

APPLICATION CHECKLIST

Trumbull County, Vienna Twp.
Kleese 4 SWIW #24

	Date	Initials
Enter on Agenda	7-9-12	AA
Completeness Review	7-9-12	AA
Date - Time Stamp	7-3-12	AA
Area of Review	7-9-12	AA
Site Evaluation	8-9-12	AA
Permitting Section		
Memo to Inspector	7-25-12	AA
Public Notice	8-1-12	AA
Letter	8-1-12	
Date Run		
15 Days		
Review Public Notice		
Affidavit of Notification		
Objections Received	Yes _____ No _____	
Public Hearing Date		
Chief's Order, if Required		
Schematic	7-9-12	AA
Plot on Map	7-7-12	AA
Review by Geologist		
Permit Conditions (Same date as permit)		
Enter on Computer (Same or later date than Chief's Order)		
Enter on Master List	7-9-12	AA
EPA Form	7-9-12	AA
Mail Permit		
Update Agenda		
File		

RECORD OF CONVERSATION

- Needs surface facility sketch - 7-9-12
 - Using exist approved facility 7-26-12
-
-
-
-

Proof Sheet

APPL NUMBER
OWNER NUMBER
OWNER NAME
EXISTING WELL
API PERMIT NO
APPL TYPE
TYPE OF WELL
VARIANCE REQUEST
WELL NAME
WELL NUMBER
PREV/PROPOSED TD
DRILL UNIT ACRES
TYPE OF TOOL
WELL CLASS
FIRE PHONE
MEDICAL PHONE
COUNTY CODE
COUNTY NAME
COAL (Y=-1/N=0)
CIVIL TOWNSHIP
SURF QUAD
Nad 27 SURF ORIG X
Nad 27 SURF ORIG Y
GROUND ELEVATION
SURF SEC
SURF LOT
SURF QTR TWP
SURF ALLOT
SURF TRACT
SURF FRACTION

URBANIZED AREA ?
NAME
DISPOSAL PLAN 1
DISPOSAL PLAN 2
DISPOSAL PLAN 3
DISPOSAL PLAN 4
DISPOSAL PLAN 5
MP Check #

PROPOSED FORMATIONS

CLINTON

TARG CIVIL TWP
TARG QUAD
Nad 27 TARG ORIG X
Nad 27 TARG ORIG Y
TARG ELEV
TARG SECTION
TARG LOT
TARG QTR TWP
TARG ALLOT
TARG TRACT
TARG FRACTION

DAILY ROUTE SLIP

Nienna

APPLICATION NO. aAMY0001283

TYPE: Convert SWIW

CONAME KLEESE DEVELOPMENT ASS API 34155237320000

WELL NAME /NO. KLEESE 4

COUNTY 155 TRUMBULL INITIALS DATE

DATE APPLICATION REC'D AM 7/3/2012

PERMIT FEE AND CHECK NO. \$1,000.00 0

RUSH AMOUNT RUSH CHECK NO. \$0.00 0

APPLICATION ENTERED JM 7/3/2012

APPLICATIONS AND PLATS SENT FOR MINE APPROVAL NA 7-23-12

COAL APPROVAL RECEIVED _____

OIL/GAS AFFIDAVIT REC'D _____

URBANIZED AREA NOTIFICATION SENT _____

URBANIZED AREA NOTIFICATION SENT TO INSPECTOR/REC'D BACK _____

URBAN MAP REVIEW _____

SAMPLES: YES ___/SPECIAL AREAS _____

GEOLOGIST APPROVAL _____

DATA ENTRY /ISSUED _____

PERMIT: TAKEN ___ MAILED _____

FAX TO: _____

FINAL MAP CHECK _____

COMMENTS: _____

Ohio Department of Natural Resources
Division of Oil and Gas Resources Management
Facility Report

API Well No.

34155237320000

Project:

County: TRUMBULL

Twp VIENNA

Sec: 0

Lot: 0

WI Typ: OG

Owner KLEESE DEVELOPMENT ASSOCS

Resp Co

Well Name: KLEESE # 4

No.:

WH_LAT

0.000000

WH_LONG:

0.000000

Directions to site: Sodam-hutchins road north of Warren-sharon road on west side .

Inspection Type: Salt Water Injection Well

Contact:

Phone

Inspection Purpose: Request

Address

Type of Notification

Contact STEPHEN OCHS

Inspection Comments:

The well owner has applied to convert the well from production to saltwater injection. The well site was inspected as part of a field review. There are no houses within 700 feet of the well. The lease access road will remain unchanged. The existing injection well surface facility will be used. Nothing found would warrant additional permit conditions.

Accompanied by

INJECTIONPRESSUR

Vac

ANNULUSPRESSURE:

Vac

FLOWMETER:

Vac

HAULERNO:

LISCENSE_NUM:

LANDOWNERWAIVER:

P_REST_PASS:

F_REST_PASS:

Inspection Date:

7/30/2012

Signature:

STEPHEN OCHS

Date notice of violation Issued:

Required action to be completed by:

Reviewed by:

Extended action due:

Forward to:

Required action completed:

7/30/2012

Duration: _____ hrs

Section/Name

RECEIVED

AUG 09 2012

Division of Oil and Gas
Resources Management



Ohio Department of Natural Resources

JOHN R. KASICH, GOVERNOR

JAMES ZEHRINGER, DIRECTOR

Richard J. Simmers, Chief
Division of Oil and Gas Resources Management
2045 Morse Road, Bldg. F-2
Columbus, OH 43229-6693
Phone (614) 265-6922 Fax (614) 265-6910

