



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: EM ENERGY OHIO, LLC	Date: 9/14/2015	
Name of Proposed Well Site: MAVERICK WELL PAD		
Applicant Address: 1800 MAIN ST, SUITE 220		
CANONSBURG	PA	15317
Email Address: HCaperton@edgemarcenergy.com		
Phone Number: (412) 564-1300		

IF A BUSINESS ENTITY, LIST THE STATUTORY AGENT AND INCLUDE A CERTIFIED COPY OF APPOINTMENT		
Name: CT CORPORATION SYSTEM		
Address: 1300 EAST 9TH STREET		
CLEVELAND	OHIO	44114

LOCATION OF WELL SITE	
County: WASHINGTON	Township: SALEM
Section/Lot Number: 100 acre lot #66	

CENTERLINE OF ACCESS ROAD AT PUBLIC RIGHT-OF-WAY (decimal degree, six significant figures)	
Latitude: 39.526751 N	Longitude: 81.404385 W

PROFESSIONAL ENGINEER OF RECORD		
Name: KEVIN BOHMAN		
Ohio Professional Engineering License Number: E-74869		
Address: 800 BURSCA DRIVE, SUITE 804		
BRIDGEVILLE	PA	15017

EMERGENCY CONTACT INFORMATION		
911 Emergency Address of Well Site: 7577 State Rte. 821		
WHIPPLE	OHIO	45788
Name: JUSTIN WEAVER	Phone Number: (570) 220-6854	
Email Address: JWeaver@edgemarcenergy.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 Report
<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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(REVISED 0715)

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)

*Hugh Caperton*

Name (type or print)

*Director Asset Development*

Title

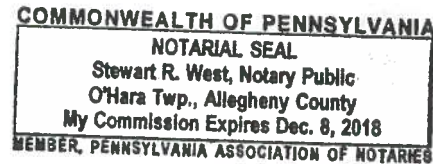
SWORN TO AND SUBSCRIBED BEFORE ME THIS 8<sup>th</sup> day of September, 20 15

(Signature of Notary Public)

12-8-2018

(Date Commission Expires)

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



(Notary Seal)



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/14/2012	201225700907	REGISTRATION OF FOREIGN FOR PROFIT LLC (LFP)	125.00	.00		.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

C.T. CORPORATION SYSTEM  
 ATTN: JAMES H. TANKS III  
 4400 EASTON COMMONS WAY, SUITE 125  
 COLUMBUS, OH 43219

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**2136014**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**EM ENERGY OHIO, LLC**

and, that said business records show the filing and recording of:

Document(s):

**REGISTRATION OF FOREIGN FOR PROFIT LLC**

Document No(s):

**201225700907**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of the  
 Secretary of State at Columbus,  
 Ohio this 12th day of September,  
 A.D. 2012.

Ohio Secretary of State



Form 533B Prescribed by:  
Ohio Secretary of State  
**JON HUSTED**  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (787-3453)  
www.OhioSecretaryofState.gov  
Bussary@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 870  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216

**Registration of a Foreign  
Limited Liability Company**

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1)  Registration of a Foreign For-Profit Limited  
Liability Company  
(108-LFA)  
ORC 1706

Jurisdiction of Formation

Date of Formation

(2)  Registration of a Foreign Nonprofit  
Limited Liability Company  
(108-LFA)  
ORC 1706

Jurisdiction of Formation

Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in jurisdiction of formation) is:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

2012 SEP 12 PM 3:36

RECEIVED  
SECRETARY OF STATE

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

C T Corporation System  
 Name  
 1300 East 9th Street  
 Mailing Address  
 Cleveland  
 City  
 Ohio  
 State  
 44114  
 ZIP Code

If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

*Michael Tapp*  
 Signature  
 EM Energy Employer, LLC (manager)  
 By (if applicable)  
 By: Michael Tapp, Authorized Person  
 Print Name  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 By (if applicable)  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 By (if applicable)  
 \_\_\_\_\_  
 Print Name