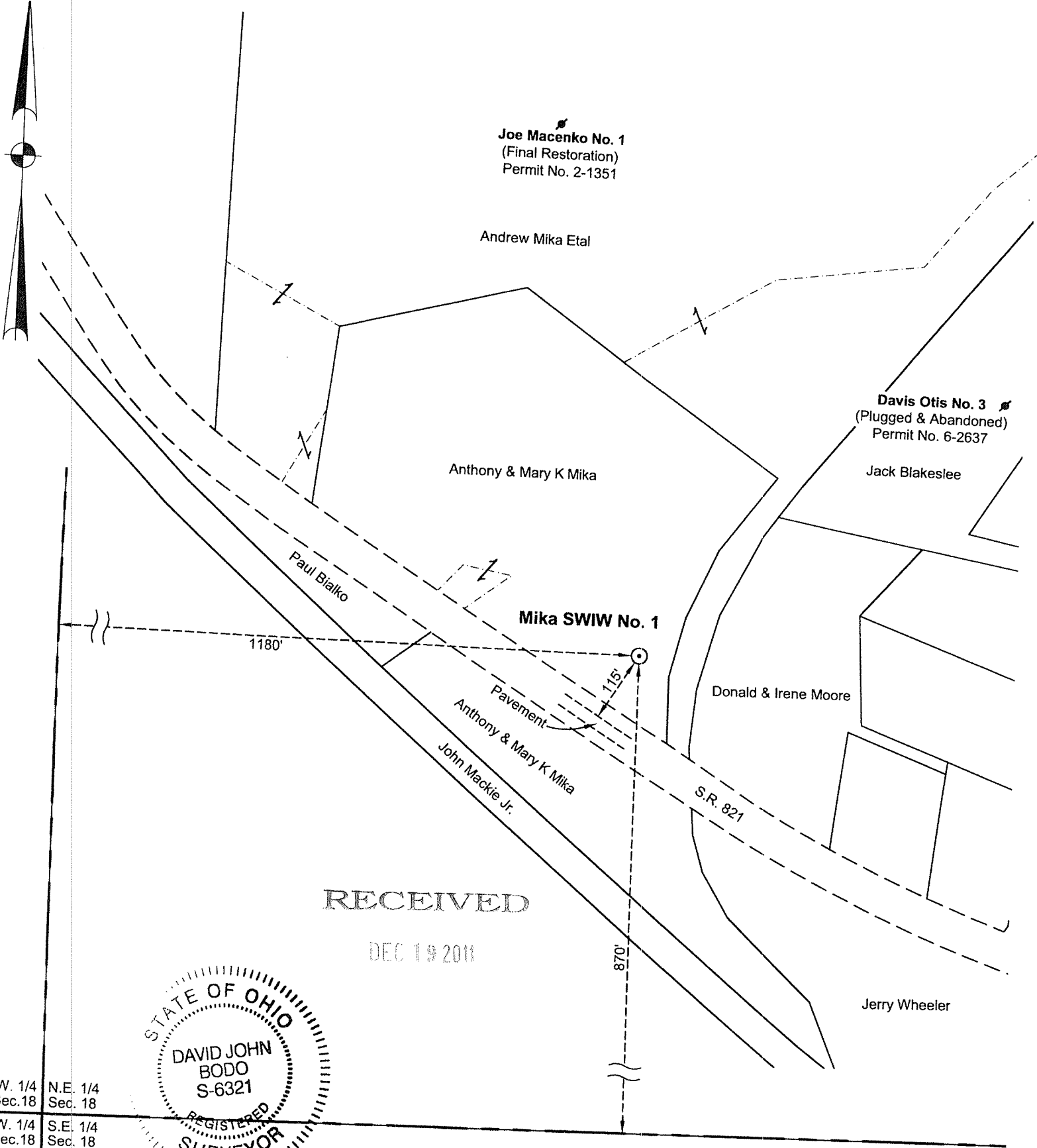
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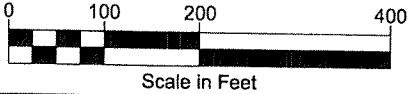
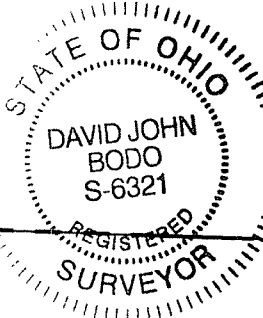


**Total Depth: 4300'**



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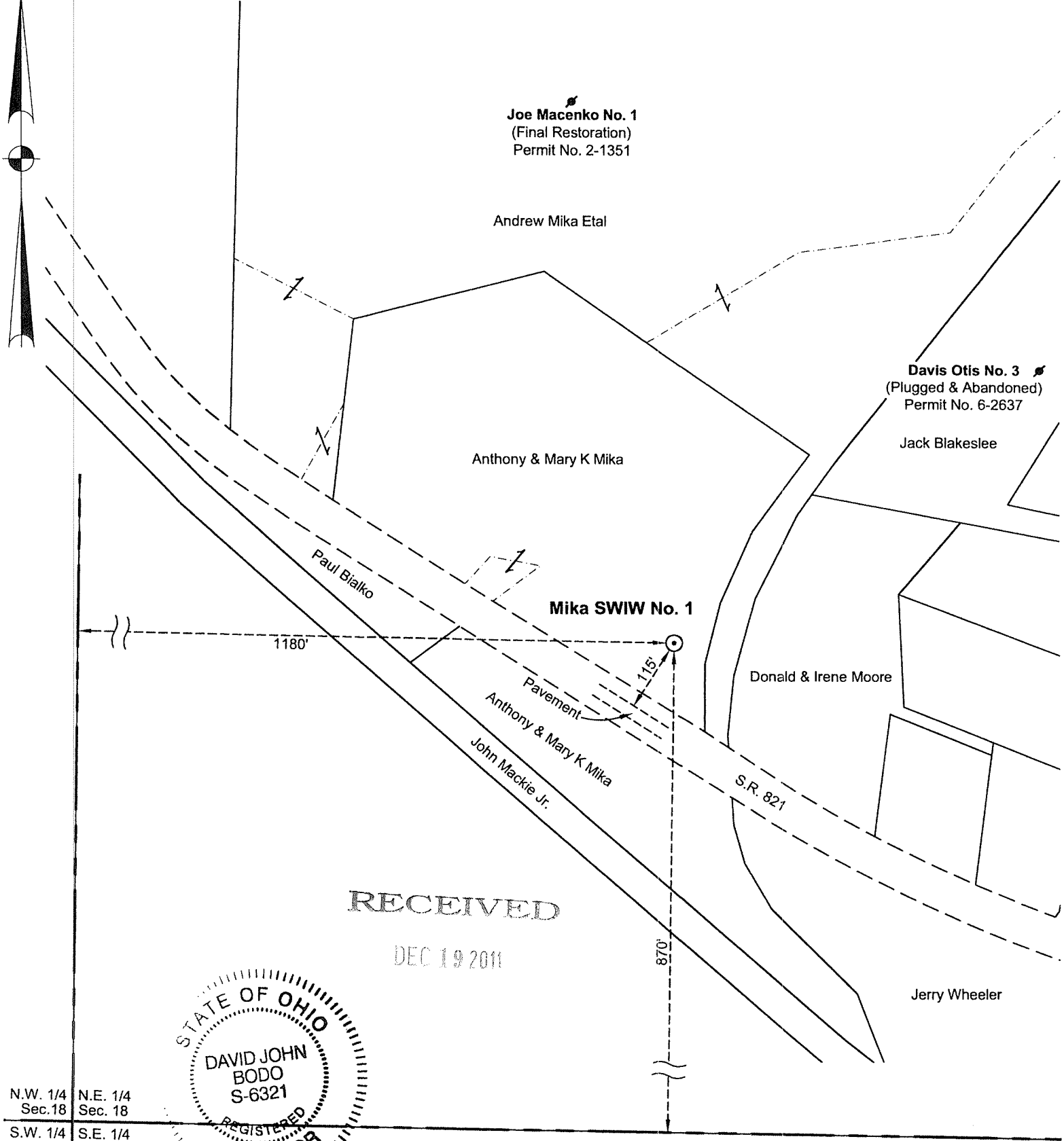
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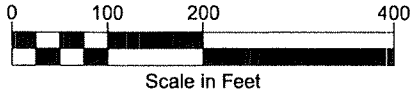
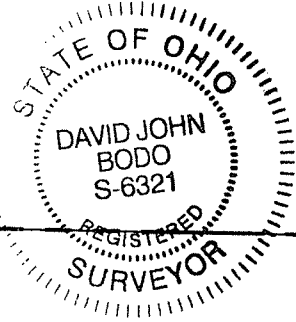
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Well Number: <u>1</u> Drilling Unit Acre: <u>--</u> County: <u>Noble</u> Township: <u>Noble</u> Urbanized Area: <u>Non-Urbanized</u> Quad: <u>Caldwell North</u>		FEMA Panel No.: <u>39121C0137C</u> Zone: <u>"X"</u> Effective Date: <u>Jan. 06, 2011</u> Elevation: <u>758</u> Date: <u>12/08/2011</u> <i>Coordinates are based on actual GPS field observations</i>
(NAD 83)    Ohio State    (NAD 27) Plane Coordinates (South Zone)		<u>N.E. 1/4 Sec. 18</u> <u>870' to S.L.</u> <u>1180' to W.L.</u>
X <u>2,230,460</u> Y <u>658,445</u>	X <u>2,261,925</u> Y <u>658,405</u>	