August 1, 2012

Mr. Robert S. Kleese
Kleese Development Associates, Inc.
103 West Market
Warren, Ohio 44481

RE: Public Notification for SWIW application for Trumbull County, Vienna Twp., Permit #3732 and #3759, Kleese Development Associates, Inc., Kleese SWD #4 and #5 injection wells

Dear Mr. Barnett:

As outlined in Rule 1501: 9-3-06 (H) (1) of the Ohio Administrative Code, please consider this letter as notification from the Division for you to proceed with the public notice. Enclosed, please find a copy of the notice you will need to have run in the newspaper of general circulation in the area of the proposed injection well. **The public notice must be run for no less than five consecutive days. After running this notice in the newspaper, please send me the original proof-of-publication from the newspaper as soon as possible.**

If you have any questions regarding this matter, please feel free to contact me at (614) 265-6673.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Adgate".

Andrew Adgate, Geologist
UIC Section
Division of Oil and Gas Resources Management
2045 Morse Road, F-2
Columbus, Ohio 43229-6693

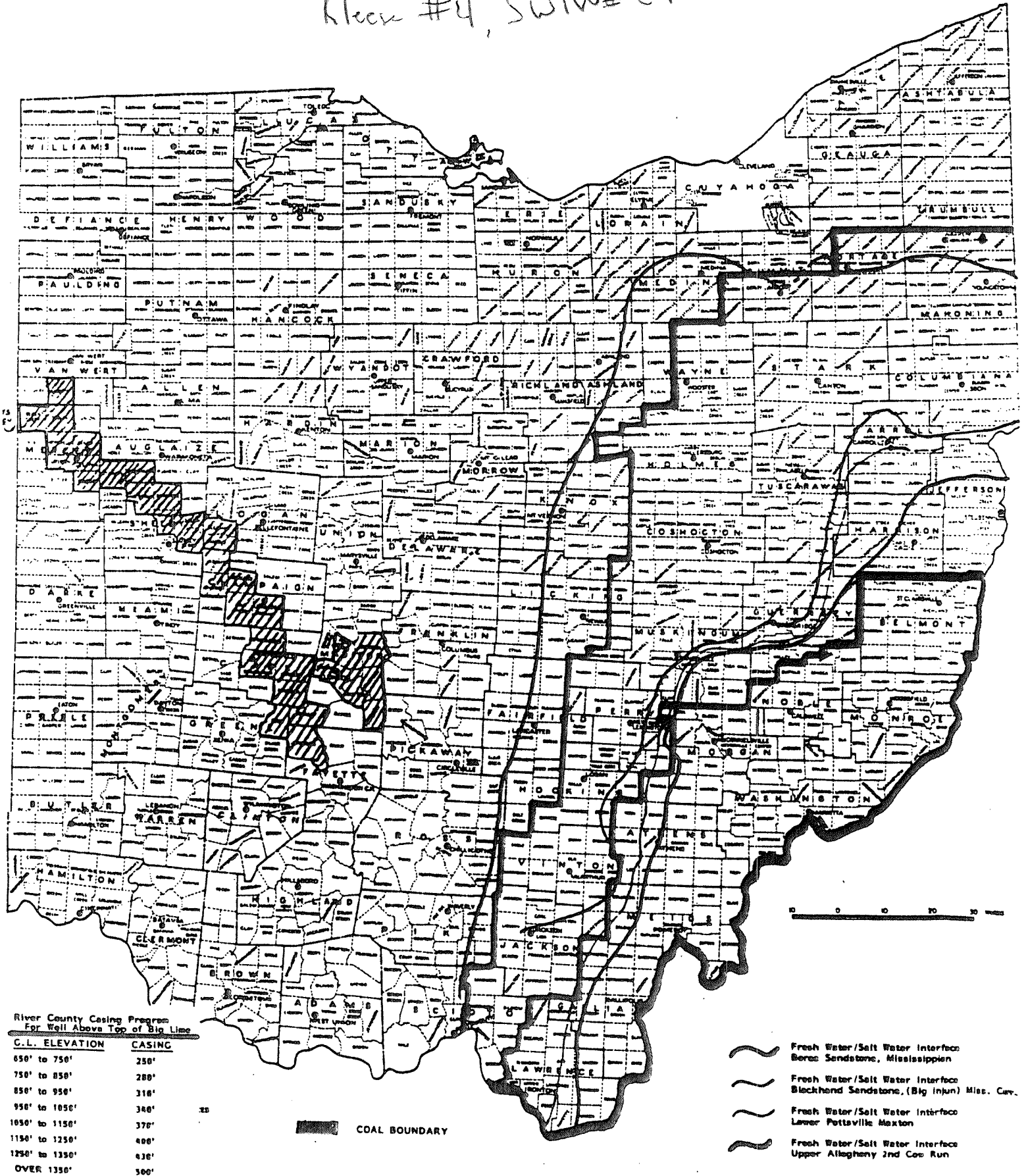
Cc: File

PUBLIC NOTICE

Kleese Development Associates, Inc., 103 West Market, Warren, Ohio 44481, (330) 392-7899 is applying to permit two wells for the injection of brine water produced in association with oil and natural gas. The location of the proposed injection wells, the Kleese #4 and #5, Permit #3732 and #3759, Section 10, Vienna Township, Trumbull County, Ohio. The proposed wells will inject into the Clinton formation at a depth of 4940 to 5078 feet and 4885 to 5033 feet. The average injection is estimated to be 500 barrels per day. The maximum injection pressure is estimated to be 1140 and 1125 psi. Further information can be obtained by contacting Kleese Development Associates, Inc., or the Division of Oil and Gas Resources Management. The address of the Division is: Ohio Department of Natural Resources, Division of Oil and Gas Resources Management, 2045 Morse Road, Building F-2, Columbus, Ohio 43229-6693, (614) 265-6633. For full consideration, all comments and objections must be received by the Division, in writing, within fifteen calendar days of the last date of this published legal notice.

