



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

2045 MORSE RD., BLDG. F-2, COLUMBUS, OH 43229-6693
Phone: (614) 265-6922 • Fax: (614) 265-6910



HORIZONTAL WELL SITE CONSTRUCTION APPLICATION

(REVISED 0715)

APPLICANT INFORMATION		
Name of Applicant: ASCENT RESOURCES	Date: 08/26/2015	
Name of Proposed Well Site: RABER LND GR		
Applicant Address: 1000 UTICA WAY CAMBRIDGE OH 43725		
Email Address: ariel.bravo@ascentresources.com		
Phone Number: 405-607-5529		

IF A BUSINESS ENTITY, LIST THE STATUTORY AGENT AND INCLUDE A CERTIFIED COPY OF APPOINTMENT		
Name: STEPTOE & JOHNSON PLLC		
Address: HUNTINGTON CENTER, SUITE 2200 41 SOUTH HIGH STREET COLUMBUS OH 43215		

LOCATION OF WELL SITE	
County: GUERNSEY	Township: LONDONDERRY
Section/Lot Number: 34	

CENTERLINE OF ACCESS ROAD AT PUBLIC RIGHT-OF-WAY (decimal degree, six significant figures)	
Latitude: 40.086115 N	Longitude: 81.341341 W

PROFESSIONAL ENGINEER OF RECORD		
Name: JARROD MAHAFFEY		
Ohio Professional Engineering License Number: E-75825		
Address: 2800 CORPORATE EXCHANGE DRIVE, SUITE 160 COLUMBUS OH 43231		

EMERGENCY CONTACT INFORMATION		
911 Emergency Address of Well Site: 68102 HOOVER RD QUAKER CITY OH 43773		
Name: MATT MROCZKOWSKI	Phone Number: 614-896-0362	
Email Address: matt.mroczkowski@ascentresources.com		

FEDERAL PERMITS OBTAINED	

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Detailed Drawings	<input checked="" type="checkbox"/>	Dust Control Plan
<input checked="" type="checkbox"/>	Emergency Release Conveyance Map	<input checked="" type="checkbox"/>	Geotechnical Plan
<input checked="" type="checkbox"/>	Sediment and Erosion Control Plan	<input checked="" type="checkbox"/>	Stormwater Hydraulic Report
<input checked="" type="checkbox"/>	Well Site Boundary GIS Files		



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I, the undersigned, being fully 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 certify that the horizontal well site will comply with or is currently in compliance with all provisions of Chapter 1509 ORC, Chapter 1501 OAC, and all terms and conditions of orders and permits issued by the Chief, Division of Oil and Gas Resources Management.



(Signature of Applicant)


Ariel Bravo

Name (type or print)

Regulatory Technician

Title

SWORN TO AND SUBSCRIBED BEFORE ME THIS 26 day of August, 20 15



(Signature of Notary Public)

1/23/18

(Date Commission Expires)

FOR ODNR USE ONLY (check all that apply)	
<input checked="" type="checkbox"/>	Detailed Drawings
<input checked="" type="checkbox"/>	PE Signed and Sealed
<input type="checkbox"/>	PE Signed and Sealed
<input checked="" type="checkbox"/>	Emergency Conveyance Map
<input checked="" type="checkbox"/>	Sediment and Erosion Control Plan
<input checked="" type="checkbox"/>	Dust Control Plan
<input checked="" type="checkbox"/>	Geotechnical Plan
<input checked="" type="checkbox"/>	Stormwater Hydraulic Report
<input checked="" type="checkbox"/>	Well Site Boundary GIS Files
Well Site Identification Number (provided by ODNR)	



(Notary Seal)