

OHIO NATURAL ENERGY INSTUTUTE P.O. Box 187, Granville, Ohio 43023, (740) 587-0410 www.OhioNaturalEnergy.org, hope@ohionaturalenergy.org

BACKGROUND

Ohio Revised Code 1510 initially enacted in 1997, and amended in 2007 and 2017, provided for the establishment of the crude oil and natural gas marketing program now known as the Ohio Natural Energy Institute (ONEi). Following each of these legislative changes, Ohio producers also voted in a statewide referendum to further approve the formation of ONEi in 1998, and authorized Amendments to ONEi in 2007 and March 2017. The 2017 Amendments to ONEi's Article VII, Sections 7.03, 7.04 and Section 7.05 now authorize horizontal producers only to request the opportunity to pay the assessment directly to ONEi rather than have funds withheld by the first purchaser(s) of crude oil and natural gas. This form hereby serves as that application to enroll in that Producer Direct Payment option, if desired.

2024 HORIZONTAL PRODUCER DIRECT ASSESSMENT PAY APPLICATION OF THE OHIO NATURAL ENERGY INSTITUTE

(Please use a separate applicat	tion torm	n for each company, if applicable)
hereby request that all wells owned by	I Mall On	a aratar / Campa any Marsa
(HORIZONTAL	i well Op	perator / Company Name)
which meet the definition of horizontal well as defin payment program and placed into the producer of ONEi Operating Committee.		state law be removed from the first purchaser ay option upon approval of this application by the
the assessments shall be paid and remitted directly	y to the (January 1, 2024, through December 31, 2024, that Ohio Natural Energy Institute, P.O. Box 187, Granville, mitted to ODNR may also be used for audit purposes
I hereby authorize and direct that ONEi notify the capplication and to direct that they no longer make (Note: this may also include your affiliated marketinoil, condensate or natural gas.)	e this ass	
horizontal wells and related production. I understa	nd that o this Appli	e, correct and accurately represents our ownership in any attachments or additional information supplied lication. Furthermore, I will indemnify and hold ONEi Application.
(Print or Type Name of Authorized Applicant)		(Signature of Authorized Applicant)
(Email)		(Phone Number)
(Street Address or P.O. Box)	(City)	(State) (Zip)
Executed on	2024	4

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FIRST PURCHASER/ MARKETER CONTACT LIST (Please duplicate this page as needed)

FIRST PURCHASER/ MARKETER CONTACT:

(First Purchaser/ Marketer Name)	(First Purchase	(First Purchaser/ Marketer Contact, if known)			
(Email of Contact, if known)	(First Purchase	(First Purchaser/ Marketer Phone Number)			
(Street Address or P.O. Box)	(City)	(State)	(Zip)		
FIRST PURCHASER/ MARKETER CONTACT:					
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(Email of Contact, if known)	(First Purchase	(First Purchaser/ Marketer Phone Number)			
(Street Address or P.O. Box)	(City)	(State)	(Zip)		
(First Purchaser/ Marketer Name) (Email of Contact, if known)	(First Purchaser/ Marketer Contact, if known)				
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