Trumbull County, Vienna Top

Kleen #4, SW1W#24



River County Casing Program
For Well Above Top of Big Lime

G.L. ELEVATION	CASING
650' to 750'	250'
750' to 850'	280'
850' to 950'	318'
950' to 1050'	340'
1050' to 1150'	370'
1150' to 1250'	400'
1250' to 1350'	430'
OVER 1350'	500'

COAL BOUNDARY

- Fresh Water/Salt Water Interface
Berea Sandstone, Mississippian
- Fresh Water/Salt Water Interface
Blackhand Sandstone, (Big Injun) Miss. Cav.
- Fresh Water/Salt Water Interface
Lower Pottsville Maxton
- Fresh Water/Salt Water Interface
Upper Allegheny 2nd Cow Run

OPERATOR Kleese Development

COUNTY TRUMBULL

TOWNSHIP VIENNA

P & A	FM	Permit Number	Casing/Cement Program	Well Log and/or Method of Plug
<input type="checkbox"/>	<u>Cl. w/</u>	<u>3732</u>	<u>8 5/8" - 620' - cemented to surface</u>	
	<u>Kleese # 4</u>		<u>4 1/2" - 5125' - cemented w/150 sacks</u>	<u>TDC = 4348 feet</u>
			<u>Perfs = 4942' - 5023'</u>	
<input type="checkbox"/>	<u>CL</u>	<u>2952</u>	<u>Not drilled</u>	
<input type="checkbox"/>	<u>CL</u>	<u>2291</u>	<u>8 5/8" - 500' - cemented to surface</u>	
			<u>4 1/2" - 5104' - cemented w/125 sacks.</u>	
			<u>TDC = 4457'</u>	
<input type="checkbox"/>	<u>CL</u>	<u>1627</u>	<u>8 5/8" - 492' - cemented to surface</u>	
			<u>4 1/2" - 5029' - cemented w/125 sacks.</u>	
			<u>TDC = 4492'</u>	
<input type="checkbox"/>	<u>CL</u>	<u>1438</u>	<u>8 5/8" - 526' - cemented to surface</u>	
			<u>4 1/2" - 3058' - cemented</u>	<u>TDC - 4544'</u>
<input type="checkbox"/>	<u>CL</u>	<u>1447</u>	<u>8 5/8" - 569' - cemented to surface</u>	
			<u>4 1/2" - 5116' - cemented w/125 sacks. 50/10 to 2107. 100 ft</u>	
			<u>TDC = 4438'</u>	
<input type="checkbox"/>	<u>CL</u>	<u>2396</u>	<u>8 5/8" - 550' - cemented to surface</u>	
			<u>4 1/2" - 5108' - cemented w/150 sacks.</u>	
			<u>TDC = 4278'</u>	
<input type="checkbox"/>	<u>CL</u>	<u>3759</u>	<u>8 5/8" - 506' - cemented to surface</u>	
			<u>4 1/2" - 5058' - cemented w/150 sacks</u>	
			<u>TDC = 4281'</u>	
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

NOTE: Proposed injection well should be circumscribed with appropriate radius and all wells clearly labeled and identified. A legend depicting color code is required.

21377
CL
CL

TRUMBULL
Co. EDWARDS
21223
CL
CL

21456
CL
CL

22395
CL
CL
MED
2

21437
CL
CL

21313
CL
CL

TRANSMANON
21056-CL

22788
CL
CL
MED
2

21312
CL
CL

22396
CL
CL
MED
1

21311
CL
CL

1447
21487
CL
CL
SWIM-CL
Nbg9-CL

23732
CL
CL

1488
21488
CL
CL
SWIM
NCL

21579
CL
CL

21627
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CL

22860
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22291
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21248 21360
CL
CL
CL
MED
1

21260
CL
CL
MED
1

20718
CL
CL

23654
CL
CL

- Proposed CLINTON
- Existing Clinton
- Existing injection
wells
- Not drilled
wells

INTER-OFFICE MEMO

TO: Steve Ochs, Mineral Resources Inspector
FROM: Andrew Adgate, Geologist AA
SUBJECT: Application and Site Evaluation for a SWIW permit
DATE: July 25, 2012

The Division of Oil and Gas Resources Management has received an application for the proposed saltwater injection well as described below:

OPERATOR: Kleese Development Assoc.
WELL NAME & NUMBER: Kleese #4
PERMIT NUMBER: Conversion of existing well, SWIW #24
LOCATION: 1208' SL & 1580' EL of Lot 10, Vienna Twp., Trumbull County
PROPOSED INJECTION ZONE: Clinton formation
DATE RECEIVED: July 3, 2012

Please inspect proposed site and evaluate for any potential water wells or surface bodies of water within close proximity that would require any additional permit conditions for the construction of the SWIW surface facilities. Please e-mail me a copy of the site inspection report with any recommendations.