N.W. 1/4 Sec. 18    N.E. 1/4 Sec. 18  
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**RESTORATION PLAN (Form 4)**

Ohio Department of Natural Resources

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

<p>1. DATE OF APPLICATION:</p>																			
<p>2. OWNER NAME, ADDRESS, &amp; TELEPHONE NO.:                  SES ASSETS, LLC                  3333 N I 35-BLDG F                  GAINESVILLE TX, 76240</p>	<p>3. API #:</p> <p>4. WELL #: 1</p> <p>5. LEASE NAME: MIKA SWIW</p> <p>6. PROPERTY OWNER: MIKA, ANTHONY &amp; MARK K</p> <p>7. COUNTY: NOBLE</p> <p>8. CIVIL TOWNSHIP: NOBLE</p> <p>9. SECTION: 18      10. LOT:</p>																		
<p>11. CURRENT LAND USE:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Cropland</td> <td><input type="checkbox"/> Commercial</td> </tr> <tr> <td><input checked="" type="checkbox"/> Pasture</td> <td><input checked="" type="checkbox"/> Idle Land</td> </tr> <tr> <td><input type="checkbox"/> Wetlands</td> <td><input type="checkbox"/> Recreational</td> </tr> <tr> <td><input type="checkbox"/> Residential</td> <td><input type="checkbox"/> Industrial</td> </tr> <tr> <td><input type="checkbox"/> Unreclaimed strip mine</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Woodland:    <input type="checkbox"/> Broadleaf      <input type="checkbox"/> Needlelike</td> <td></td> </tr> </table>	<input type="checkbox"/> Cropland	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Pasture	<input checked="" type="checkbox"/> Idle Land	<input type="checkbox"/> Wetlands	<input type="checkbox"/> Recreational	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Unreclaimed strip mine		<input type="checkbox"/> Woodland: <input type="checkbox"/> Broadleaf <input type="checkbox"/> Needlelike		<p>17. TYPE OF WELL:</p> <p align="center"><input type="checkbox"/> Oil    <input type="checkbox"/> Gas    <input checked="" type="checkbox"/> Other</p> <p>18. STEEPEST SLOPE GRADIENT CROSSING SITE:</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 0 to 2%</td> <td><input type="checkbox"/> 2.1 to 8%</td> </tr> <tr> <td><input type="checkbox"/> 8.1 to 10%</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 10.1 to 24%</td> <td><input type="checkbox"/> greater than 24%</td> </tr> </table>	<input checked="" type="checkbox"/> 0 to 2%	<input type="checkbox"/> 2.1 to 8%	<input type="checkbox"/> 8.1 to 10%		<input type="checkbox"/> 10.1 to 24%	<input type="checkbox"/> greater than 24%
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# RESTORATION PLAN (Form 4)

Ohio Department of Natural Resources

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

<p>1. DATE OF APPLICATION:</p>																
<p>2. OWNER NAME, ADDRESS, &amp; TELEPHONE NO.:</p> <p>SES ASSETS, LLC 3333 N I 35-BLDG F GAINESVILLE TX, 76240</p>	<p>3. API #:</p> <p>4. WELL #: 1</p> <p>5. LEASE NAME: MIKA SWIW</p> <p>6. PROPERTY OWNER: MIKA, ANTHONY &amp; MARK K</p> <p>7. COUNTY: NOBLE</p> <p>8. CIVIL TOWNSHIP: NOBLE</p> <p>9. SECTION: 18      10. LOT:</p>															
<p>11. CURRENT LAND USE:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Cropland</td> <td><input type="checkbox"/> Commercial</td> </tr> <tr> <td><input checked="" type="checkbox"/> Pasture</td> <td><input checked="" type="checkbox"/> Idle Land</td> </tr> <tr> <td><input type="checkbox"/> Wetlands</td> <td><input type="checkbox"/> Recreational</td> </tr> <tr> <td><input type="checkbox"/> Residential</td> <td><input type="checkbox"/> Industrial</td> </tr> <tr> <td><input type="checkbox"/> Unreclaimed strip mine</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Woodland: <input type="checkbox"/> Broadleaf      <input type="checkbox"/> Needlelike</td> <td></td> </tr> </table>	<input type="checkbox"/> Cropland	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Pasture	<input checked="" type="checkbox"/> Idle Land	<input type="checkbox"/> Wetlands	<input type="checkbox"/> Recreational	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Unreclaimed strip mine		<input type="checkbox"/> Woodland: <input type="checkbox"/> Broadleaf <input type="checkbox"/> Needlelike		<p>17. TYPE OF WELL:</p> <p><input type="checkbox"/> Oil      <input type="checkbox"/> Gas      <input checked="" type="checkbox"/> Other</p> <p>18. STEEPEST SLOPE GRADIENT CROSSING SITE:</p> <p><input checked="" type="checkbox"/> 0 to 2%      <input type="checkbox"/> 2.1 to 8%</p> <p><input type="checkbox"/> 8.1 to 10%</p> <p><input type="checkbox"/> 10.1 to 24%      <input type="checkbox"/> greater than 24%</p>			
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<p>26. SURFACING MATERIAL FOR ACCESS ROAD:</p> <input checked="" type="checkbox"/> Gravel <input type="checkbox"/> Brick and/or tile waste <input type="checkbox"/> Slag <input type="checkbox"/> Crushed stone <input type="checkbox"/> No surfacing material to be used <input type="checkbox"/> Proposed alternative	<p>29. STEEPEST SLOPE GRADIENT ON ACCESS ROAD:</p> <input checked="" type="checkbox"/> 0 to 5% <input type="checkbox"/> 6 to 10% <input type="checkbox"/> greater than 10%
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<p>28. GRADING AND EROSION CONTROL PRACTICE ON ROAD:</p> <input type="checkbox"/> Diversions <input type="checkbox"/> Filter strips <input type="checkbox"/> Drains <input type="checkbox"/> Riprap <input type="checkbox"/> Open top culverts <input type="checkbox"/> Water breaks <input type="checkbox"/> Outsloping of road <input checked="" type="checkbox"/> Pipe culverts <input type="checkbox"/> Proposed alternative	<p>31. HAS LANDOWNER RECEIVED A COPY OF THIS RESTORATION PLAN?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 Mineral Resources Management.

