

#### west virginia department of environmental protection

Office of Oil and Gas 601 57th Street, S.E. Charleston, WV 25304 (304) 926-0450 fax: (304) 926-0452

Austin Caperton, Cabinet Secretary www.dep.wv.gov

Monday, September 23, 2019 WELL WORK PLUGGING PERMIT Vertical Plugging

ALLIANCE PETROLEUM CO., LLC 101 MCQUISTON DR

JACKSON CITY, PA 16133

Re:

Permit approval for 458671 47-005-00144-00-00

This well work permit is evidence of permission granted to perform the specified well work at the location described on the attached pages and located on the attached plat, subject to the provisions of Chapter 22 of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder, and to any additional specific conditions and provisions outlined in the pages attached hereto. Notification shall be given by the operator to the Oil and Gas Inspector at least 24 hours prior to the construction of roads, locations, and/or pits for any permitted work. In addition, the well operator shall notify the same inspector 24 hours before any actual well work is commenced and prior to running and cementing casing. Spills or emergency discharges must be promptly reported by the operator to 1-800-642-3074 and to the Oil and Gas Inspector.

Upon completion of the plugging well work, the above named operator will reclaim the site according to the provisions of WV Code 22-6-30. Please be advised that form WR-38, Affidavit of Plugging and Filling Well, is to be submitted to this office within 90 days of completion of permitted well work, as should form WR-34 Discharge Monitoring Report within 30 days of discharge of pits, if applicable. Failure to abide by all statutory and regulatory provisions governing all duties and operations hereunder may result in suspension or revocation of this permit and, in addition, may result in civil and/or criminal penalties being imposed upon the operators.

Per 35 CSR 4-5.2.g this permit will expire in two (2) years from the issue date unless permitted well work is commenced. If there are any questions, please feel free to contact me at (304) 926-0450.

James A. Martin

Chief

Operator's Well Number: 458671

Farm Name: MITCHELL, W. H.

U.S. WELL NUMBER: 47-005-00144-00-00

Vertical Plugging

Date Issued: 9/23/2019

Promoting a healthy environment.

# **PERMIT CONDITIONS**

West Virginia Code §22-6-11 allows the Office of Oil and Gas to place specific conditions upon this permit Permit conditions have the same effect as law. Failure to adhere to the specified permit conditions may result in enforcement action.

#### **CONDITIONS**

- 1. All pits must be lined with a minimum of 20 mil thickness synthetic liner.
- 2. In the event of an accident or explosion causing loss of life or serious personal injury in or about the well or while working on the well, the well operator or its contractor shall give notice, stating the particulars of the accident or explosion, to the oil and gas inspector and the Chief within twenty-four (24) hours.
- 3. Well work activities shall not constitute a hazard to the safety of persons.
- 4. This well is under a consent order and must be plugged under the terms of that agreement.

WW-4B Rev. 2/01

| 1) Date August 5              | 20 19  |
|-------------------------------|--------|
| 2)Operator's                  |        |
| Well No. 458671 Mitchell 7504 |        |
| 3) API Well No. 47-005        | - 0144 |

# STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION OFFICE OF OIL AND GAS

|                            | OFFICE OF                                         | OIL AND GAS                             |               |  |  |  |
|----------------------------|---------------------------------------------------|-----------------------------------------|---------------|--|--|--|
|                            | APPLICATION FOR A PERM                            | IT TO PLUG AND ABANDON                  |               |  |  |  |
| 4)                         | Well Type: Oil/ Gas X/ Liquid                     | d injection/ Waste disposal             | _/            |  |  |  |
|                            | (If "Gas, Production or Und                       | derground storage) Deep/ Shal           | .low          |  |  |  |
| 5)                         | Location: Elevation 972 ft.                       | Watershed Turtle Creek                  |               |  |  |  |
| 3)                         | District Washington                               | County Boone Quadrangle Madison         |               |  |  |  |
|                            |                                                   | 2                                       |               |  |  |  |
| 6)                         | Well pperator Alliance Petroleum Corporation, LLC | 7)Designated Agent David Dean           |               |  |  |  |
|                            | Address 1997 Old Weston Rd.                       | Address 1997 Old Weston Rd.             |               |  |  |  |
|                            | Buckhannon, WV. 26201                             | Buckhannon, WV. 2620                    | 1             |  |  |  |
| 8)                         | Oil and Gas Inspector to be notified              | 9) Plugging Contractor                  |               |  |  |  |
| 0 )                        | Name Jeffery Smith                                | Name R and J Well Service               |               |  |  |  |
|                            | Address 5369 Big Tyler Road                       | Address 1087 Racoon Rd.                 |               |  |  |  |
|                            | Cross Lanes, WV. 25313                            | Hueysville, KY. 41640                   |               |  |  |  |
|                            |                                                   |                                         |               |  |  |  |
|                            |                                                   | RECEI<br>Office of Oi                   |               |  |  |  |
|                            |                                                   | AUG. 1                                  | <b>2</b> 2019 |  |  |  |
| <b>Property delections</b> | OX-gwm                                            | WV Depar<br>Environmenta                |               |  |  |  |
|                            | fication must be given to the district oi         | .l and gas inspector 24 hours before pe | rmitted       |  |  |  |
| Work                       | order approved by inspector                       | Date                                    |               |  |  |  |

PLUGGING PROCEDURE 458671 BOONE COUNTY, WEST VIRGINIA API# 47-005-00144

BY: JM

DATE: 7/24/2019

#### **Current Status**

#### **Csg Schedule**

- 13" csg @ 14'.
- 10" csg @ 184'
- 8 1/4" csg @ 923'
- 6 5/8" csg @ 1235'
- TD @ 1358'