SUPPLEMENT TO APPLICATION
PERMIT FOR A SALTWATER INJECTION WELL

Form 210: rev. 8/00/sl

Kleese 4

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
 Injection Interval: From: 4940 feet to 5078
 Geologic description of injection zone: Clinton Formation

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: Existing Clinton Gaswell

11 3/4" Fin. Nono.
8 5/8" - 608' - 200 SACKS Cement
4 1/2" - 5725' - 150 SACKS Cement

B. Proposed method for testing the casing:
pressure testing to states Abusement

C. Description of the proposed method for completion and operation of the injection well: Re-Perforate
Clinton, 2 shots / FT; acidize Perfs - 1000 Gal of 15% HCl
Inhibited Acid; Re-Frac Clinton, 3000 - 5000 bbl Benz

D. Description of the proposed unloading, surface storage, and spill containment facilities: Using Existing
Disposal Site for Kleese 1 #1438 & Kleese 2 #1447 AS APPROVED &
OPERATING AT STATE REGULATED REQUIREMENTS

RECEIVED

JUL 08 2012

33. PROPOSED INJECTION VOLUMES

A. Indicate the estimated amount of saltwater to be injected into the proposed injection well per day:
 AVERAGE: 200 bbl - 500 bbl MAXIMUM: 800 bbl - 1000 bbl

B. Indicate the method to be used to measure the actual amount of saltwater injected into the well:
Pressure to Measurement Conversion from TANK PAD.

34. PROPOSED INJECTION PRESSURES

A. Indicate the estimated pressure to be used for injection of saltwater into the proposed injection well:
 AVERAGE: 1000 psi MAXIMUM: 1140 psi AA

B. Indicate the method to be used to measure the actual daily injection pressure:
Murphy switch readings as well as MANUAL Readings from
WELL HEAD.

35. PROPOSED CORRECTIVE ACTION

Explain any corrective action proposed for wells penetrating the proposed injection formation or zone within the area of review.
Keep an adequate daily pressure on well to minimize
chance of communication w/ other wells, Kleese production
surrounding zone. IF communication of Injection zone is reached
on a GAS well, plus I abandon IF necessary w/ IN STATES RECORD
HOWEVER, PRELIMINARY REVIEW ALREADY APPROVED DUE TO MOST
SURROUNDING PRODUCTION BEING KLEESE DEVELOPMENTS

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

REC

JUL 08 2012

#14598
 \$1,000.00

a Amy 1000 1283

SEE INSTRUCTIONS ON PAGE 2 (BACK)

KLEESE DEVELOPMENT ASSOC.

1. I, We (applicant) KLEESE DEVELOPMENT ASSOC. 2. Owner #: 2655
 (address) 103 West Market St. Phone #: 330-392-7899
Third Floor
 hereby apply this date Warren, OH 44481, 2012 for a permit to:

Reissue (check appropriate blank) Revised Location Convert
 Drill New Well Plug Back Deepen
 Drill Directionally Plug and Abandon Reopen
 Drill Horizontally Orphan Well Program Temporary Inactive

3. TYPE OF WELL: Oil & Gas Annular Disposal Saltwater Injection
 Stratigraphic Test Gas Storage Other (explain): _____
 Solution Mining* Enhanced Recovery* (* if checked, select appropriate box below)
 Input/Injection Water Supply Observation Production/Extraction

4. MAIL PERMIT TO: Same

20. TYPE OF TOOLS: Cable Air Rotary
 Cable / Air Rotary Air / Fluid Rotary
 Cable / Fluid Rotary Fluid Rotary
 Cable / Air / Fluid Rotary Service Rig

5. COUNTY: 1 BUMBULL
 6. CIVIL TOWNSHIP: VIEWWA
 7. SECTION: 10 8. LOT: _____
 9. FRACTION: _____ 10. QTR TWP: _____
 11. TRACT / ALLOT: _____
 12. WELL #: 4
 13. LEASE NAME: KLEESE
 14. PROPOSED TOTAL DEPTH: _____
 15. PROPOSED GEOLOGICAL FORMATION: _____

21. PROPOSED CASING PROGRAM:
*see supplement to application

16. DRILLING UNIT IN ACRES (must be same as acres indicated on plat): _____

22. FIRE AND MEDICAL DEPARTMENT TELEPHONE NUMBERS: (closest to well site)
 Fire: 911
 Medical: 911

17. IF PERMITTED PREVIOUSLY:
 API #: 34-1552-3732-00-00
 OWNER: KLEESE
 WELL #: 4
 LEASE NAME: KLEESE
 TOTAL DEPTH: 5120
 GEOLOGICAL FORMATION: Clinton

23. MEANS OF INGRESS & EGRESS:
 Township Road: Solon Hutchins
 County Road: _____
 Municipal Road: _____
 State Highway: _____

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)?
 Yes No

19. LANDOWNER ROYALTY INTEREST:
 Is There An Attached List? Yes No

Name: Robert Kleese
 Address: 103 W. Market, Warren OH 44481
 Name: Jane Kleese
 Address: same
 Name: Edward Kleese
 Address: same

RECEIVED

JUL 08 2012

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 Mineral Resources Management.

Signature of Owner/Authorized Agent [Signature]
 Name (Type or Print) Robert S. Kleese Title Partner

If signed by Authorized Agent, a certificate of appointment of agent must be on file.
 Sworn to and subscribed before me this the 29 day of June, 2012.