Signature of Owner/Authorized Agent John S. Gaydos  
Name (Typed or Printed) JOHN S. GAYDOS Date 12/6/11

RESTORATION PLAN MUST BE SUBMITTED TO THE DIVISION IN DUPLICATE.

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DEC 19 2011

**Tomastik, Tom**

**From:** Marty Shumway [marty@mackex.com]  
**Sent:** Monday, December 19, 2011 11:16 AM  
**To:** Tomastik, Tom  
**Cc:** John Gaydos  
**Subject:** Permit Application

Tom,

I dropped a permit application off this morning at your office on behalf of SES Assets, LLC for the Mika SWIW #1. Please let me or John Gaydos (724.809.1059) know if you need any information or have any questions. Thanks.

Marty

-----  
Martin R. Shumway CPG, PE  
MacKenzie Land & Exploration, Ltd.  
mail: PO Box 166  
courier: 137 E Dublin Granville Rd Ste E  
Worthington, OH 43085

[www.mackex.com](http://www.mackex.com)

phone: 614-785-1652  
fax: 614-429-6851  
cell: 614-403-2672

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12/19/2011

STATE OF OHIO  
THE OHIO DEPARTMENT OF NATURAL RESOURCES  
THE DIVISION OF OIL AND GAS RESOURCES MANAGEMENT  
2045 MORSE ROAD, BUILDING H-3  
COLUMBUS, OHIO 43229-6693

OIL AND GAS AFFIDAVIT

Application No. \_\_\_\_\_  
(To be filled in by the Division)

STATE OF OHIO ss:  
COUNTY OF NOBLE

NAME OF LANDOWNER: ANTHONY & MARY KAY MIKA  
ADDRESS OF LANDOWNER: 48665 WARGO RD CALDWELL OH 43724

Being first duly sworn according to law, depose and say that they are the owners of the following described real estate:

Located in NORTHEAST Quarter of  
Section 18  
Fraction/Lot \_\_\_\_\_, NOBLE Township,  
NOBLE County, Ohio.

The undersigned certify that they are the owners of the property in fee simple, including the coal rights, and have no objections to the drilling of the MIKA SWIW #1, by the  
(Well Name & No.)  
SES ASSETS, LLC on said premises.  
(Company)

Further affiant sayeth naught.

Signatures:

Signatures:

Signatures:

Signatures:

SWORN to before me and subscribed in my presence this 13<sup>th</sup>  
Day of December, 20 11

Notary Public: Freddie Powell

My Commission Expires 4/14/2014

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THE OHIO DEPARTMENT OF NATURAL RESOURCES  
THE DIVISION OF OIL AND GAS RESOURCES MANAGEMENT  
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Exhibit 1.

DEC 19 2011

SES-001 (MIKA SWIW #1) Noble County, Noble Township, Section 18

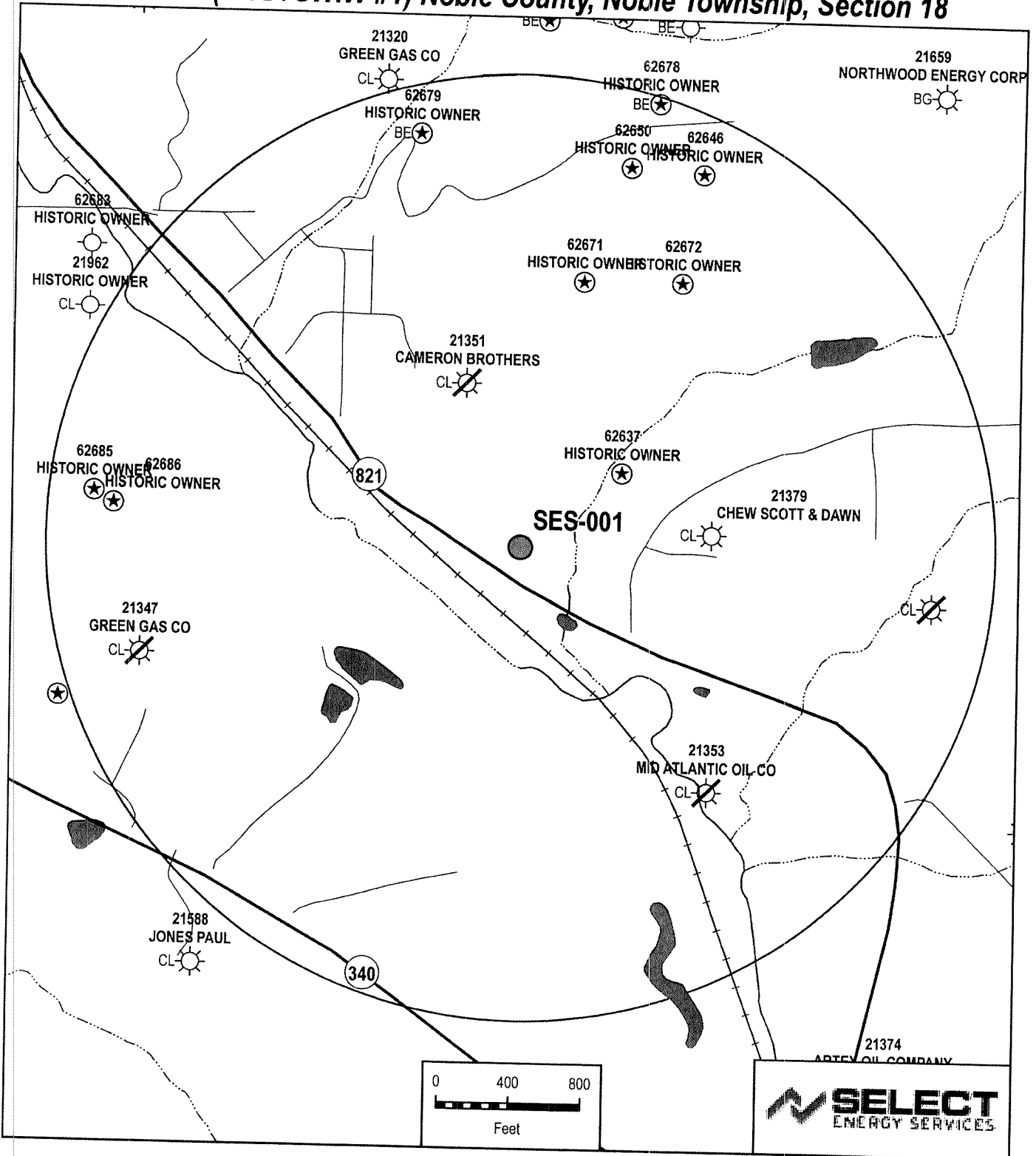
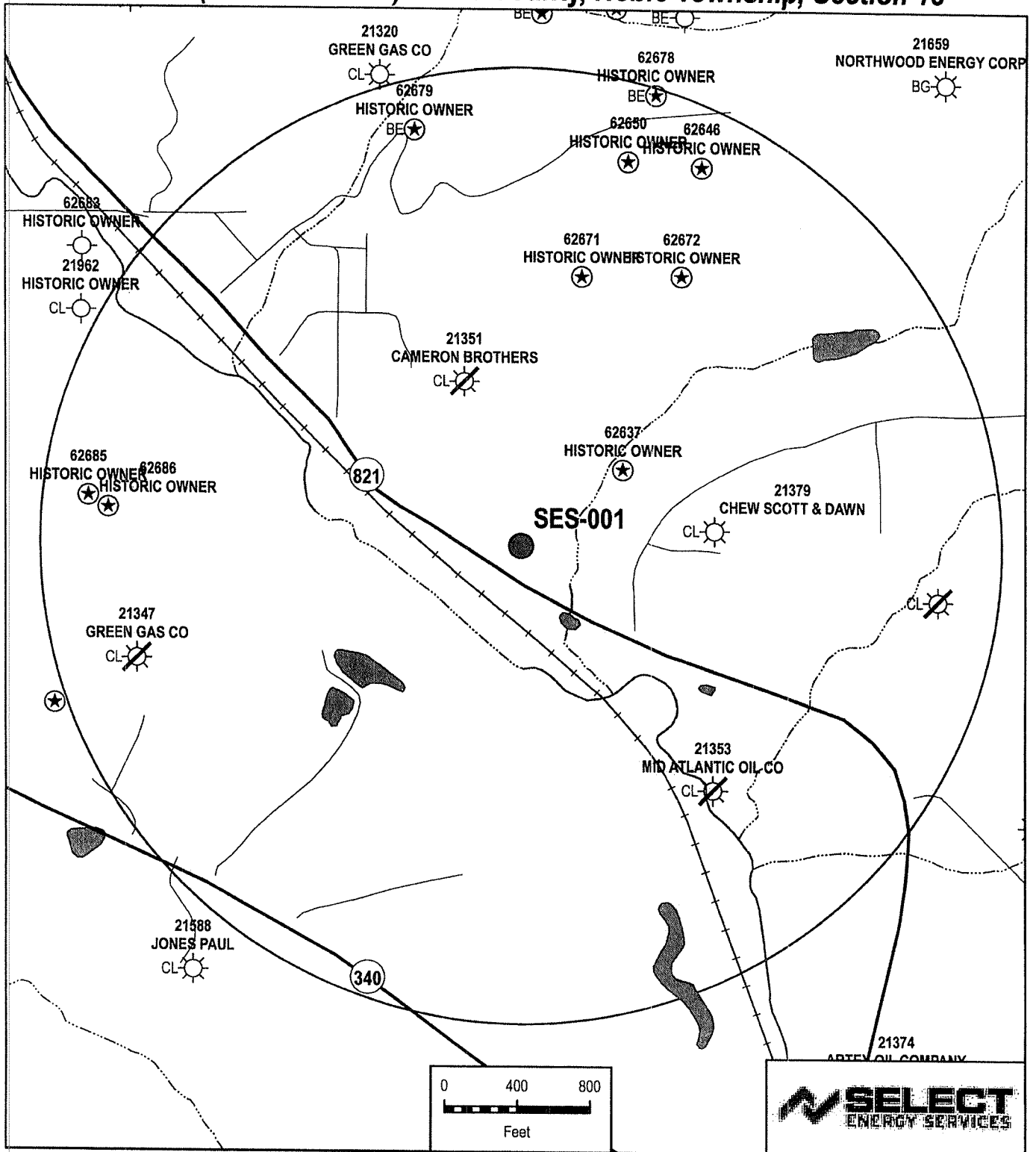


