



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: PDC Energy	Date: 6-27-16
Name of Proposed Well Site: Schott	
Applicant Address: 2167C State Route 821 Marietta, OH 45750	
Email Address: blake.roush@pdce.com	
Phone Number: (740)336-7831	

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

LOCATION OF WELL SITE	
County: Washington	Township: Watertown
Section/Lot Number: None	

CENTERLINE OF ACCESS ROAD AT PUBLIC RIGHT-OF-WAY (decimal degree, six significant figures)		
Latitude: 39.480137°	Longitude: -81.628859°	

PROFESSIONAL ENGINEER OF RECORD			
Name: Peter Clarke			
Ohio Professional Engineering License Number: E-74542			
Address: 104 Newell Ave			
St Clairsville		OH	43950

EMERGENCY CONTACT INFORMATION	
911 Emergency Address of Well Site:	
Name:	Phone Number: 877-350-0169
Email Address:	

FEDERAL PERMITS OBTAINED
None

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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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.

[Handwritten Signature]

(Signature of Applicant)

Nathan Anderson

Name (type or print)

Asset Director

Title

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27 day of June, 20 16

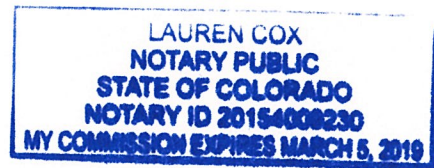
[Handwritten Signature]

(Signature of Notary Public)

March 5, 2019

(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 Release 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)