[Signature]
 (Notary Public)



LAURA A EASTON
 NOTARY PUBLIC - OHIO
 MY COMMISSION EXPIRES 4-17-2017

4-17-2017
 (Date Commission Expires)

APPLICATION FOR A PERMIT (Form 1)
 OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF MINERAL 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) KLEESE DEVELOPMENT ASSOC.
 (address) 103 West Market St.
Third Floor
Warren, OH 44481, 20 _____ for a permit to:

2. Owner #: 2655
 Phone #: 330-392-7899

Reissue (check appropriate blank) Revised Location Convert
 Drill New Well Plug Back Deepen
 Drill Directionally Plug and Abandon Reopen
 Drill Horizontally Orphan Well Program Temporary Inactive

3. TYPE OF WELL: Oil & Gas Annular Disposal Saltwater Injection
 Stratigraphic Test Gas Storage Other (explain): _____
 Solution Mining* Enhanced Recovery* (* if checked, select appropriate box below)
 Input/Injection Water Supply Observation Production/Extraction

4. MAIL PERMIT TO: Same

5. COUNTY: FRANKLIN

6. CIVIL TOWNSHIP: VIENNA

7. SECTION: 10 **8. LOT:** _____

9. FRACTION: _____ **10. QTR TWP:** _____

11. TRACT / ALLOT: _____

12. WELL #: 4

13. LEASE NAME: KLEESE

14. PROPOSED TOTAL DEPTH: _____

15. PROPOSED GEOLOGICAL FORMATION: _____

16. DRILLING UNIT IN ACRES (must be same as acres indicated on plat): _____

17. IF PERMITTED PREVIOUSLY:
 API #: 34-155-2-3732-00-00
 OWNER: KLEESE
 WELL #: 4
 LEASE NAME: KLEESE
 TOTAL DEPTH: 5120
 GEOLOGICAL FORMATION: Clinton

18. IF SURFACE RIGHTS ARE OWNED BY THE OHIO DEPARTMENT OF NATURAL RESOURCES
 Division Name: _____
 Division Phone: _____

19. LANDOWNER ROYALTY INTEREST:
 Is There An Attached List? Yes No

Name: Robert Kleeze **RECEIVED**
 Address: 103 W. Market, Warren OH 44481
 Name: James Kleeze JUL 08 2017
 Address: same
 Name: Edward Kleeze
 Address: same

20. TYPE OF TOOLS:
 Cable Air Rotary
 Cable / Air Rotary Air / Fluid Rotary
 Cable / Fluid Rotary Fluid Rotary
 Cable / Air / Fluid Rotary Service Rig

21. PROPOSED CASING PROGRAM:
See supplement to application

22. FIRE AND MEDICAL DEPARTMENT TELEPHONE NUMBERS: (closest to well site)
 Fire: 911
 Medical: 911

23. MEANS OF INGRESS & EGRESS:
 Township Road: Solon Hutchings
 County Road: _____
 Municipal Road: _____
 State Highway: _____

24. IS THE WELL LOCATION OR PRODUCTION FACILITIES WITHIN AN URBANIZED AREA AS DEFINED BY 1509.01?
 Yes No

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 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 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 Mineral Resources Management.

Signature of Owner/Authorized Agent [Signature]
 Name (Type or Print) Robert S. Kleeze Title Partner

If signed by Authorized Agent, a certificate of appointment of agent must be on file.
 Sworn to and subscribed before me this the 29 day of June, 2012



LAURA A EASTON
 NOTARY PUBLIC - OHIO
 MY COMMISSION EXPIRES 4-17-2017

[Signature]
 (Notary Public)

4-17-2017

(Date Commission Expires)

Kleese 4

original

SUPPLEMENT TO APPLICATION PERMIT FOR A SALTWATER INJECTION WELL

Form 210: rev. 8/

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.

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Geological Formation: Clinton
Injection Interval: From: 4940 feet to 5078
Geologic description of injection zone: Clinton Formation

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: Existing Clinton Gas well

11 3/4" - None
8 5/8" - 608' - 200 SACKS cement
4 1/2" - 525' - 150 SACKS cement

B. Proposed method for testing the casing:

Pressure testing to states Abusement

C. Description of the proposed method for completion and operation of the injection well: Re Per Forate

Clinton 2 shots / ft, acidize Perfs - 1000 Gal of 15% HCl
Inhibited Acid, Re-Frac Clinton 3000 - 5000 bbl Benz

D. Description of the proposed unloading, surface storage, and spill containment facilities: Using Existing

Disposal Site for Kleese 1 #1438 & Kleese 2 #1447 As Approved & Operating at state Regulated Requirements

RECEIVED

JUL 08 2012

33. PROPOSED INJECTION VOLUMES

A. Indicate the estimated amount of saltwater to be injected into the proposed injection well per day:

AVERAGE: 200 bbl - 500 bbl MAXIMUM: 800 bbl - 1000 bbl

B. Indicate the method to be used to measure the actual amount of saltwater injected into the well:

Pressure to Measurement Conversion from Tank PAD

34. PROPOSED INJECTION PRESSURES

A. Indicate the estimated pressure to be used for injection of saltwater into the proposed injection well:

AVERAGE: 100.00 PSI MAXIMUM: 1140 PSI

B. Indicate the method to be used to measure the actual daily injection pressure:

Murphy Switch Readings as well as Manual Readings from Well Head

35. PROPOSED CORRECTIVE ACTION

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

Keep an average daily pressure on well to minimize chance of communication w/ other wells, Kleese production surrounding zone. If communication of Injection zone is seen on a gas well, plus I abandon if necessary w/ in states Accord HOWEVER, preliminary Review already approved due to most surrounding production being Kleese developments