Exhibit 1.

SES-001 (MIKA SWIW #1) Noble County, Noble Township, Section 18



MIKA SWIW #1

PERSONS TO BE NOTIFIED PERSONALLY AS PER 1501:9-5-05(E)(1)  
OF THE OHIO REVISED CODE

SCOTT CHEW  
48506 ST RT 821  
CALDWELL, OH 43724  
TEL: (740) 732-1388

RECEIVED

DEC 19 2011

MIKA SWIW #1

PERSONS TO BE NOTIFIED PERSONALLY AS PER 1501:9-5-05(E)(1)  
OF THE OHIO REVISED CODE

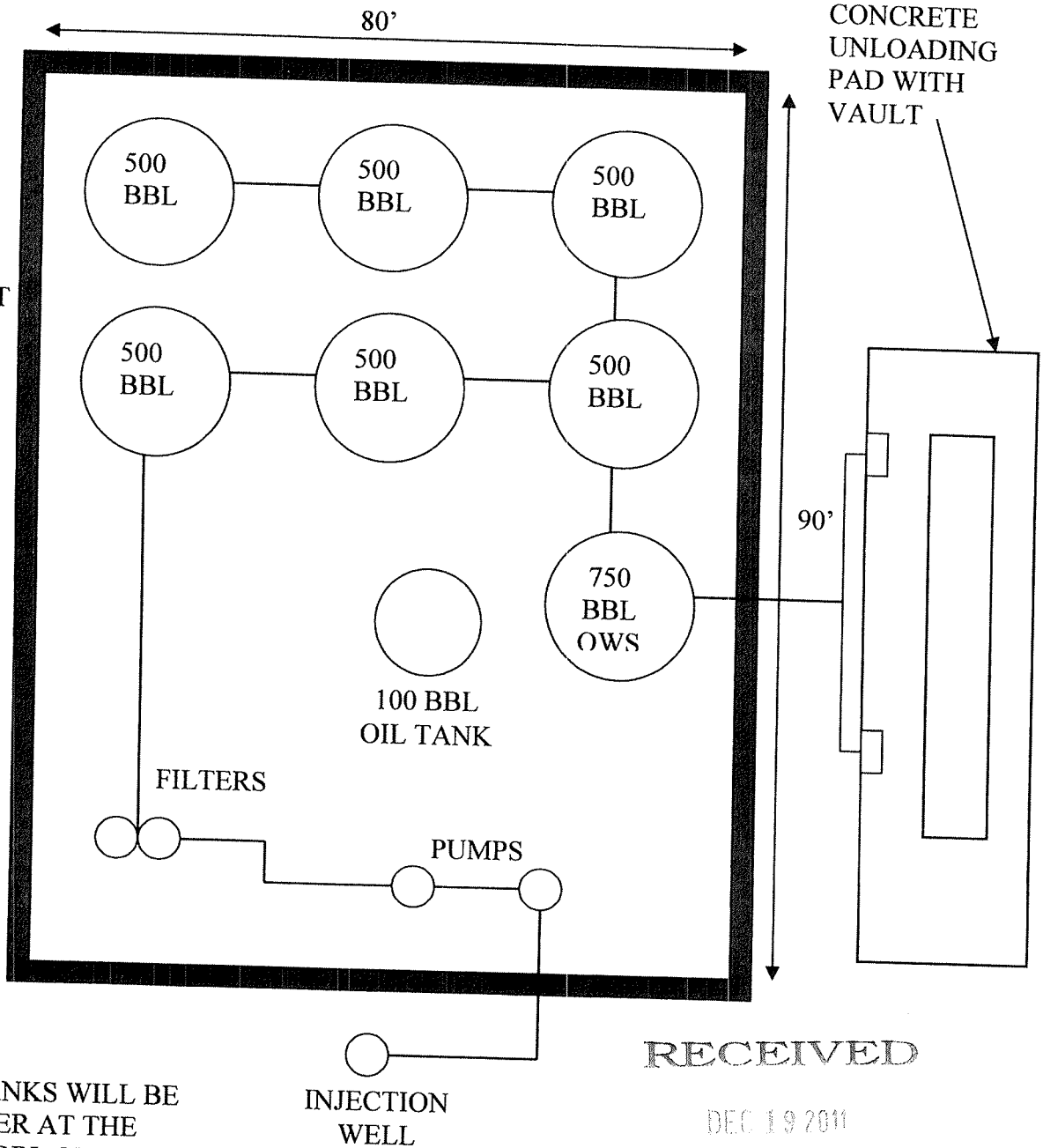
SCOTT CHEW  
48506 ST RT 821  
CALDWELL, OH 43724  
TEL: (740) 732-1388

