



OHIO OIL & GAS ENERGY EDUCATION PROGRAM
P.O. Box 187, Granville, Ohio 43023, (740) 587-0410
www.oogeep.org, hgoricki@oogeep.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 Oil and Gas Energy Education Program (OOGEEP). Following each of these legislative changes, Ohio producers also voted in a statewide referendum to further approve the formation of OOGEEP in 1998, and authorized Amendments to OOGEEP's Program in 2007 and March 2017. The 2017 Amendments to OOGEEP Program'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 OOGEEP 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.

2022 HORIZONTAL PRODUCER DIRECT ASSESSMENT PAY APPLICATION
OF THE OHIO OIL AND GAS ENERGY EDUCATION PROGRAM

(Please use a separate application form for each company, if applicable)

I hereby request that all wells owned by _____
(Horizontal Well Operator / Company Name)

which meet the definition of horizontal well as defined by state law be removed from the first purchaser payment program and placed into the producer direct pay option upon approval of this application by the OOGEEP Operating Committee.

I hereby confirm that during the time period commencing January 1, 2022, through December 31, 2022, that the assessments shall be paid and remitted directly to the Ohio Oil and Gas Energy Education Program (OOGEEP), 4009 Columbus Road, Suite 111, Granville, Ohio 43023. Furthermore, quarterly production reports submitted to ODNR may also be used for audit purposes of this assessment.

I hereby authorize and direct that OOGEEP notify the attached first purchasers (or marketers) of this approved application and to direct that they no longer make this assessment deduction for our horizontal production. (Note: this may also include your affiliated marketing company or those first purchasers in which you sell crude oil, condensate or natural gas.)

I further certify that all information on this application is true, correct and accurately represents our ownership in horizontal wells and related production. I understand that any attachments or additional information supplied to OOGEEP shall be deemed subject to and a part of this Application. Furthermore, I will indemnify and hold OOGEEP harmless from any third-party action related to filing of this 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 _____ 2022

2022 HORIZONTAL PRODUCER DIRECT ASSESSMENT PAY APPLICATION
OF THE OHIO OIL AND GAS ENERGY EDUCATION PROGRAM

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

FIRST PURCHASER/ MARKETER CONTACT:

_____	_____
(First Purchaser/ Marketer Name)	(First Purchaser/ Marketer Contact, if known)
_____	_____
(Email of Contact, if known)	(First Purchaser/ Marketer Phone Number)
_____	_____
(Street Address or P.O. Box)	(City) (State) (Zip)

FIRST PURCHASER/ MARKETER CONTACT:

_____	_____
(First Purchaser/ Marketer Name)	(First Purchaser/ Marketer Contact, if known)
_____	_____
(Email of Contact, if known)	(First Purchaser/ Marketer Phone Number)
_____	_____
(Street Address or P.O. Box)	(City) (State) (Zip)

FIRST PURCHASER/ MARKETER CONTACT:

_____	_____
(First Purchaser/ Marketer Name)	(First Purchaser/ Marketer Contact, if known)
_____	_____
(Email of Contact, if known)	(First Purchaser/ Marketer Phone Number)
_____	_____
(Street Address or P.O. Box)	(City) (State) (Zip)

FIRST PURCHASER/ MARKETER CONTACT:

_____	_____
(First Purchaser/ Marketer Name)	(First Purchaser/ Marketer Contact, if known)
_____	_____
(Email of Contact, if known)	(First Purchaser/ Marketer Phone Number)
_____	_____
(Street Address or P.O. Box)	(City) (State) (Zip)