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>3. API #:</p>																		
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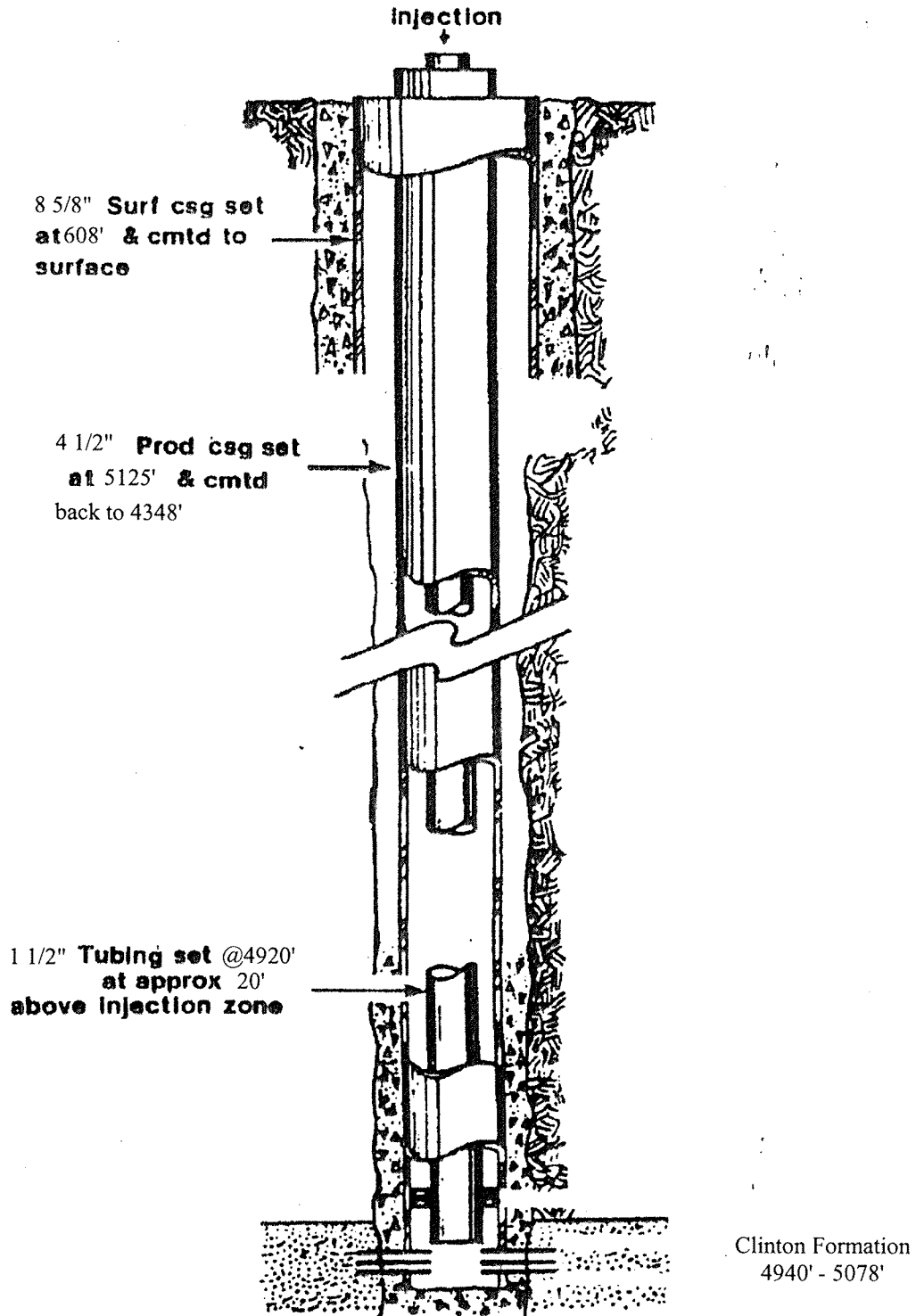
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REQUIRED BY SECTION 1509.06 (A)(10), OHIO REVISED CODE -- FAILED TO SUBMIT MAY RESULT IN AN ASSESSMENT OF CRIMINAL FINES NOT LESS THAN \$100.00 NOR MORE THAN \$2,000.00 OR CIVIL PENALTIES NOT LESS THAN \$4,000.00.