RECEIVED

DEC 19 2011

SES ASSETS, LLC  
 MIKA SWIW #1  
 SECONDARY CONTAINMENT SCHEMATIC

SECONDARY  
 CONTAINMENT  
 80' x 90' x 3'



6 - 500 BBL TANKS WILL BE  
 TIED TOGETHER AT THE  
 BOTTOM. 750 BBL OWS TIED  
 TO 500 BBL TANKS AT TOP

RECEIVED

DEC 19 2011

Revision 1: 12/6/2011

STATE OF OHIO  
THE OHIO DEPARTMENT OF NATURAL RESOURCES  
THE DIVISION OF OIL AND GAS RESOURCES MANAGEMENT  
2045 MORSE ROAD, BUILDING H-3  
COLUMBUS, OHIO 43229-6693

OIL AND GAS AFFIDAVIT

Application No. \_\_\_\_\_  
(To be filled in by the Division)

STATE OF OHIO ss:  
COUNTY OF NOBLE

NAME OF LANDOWNER: ANTHONY & MARY KAY MIKA  
ADDRESS OF LANDOWNER: 48665 WARGO RD CALDWELL OH 43724

Being first duly sworn according to law, depose and say that they are the owners of the following described real estate:

Located in NORTHEAST Quarter of  
Section 18  
Fraction/Lot \_\_\_\_\_, NOBLE Township,  
NOBLE County, Ohio.

The undersigned certify that they are the owners of the property in fee simple, including the coal rights, and have no objections to the drilling of the MIKA SWIW #1, by the  
(Well Name & No.)  
SES ASSETS, LLC on said premises.  
(Company)

RECEIVED

Further affiant sayeth naught.

Signatures: Anthony Mika

Signatures: Mary Kay Mika

Signatures: \_\_\_\_\_

Signatures: \_\_\_\_\_

DEC 19 2011

SWORN to before me and subscribed in my presence this 13<sup>th</sup>  
Day of December, 20 11

Notary Public: Freddie Powell  
My Commission Expires 4/14/2014

**Tomastik, Tom**

**From:** Tomastik, Tom  
**Sent:** Wednesday, September 21, 2011 8:22 AM  
**To:** 'Marty Shumway'  
**Subject:** RE: SWIW Review

Marty:

I have completed Area of Review (AOR) for your proposed location. There is a producing Clinton well in the AOR (Permit #1379) that could file an objection to your proposed saltwater injection application. If you are set on using the Clinton as one of your disposal zones, I would recommend contacting the owner of this Clinton well in advance to see if they will object. His name is Scott Chew and his number is (740) 732-1388. The well is used for domestic purposes, so it may not be an issue. However, if they are going to object, then I would permit the injection well for the Knox through Mt. Simon and do an open-hole completion.

Tom Tomastik, Geologist 4

Division of Mineral Resources Management

2045 Morse Road, H-3

Columbus, Ohio 43229-6693

(614) 265-1032

**From:** Marty Shumway [mailto:marty@mackex.com]  
**Sent:** Monday, September 19, 2011 2:59 PM  
**To:** Tomastik, Tom  
**Subject:** SWIW Review

Tom,

Following is information for a preliminary review of a proposed SWIW location as we discussed today.

Geographic Coordinates (NAD1083): [S156°58'49.5" W](#) / 39.80409468° N  
State Plane (Ohio South, NAD1983, Feet): X=2,230,458 Y=658,443  
County: Noble  
Township: Noble  
Section: NE Quarter of Section 18

The proposed disposal formations are the Mt. Simon (±8750 feet) and the Clinton Sandstone (±5250 feet). The proposed injection rate would be greater than 200 bbls per day.

9/21/2011

I also attached a map showing the proposed location & oil and gas wells in the vicinity (1/2 mile AOR shown in yellow). Please let me know if you need any additional information.

Thanks,  
Marty

-----  
Martin R. Shumway CPG, PE  
MacKenzie Land & Exploration, Ltd.  
mail: PO Box 166  
courier: 137 E Dublin Granville Rd Ste E  
Worthington, OH 43085

[www.mackenzie.com](http://www.mackenzie.com)

phone: 614-786-1080  
fax: 614-429-6851  
cell: 614-403-2672

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9/21/2011



**Tomastik, Tom**

**From:** Marty Shumway [marty@mackex.com]  
**Sent:** Monday, September 19, 2011 2:59 PM  
**To:** Tomastik, Tom  
**Subject:** SWIW Review  
**Attachments:** SWIW-1.pdf

Tom,

Following is information for a preliminary review of a proposed SWIW location as we discussed today.

Geographic Coordinates (NAD1083):  $81.56758495^{\circ}$  W /  $39.80409468^{\circ}$  N  
State Plane (Ohio South, NAD1983, Feet): X=2,230,458 Y=658,443  
County: Noble  
Township: Noble  
Section: NE Quarter of Section 18

The proposed disposal formations are the Mt. Simon ( $\pm 8750$  feet) and the Clinton Sandstone ( $\pm 5250$  feet). The proposed injection rate would be greater than 200 bbls per day.

I also attached a map showing the proposed location & oil and gas wells in the vicinity (1/2 mile AOR shown in yellow). Please let me know if you need any additional information.

Thanks,  
Marty

-----  
Martin R. Shumway CPG, PE  
MacKenzie Land & Exploration, Ltd.  
mail: PO Box 166  
courier: 137 E Dublin Granville Rd Ste E  
Worthington, OH 43085

[www.mackex.com](http://www.mackex.com)

