



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: 7/18/16
Name of Proposed Well Site: Turner	
Applicant Address: 216C 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: Corporation Service Company		
Address: 50 W. Broad Street Columbus OH 43215		

LOCATION OF WELL SITE	
County: Washington	Township: Waterford
Section/Lot Number: Gov't Lot 36	

CENTERLINE OF ACCESS ROAD AT PUBLIC RIGHT-OF-WAY (decimal degree, six significant figures)		
Latitude: 39.531241°	Longitude: -81.652964°	

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: 19011 State Route 339 Waterford OH 45786		
Name: Tony Long	Phone Number: 877-350-0169	
Email Address: tony.long@pdce.com		

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.

Venessa Langmacker

(Signature of Applicant)

Venessa Langmacker

Name (type or print)

Sr Regulatory Tech

Title

SWORN TO AND SUBSCRIBED BEFORE ME THIS 28th day of July, 2016

[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)