JUL 03 2012

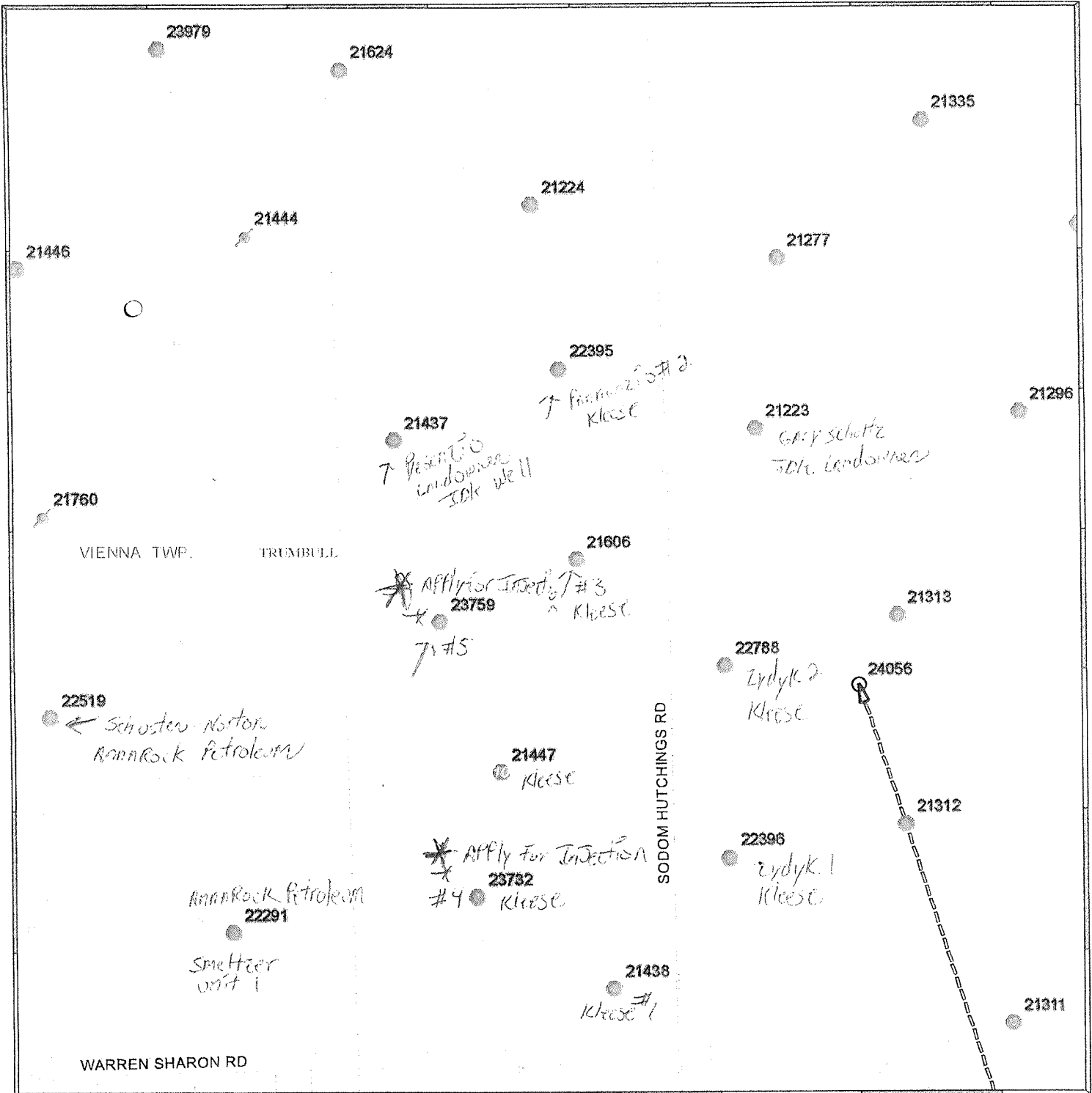
**Subsurface Construction
For Injection Well**

Maximum Injection Pressure: 1140 psi



Total Depth: 5150'

OHIO EMERGENCY OIL AND GAS WELL LOCATOR MAP

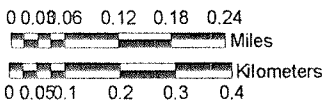
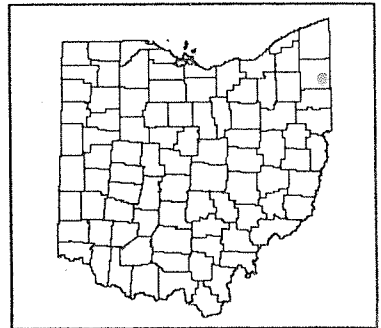


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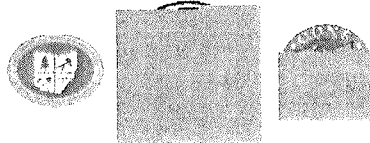
Map provided by:
 The Ohio Department of Natural Resources:
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 and
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<http://www.ohiodnr.com/>

INDEX MAP



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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

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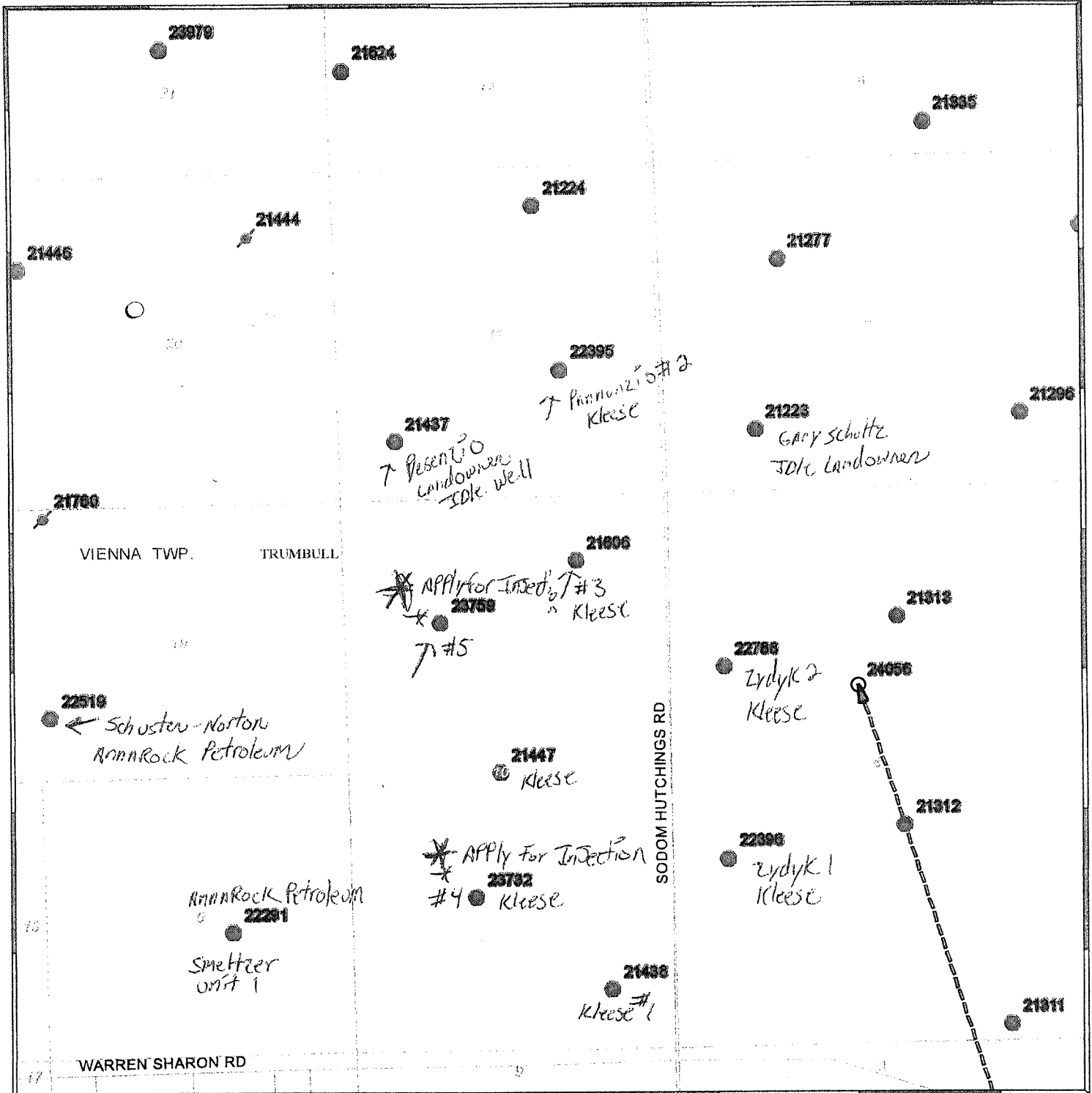
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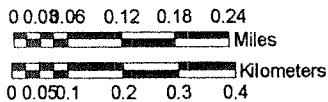
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OHIO EMERGENCY OIL AND GAS WELL LOCATOR MAP