phone: 614-785-1682  
fax: 614-429-6851  
cell: 614-403-2672

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9/19/2011

OPERATOR \_\_\_\_\_

COUNTY Noble

TOWNSHIP Noble

P & A	FM	Permit Number	Casing Program / Cement	Well Log and/or Method of Plug
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<input type="checkbox"/>		<u>New well</u>	<u>Proposed SWM</u>	
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<input checked="" type="checkbox"/>	<u>CL</u>	<u>1347</u>	<u>1st plug - 5350' - 4750' - 40 SKS cement 2nd plug - 3775' - 3025' - 06 SKS cement 3rd plug - 1500' - 1300' - 52 SKS cement 4th plug - 300' - 0' - 81 SKS</u>	
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<input checked="" type="checkbox"/>	<u>CL</u>	<u>1351</u>	<u>8 5/8" - 506' - cemented 4 1/2" - 5251' - cemented w/ 135 cement feet 50/52 1st plug - 500' as bottom plug 2nd plug - 4050' - 3850' - 200' cement - 3rd plug - 1600' - 1400' - 200 feet cement 4th plug - 400' to surface cement</u>	
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<input checked="" type="checkbox"/>	<u>CL</u>	<u>1309</u>	<u>1st plug - 5414' - 4904' w/ proposed clay 2nd plug - 4000' - w/ 500' proposed clay 3rd plug - 1450' - 1250' w/ proposed clay 1st plug - 1000' - surface w/ proposed clay</u>	
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<input checked="" type="checkbox"/>	<u>CL</u>	<u>1353</u>	<u>8 5/8" - 1408' - 400 SKS cement 4 1/2" - 5047' - w/ 150 SKS. 1st plug - 5130' w/ cement 2nd plug - 3790' - 3540' - 200' cement 3rd plug - 1450' - 1220' - 200' cement 4th plug 400' to surface w/ cement</u>	
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<input type="checkbox"/>	<u>CL</u>	<u>1379</u>	<u>8 5/8" - 1445' - cemented w/ 200 SKS. 4 1/2" - 5435' - cemented w/ 94 SKS.</u>	
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<input checked="" type="checkbox"/>	<u>CL</u>	<u>1962</u>	<u>1st plug - 5220' - 5020' - 200' cement 2nd plug - 3996' - 3606' - w/ 200' cement 3rd plug - 2627' - 2427' - 200' cement 4th plug - 1637' - 1437' - 200' cement</u>	
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<input type="checkbox"/>		<u>62606</u>	<u>Shallow well - Berma well</u>	
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NOTE: Proposed injection well should be circumscribed with appropriate radius and all wells clearly labeled and identified. A legend depicting color code is required.

