



HORIZONTAL WELL SITE CONSTRUCTION APPLICATION

(REVISED 0715)

APPLICANT INFORMATION		
Name of Applicant: Ascent Resources	Date: 8/19/2015	
Name of Proposed Well Site: Wagner OXF 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		
Address: Huntington Center Suite 2200 41 S. High Street		
Columbus	OH	43215

LOCATION OF WELL SITE	
County: Guernsey	Township: Oxford
Section/Lot Number: 5	

CENTERLINE OF ACCESS ROAD AT PUBLIC RIGHT-OF-WAY (decimal degree, six significant figures)	
Latitude: 40.019734	Longitude: 81.239386

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: 63743 Starr Road		
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 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 19 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 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 type="checkbox"/>	Well Site Boundary GIS Files
Well Site Identification Number (provided by ODNR)	