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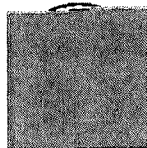
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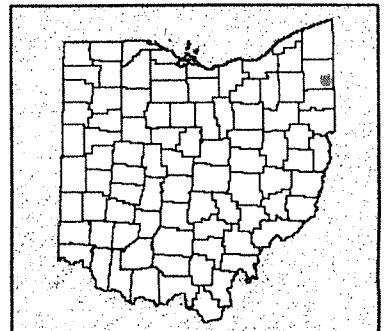
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Map provided by:
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and
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<http://www.ohiodnr.com/>



INDEX MAP



KLEESE DEVELOPMENT ASSOCIATES

June 29, 2012

Tom Tomastick
O.D.N.R.
Division of Mineral Resources
2045 Morse Road, H-3
Columbus, OH 43229

REC

UU

Dear Mr. Tomastick:

Enclosed please find the permit applications to convert the Kleese #4 & Kleese #5 oil and gas wells into injection wells. Please review these applications and contact me or Matt Kleese (330-360-8055) if you have any questions.

Sincerely,



Robert S. Kleese, partner
Kleese Development Associates

Enclosures

RSK/mak

RECEIVED

JUL 03 2012



103 WEST MARKET ST.
SUITE 300
WARREN, OH 44481

Phone: 330-392-7899

Fax: 330-392-9022

E-mail: NPatrium@aol.com

Faint, illegible text at the bottom of the page.



SUPERIOR

PERFORATING RECORD

COMPANY
KLEESE DEVELOPMENT

WELL NAME & NUMBER
KLEESE #4

FIELD VIENNA	COUNTY TRUMBULL	STATE OHIO
-----------------	--------------------	---------------

PERMIT NUMBER / API NUMBER
3732

LOCATION 1208'SL & 580'EL LOT 10	OTHER SERVICES:
--	-----------------

SEC	TWP VIENNA	RGE
-----	---------------	-----

PERMANENT DATUM AND ELEVATION 1184	ELEVATIONS
---------------------------------------	------------

LOG MEASURED FROM G.L. FT ABOVE PERMANENT DATUM	KB
---	----

DRILLING MEASURED FROM R.K.B.	DF
	GL 1184'

DATE	02-01-01			
RUN NO.	ONE			
TYPE LOG	G/R-CCL			
DEPTH DRILLER	5120			
DEPTH LOGGER	5118			
BOTTOM LOGGED INTV.	5118			
TOP LOGGED INTV.	4850			
TYPE FLUID IN HOLE	WATER			
SALINITY PPM CL.				
DENSITY				
LEVEL	FULL			
MAX. TEMP. DEG. F				
OPERATING RIG TIME				

RECORDED BY: RANDY FISHBURN

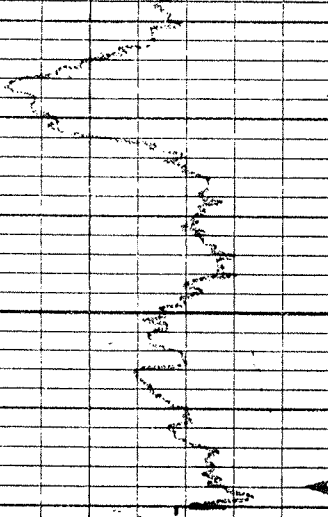
WITNESSED BY: MR. KLEESE

RUN NO.	BORE HOLE RECORD			CASING RECORD			
	BIT	FROM	TO	SIZE	WGT	FROM	TO
ONE	7 7/8		T.D.	4 1/2		SURF	T.D.

THIS HEADING AND LOG CONFIRMS TO API RECOMMENDED PRACTICE RP-33

6-001 Perforating Header

JUL 03 2012



5100

5118
T.D.

COLLARS

4900

5000

REC

JUL 03 2012