12

7

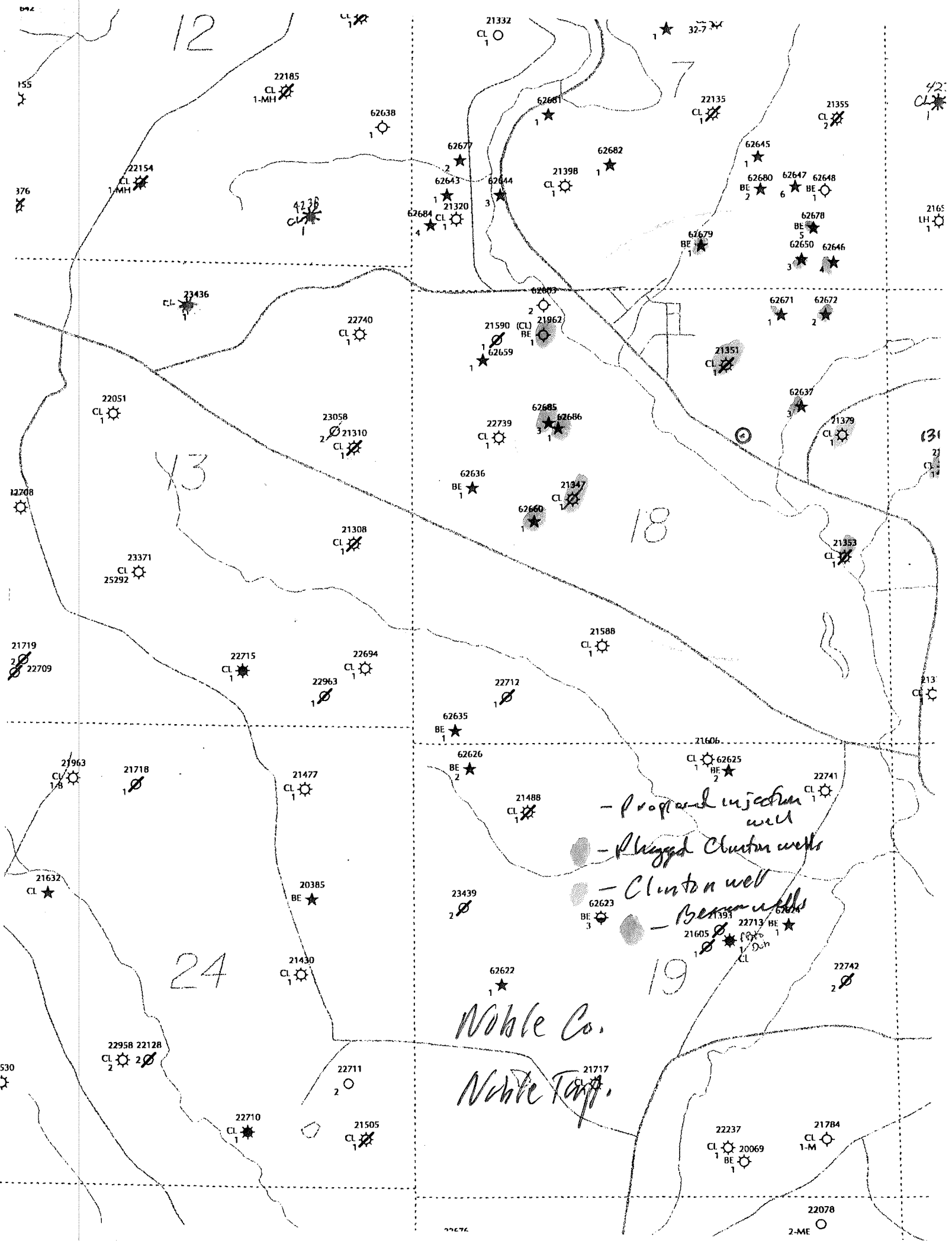
13

18

24

19

Noble Co.  
Noble Tract



- Proposed injection well
- Plugged Clinton wells
- Clinton well
- Benton wells

22185  
CL 1-MH

21332  
CL 1

32-7

22154  
CL 1-MH

62638

62681

22135  
CL 1

21355  
CL 2

4278

62677

62682

62645

62647 62648  
BE 2 6 BE 1

62643 62644  
1 3

21398  
CL 1

62680  
BE 2

62678  
BE 5

62650 62646  
3

23436  
CL 1

62684  
CL 1

21320  
CL 1

62679  
BE 1

62671 62672  
1 2

22740  
CL 1

62603

21590 (CL) BE 1

21351  
CL 1

22051  
CL 1

23058 21310  
2 CL 1

22739  
CL 1

62685 62686  
3 1

62637

21379  
CL 1

12708

21308  
CL 1

21947  
CL 1

21353  
CL 1

23371 25292  
CL 1

22715  
CL 1

22694  
CL 1

21588  
CL 1

21719 22709

22963  
1

62635  
BE 1

22712

21606  
CL 1 BE 2

21963  
CL 1-B

21718

21477  
CL 1

62626  
BE 2

62625  
CL 1 BE 2

22741  
CL 1

- Proposed injection well

- Plugged Clinton wells

- Clinton well

- Benton wells

21632  
CL 1

20385  
BE 1

21488  
CL 1

62623  
BE 3

21393 22713 BE 1  
1 1

24

21430  
CL 1

23439  
2

62622  
1

19

22742  
2

530

22958 22128  
CL 2 2

22711  
2

Noble Co.  
Noble Tract

21717

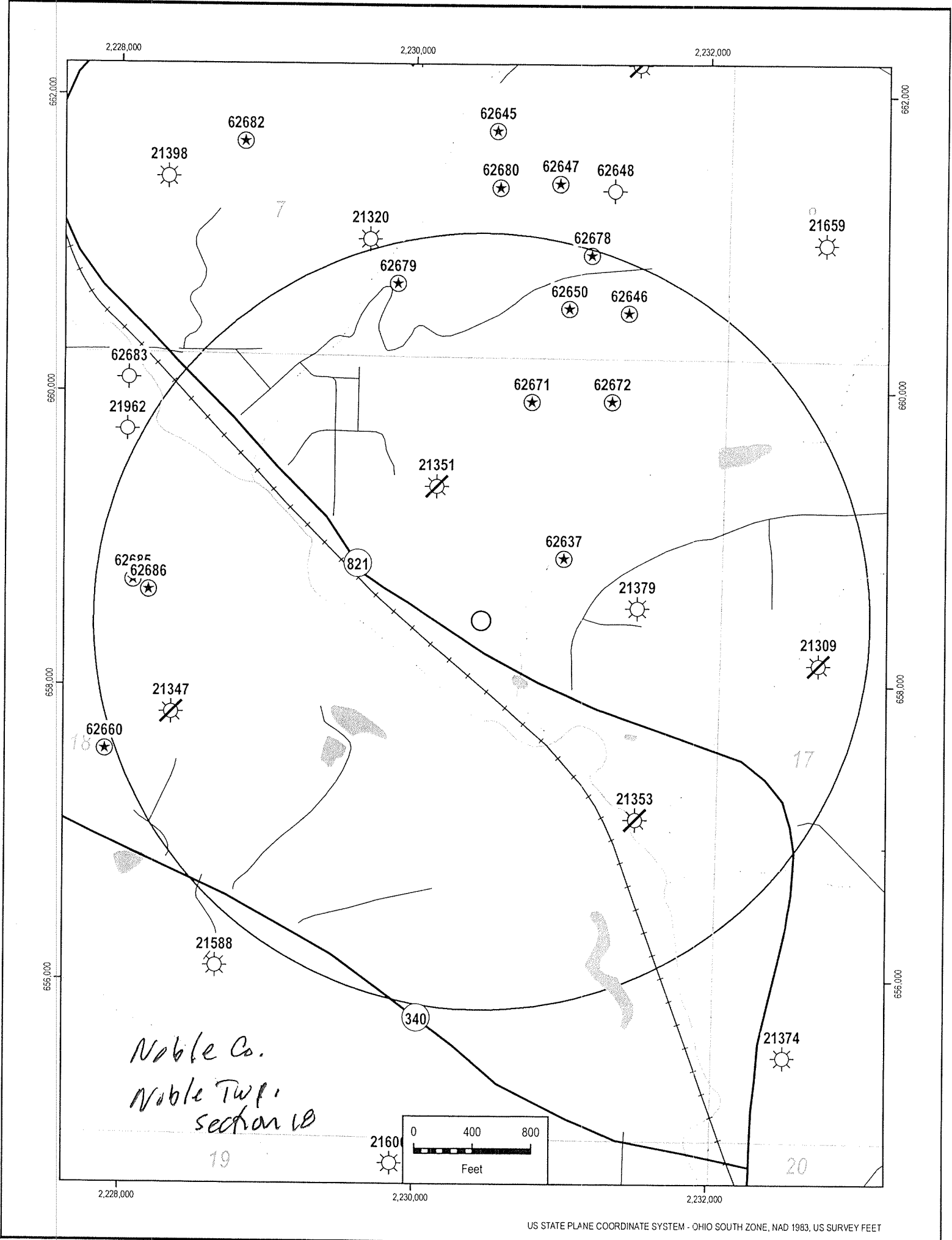
22710  
CL 1

21505  
CL 1

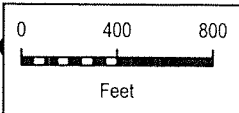
22237  
CL 1 BE 1

21784  
CL 1-M

22078  
2-ME



Noble Co.  
 Noble Twp.  
 section 18



US STATE PLANE COORDINATE SYSTEM - OHIO SOUTH ZONE, NAD 1983, US SURVEY FEET

**INTERIM GUIDELINE – NEW FEE LEVIED PURSUANT TO SENATE BILL 165  
EFFECTIVE 06/30/2010**

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SCOPE AND OBJECTIVE

- The guideline applies to all saltwater injection well owners having been issued a permit under ORC 1509.22 and for registered brine haulers.
- Provides the injection well owners and brine haulers interim guidance on how new fees are to be calculated, records to be maintained and when the new fees are to be forwarded to the Division of Oil and Gas Resources Management (DOGRM).
- This Interim Guideline dated 06/10/2010 will be in effect until such time it is replaced or new rules are in effect.
- The specific statutory language for changes relating to the new fees can be found at: <http://www.legislature.state.oh.us/>

Under Current Legislation, select the Senate and enter 165, see 1509.22(D) for the new permit fee and 1509.221 (B)(1) through (4) for the new fee on each substance delivered to an injection well.

Or, go to LAWriter at <http://codes.ohio.gov/orc/15> and select Chapter 1509, then select 1509.22 or 1509.221 and review the respective portions referenced above.

DEFINITIONS

- *“Division of Oil and Gas Resources Management Regulatory District”*: See [www.ohiodnr.com/mineral/inspectors/tabid/10355/Default.aspx](http://www.ohiodnr.com/mineral/inspectors/tabid/10355/Default.aspx) for the boundaries of the Oil and Gas Resources Management Districts. **The Districts are our North Region, South Region and West Region.**
- *“Not produced within the Division of Oil and Gas Resources Management Regulatory District in which the well is located or in an adjoining Regulatory District”*: **The substance delivered is not produced in the Division of Oil and Gas Resources Management North, South or West Regions.**

GUIDELINE

Effective 06/30/2010 there is levied on the owner of a saltwater injection well who has been issued a permit under division (D) of section 1509.22 of the Ohio Revised Code the following fees:

1. Five cents (\$0.05) per barrel of substance delivered to a saltwater injection well when the substance is produced within or adjoining to a (DOGRM) regulatory district where the well is located.

ODNR Division of Oil and Gas Resources Management  
Underground Injection Control (UIC) Section

2. Twenty cents (\$0.20) per barrel of substance delivered to a saltwater injection well when the substance is not produced within the DOGRM regulatory district where the injection well is located or within an adjoining DOGRM district.
3. The new fee is **first** levied on all substances **not produced within or adjoining a DOGRM district**.
4. The maximum number of barrels of substance delivered per saltwater injection well in a calendar year where the new fee is levied is 500,000 barrels.
5. The owner of the saltwater injection well must collect the fee and submit the fees to DOGRM on a quarterly basis, to be received by DOGRM no later than 30 days after the end of the calendar quarter. The first quarter the fee is to be collected commences July 1, 2010 and ends September 30, 2010. Collection and remittance of the new fee to DOGRM will continue under this schedule until this Interim Guideline is replaced/amended or rules are in effect replacing the need for the Interim Guideline.
6. The owner of the saltwater injection well is permitted to retain up to three percent (3%) of the fee collected.
7. The saltwater injection well owner must use the form attached to this Interim Guideline for filing of the quarterly remittance of the new fees.
8. One form must be submitted for each saltwater injection well owned, each quarter.
9. If there were no substances delivered during a calendar quarter, the form will need to be submitted reflecting 0 barrels delivered.
10. The owner of the saltwater injection well where each substance is delivered must maintain the following records:
  1. Date of Delivery
  2. Delivery Company Name
  3. UIC Brine Hauler Registration #
  4. Volume of Fluid Delivered (in barrels)
  5. Record if the substance delivered to the saltwater injection well was generated in or adjacent to the DOGRM regulatory district where the injection well is located **or** if the substance delivered **was not** generated in or adjacent to the DOGRM regulatory district where the injection well is located.

These records must be readily available to DOGRM staff on request (within 48 hours) and be maintained and reconciled pursuant to the quarterly schedule under Item 5 listed above.

