



OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS RESOURCES MANAGEMENT

2045 MORSE RD., BLDG. F-2, COLUMBUS, OH 43229-6693
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AFFIDAVIT – ENHANCED RECOVERY PROJECT

(REVISED 1011)

State of _____, _____ County, ss.

_____ being first duly sworn says

that as principal, or authorized agent, for _____, he or she

has made application for an enhanced recovery injection well in the State of Ohio,

_____ County, _____ Township, section /lot number _____,

on the _____ lease, for well number _____; and further certifies that notice

of application has been delivered to each individual entitled to personal notification in accordance with paragraph (E) of

Rule 1501:9-3-.06 of the Ohio Administrative Code. And further affiant saith not.

(Affiant Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 20 _____.

Notary Public