



HORIZONTAL WELL SITE CONSTRUCTION APPLICATION

(REVISED 0715)

APPLICANT INFORMATION

Name of Applicant: ARIEL BRAVO	Date: 07/30/2015
Name of Proposed Well Site: WAGNER OXF GR	
Applicant Address: 1000 UTICA WAY CAMBRIDGE OH 43725	
Email Address: ariel.bravo@aep-lp.com	
Phone Number: 405-607-5529	

IF A BUSINESS ENTITY, LIST THE STATUTORY AGENT AND INCLUDE A CERTIFIED COPY OF APPOINTMENT

Name:

Address:

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
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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 Rd Quaker City OH 43773	
Name: MATT MROCKZKOWSKI	Phone Number: 614-896-0362
Email Address: matt.mrockzowski@aep-lp.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	



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



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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 4 day of August, 20 18

(Signature of Notary Public)

5/28/18

(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)	



(Notary Seal)