*Questions concerning this Interim Guideline should be directed to Tom Tomastik at 614-265-1032.*

**DISPOSAL FEE**  
(ORC 1509.221(B)(1)-(4))

Ohio Department of Natural Resources  
Division of Oil and Gas Resources Management  
2045 Morse Road, Bldg. H-3, Columbus, OH 43229-6693

COMPANY NAME: \_\_\_\_\_

SALTWATER INJECTION WELL(API #): \_\_\_\_\_

LEASE NAME: \_\_\_\_\_ SWIW #(s) \_\_\_\_\_

VOLUME OF OUT-OF-DISTRICT SUBSTANCE DELIVERED  BBL

VOLUME OF IN-DISTRICT SUBSTANCE DELIVERED  BBL

**FEE\***

Out-of-District Substances  BBL At \$.20/bbl =

In-District Substances  BBL At \$.05/bbl =

Less Retained by Injection Owner (up to 3% of amount collected)

Total Fee Remitted to the Division  \*\*\*

**Delivery Quarter (Check Appropriate Box)**

- |   |   |                          |
|---|---|--------------------------|
| 1 | (January 1 - March 31) (Fee due at DOGRM May 2nd)         | <input type="checkbox"/> |
| 2 | (April 1 - June 30) (Fee due at DOGRM August 1st)         | <input type="checkbox"/> |
| 3 | (July 1 - September 30) (Fee due at DOGRM November 1st)   | <input type="checkbox"/> |
| 4 | (October 1 - December 31) (Fee due at DOGRM January 31st) | <input type="checkbox"/> |

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* Note, the fee remittance to the Division is **first** calculated on the **Out of District** Substances delivered and the maximum number of barrels of substance delivered per saltwater injection well on which a fee may be levied under division (B) of 1509.221 is 500,000 bbl.

\*\* The Owner of an injection well who collects the fee may retain up to 3% of the amount collected.

\*\*\* Checks are to be made out to the Ohio Department of Natural Resources, Division of Oil and Gas Resources Management and forwarded to the address at the top of the form referencing "Disposal Fee". Include a copy of the completed form with the check.

**One form must be used for each injection well owned.**

# Mechanical Integrity Test Report

## Casing or Annulus Pressure Test

State Inspector: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_\_ am/pm  
 Owner Representative(s): \_\_\_\_\_  
 Others Presents: \_\_\_\_\_

### General Well Data and Previous MIT information

API Well No.: \_\_\_\_\_ Location: \_\_\_\_\_ Sec. \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
 Owner Name/Number: \_\_\_\_\_  
 Well Name/Number: \_\_\_\_\_  
 Field name: \_\_\_\_\_ County: \_\_\_\_\_  
 Date Last MIT: \_\_\_\_\_ Last Test Result: \_\_\_\_\_ Type of Test Used: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Corrective Action Due: \_\_\_\_\_ Dt CA Complete: \_\_\_\_\_  
 Cause of Failure (Last Test): \_\_\_\_\_ Type of Failure (Last Test): \_\_\_\_\_  
 Well Status at Last Test: \_\_\_\_\_ Inj. Rate and Pressure During Last Test: \_\_\_\_\_ bpd and \_\_\_\_\_ psig  
 Required Minimum Test Pressure: \_\_\_\_\_ psig  
 Pkr Depth: \_\_\_\_\_ feet GL Top of Perfs: \_\_\_\_\_ feet GL

### Casing/Annulus Pressure Test Results

Time (minutes)	TEST # 1 (psig)	Time (minutes)	TEST #2 (psig)
<b>Result (circle)</b>	<b>PASS/FAIL</b>	<b>Result (circle)</b>	<b>PASS/FAIL</b>
Tubing Pressure		Tubing Pressure	

### Current Well Data and Information for Testing

Type of Test Used: \_\_\_\_\_ Reason For Test: \_\_\_\_\_  
 Cause of Failure (this test): \_\_\_\_\_ Type of Failure (this test): \_\_\_\_\_  
 Well Status During Test: Injection / Shut-in  
 Injection Rate During Test: \_\_\_\_\_ bpd Injection Pressure During Test: \_\_\_\_\_ psig  
 Pkr Depth: \_\_\_\_\_ feet GL

Signature of State Inspector/Representative: \_\_\_\_\_

Signature of Owner Representative: \_\_\_\_\_

*See back of page for any additional comments*



# ANNUAL REPORT

SALTWATER INJECTION WELLS - ENHANCED RECOVERY PROJECT  
 OHIO DEPARTMENT OF NATURAL RESOURCES, DIVISION OF MINERAL RESOURCES MANAGEMENT  
 2045 MORSE ROAD, BLDG. H-3, COLUMBUS, OHIO 43229-6693  
 (614) 265-1032

THIS REPORT MUST BE SUBMITTED FOR EACH INJECTION/INPUT WELL NO LATER THAN 45 DAYS AFTER THE LAST DAY OF EACH CALENDAR YEAR.

OWNER #		FORM 204: Rev. 8/2000
1. OWNER NAME, ADDRESS AND TELEPHONE #	4. SWIW OR ERP NUMBER:	
2. API NUMBER: 34 ___ 2 ___ **14	5. COUNTY:	
3. LEASE NAME:	6. CIVIL TOWNSHIP:	
7. TYPE OF REPORT: SALTWATER INJECTION WELL (SWIW) <input type="checkbox"/> ENHANCED RECOVERY PROJECT (ERP) <input type="checkbox"/> <input type="checkbox"/> OTHER (SPECIFY): _____ _____		
8. TYPE OF REPORT: <input type="checkbox"/> FRESHWATER <input type="checkbox"/> SALTWATER <input type="checkbox"/> GAS-SPECIFY <input type="checkbox"/> OTHER:		
9. CALENDAR YEAR REPORTING FOR:		

10. INJECTION PRESSURE (PSI) AND VOLUMES (BBL or MCF):				
MONTH	DAYS IN OPERATION FOR FOR THE MONTH	TOTAL VOLUME INJECTED	MAXIMUM INJECTION PRESSURE	AVERAGE DAILY INJECTION PRESSURE
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

Saltwater Injection / Enhanced Recovery Injection  
Well Line Test Form

COMPANY \_\_\_\_\_ COUNTY \_\_\_\_\_  
PERMIT NUMBER \_\_\_\_\_ TOWNSHIP \_\_\_\_\_  
LEASE NAME \_\_\_\_\_ SWIW \_\_\_\_\_ ERP \_\_\_\_\_  
DATE OF LAST INPECTION \_\_\_\_\_ SMP \_\_\_\_\_ OTHER \_\_\_\_\_  
COMPANY REPRESENTATIVE PRESENT \_\_\_\_\_ PROJECT # \_\_\_\_\_  
PRESSURE TEST ON FOLLOWING LINE(S) \_\_\_\_\_ DATE \_\_\_\_\_  
INJECTION LINE \_\_\_\_\_ OTHER \_\_\_\_\_  
TYPE \_\_\_\_\_ SIZE \_\_\_\_\_ WEIGHT \_\_\_\_\_ GRADE \_\_\_\_\_  
LINE(S) BURIED: YES  NO  REMARKS \_\_\_\_\_  
PROJECT MAXIMUM AUTHORIZED INJECTION PRESSURE \_\_\_\_\_ psi.  
LINE(S) TESTED AT \_\_\_\_\_ psi. \_\_\_\_\_ psi. AFTER \_\_\_\_\_ MINUTES  
\_\_\_\_\_ psi. AFTER \_\_\_\_\_ MINUTES  
LINE(S) PASSED: YES  NO  REMEDY \_\_\_\_\_  
INSPECTOR(S) SIGNATURE \_\_\_\_\_