#### Completion

Not Shbt

Fresh water @ 410'

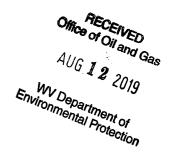
Coal @ 251'- 253'

Gas Shows @ 1197', 1300', 1336'

Elevation 972'

## Objective: Plug and abandon

- 1) Prepare road and location.
- 2) MIRU service rig and support equipment.
- 3) Blow well down. Check TD.
- 4) TIH w/tbg to 1285'. Kill well as need/6% bentonite gel. Pump 185' C1A cement plug from 1285' to 1100'
- 5) TOOH w/ tbg. Free point 6 5/8" csg. Shoot or rip csg at free point. TOOH w/ 6 5/8" csg. A 100' C1A cement plug must be set across csg cut. Any plugs below that will remain behind 6 5/8" csg must be shot or ripped at bottom pf plug and then every 50' through plug
- 6) TIH w/tbg to 1100'. Pump 6% bentonite gel from 1100'- 972'
- 7) TOOH w/ tbg to 972'. Pump 100' C1A cement plug from 972' to 872'
- 8) TOOH w/ tbg. Free point 8 1/4" csg. Shoot or rip csg at free point. TOOH w/ 8 1/4" csg. A 100' C1A cement plug must be set across csg cut. Any plugs below that will remain behind 8 1/4" csg must be shot or ripped at bottom of plug and then every 50' through plug
- 9) TIH w/thg to 735'. Pump 6% bentonite gel from 872' to 460'.
- 10) TOOH w/ tbg to 460'. Pump 100' C1A cement plug from 460' to 360'
- 11) TIH w/ tbg to 360'. Pump 6% bentonite gel from 360' to 303'.
- 12) TOOH w/ tbg to 303'. Pump 100' C1A cement plug from **303' to 203'**





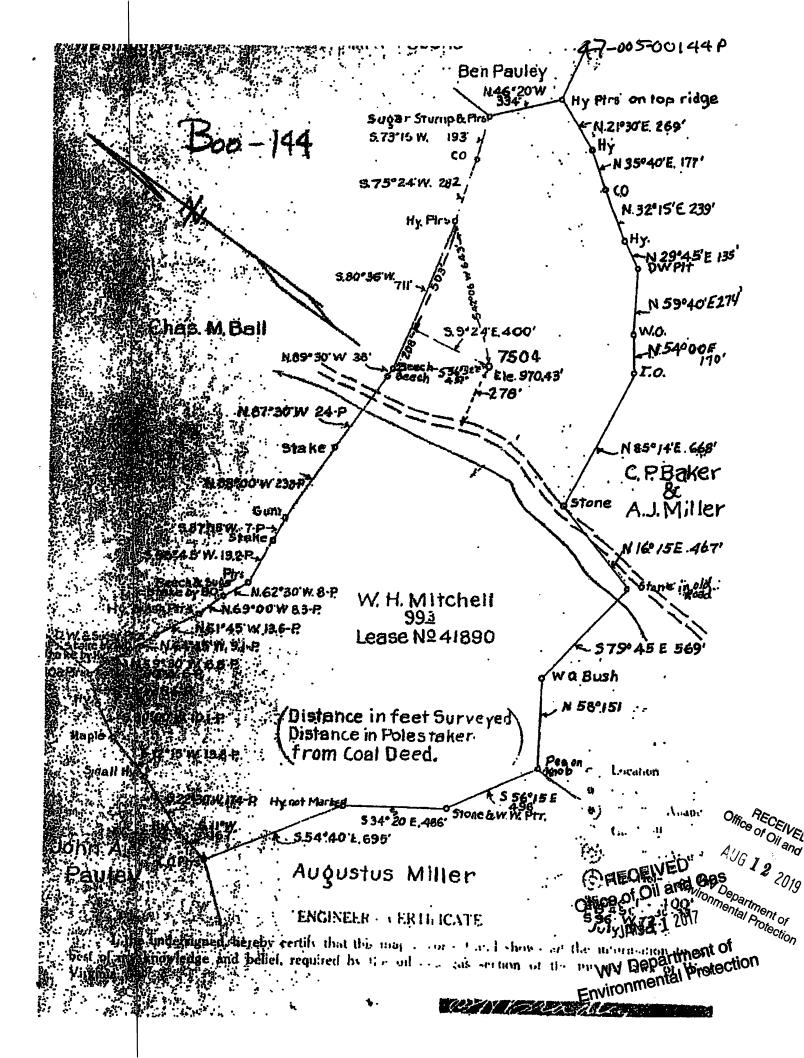
- 13) TOOH w/ tbg. Free point 10" csg. Shoot or rip csg at free point. TOOH w/ 10" csg. A 100' C1A cement plug must be set across csg cut. Any plugs below that will remain behind 10" csg must be shot or ripped at bottom of plug and then every 50' through plug
- 14) TOOH w/ tbg to 203'. Pump 235' C1A cement from 203' to Surface.
- 15) Pull work string and top off w/cement.
- 16) Erect permanent monument (30" minimum height and 6" minimum diameter pipe) with API # (1/2" height numbering) and reclaim.

Office of Oil and Gas

AUG 12 2019

Environmental Protection

| 1    | Mile Control                          | MAS SOL                  | 3002            | املينا            | old jijelye    | T\$ 0.4                               | - جناست            | tol Duese             | 1.7              |                                        |                                        |                              |                 | 91 .499<br>REMARK                      | •        |
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|      | Millebirgi                            |                          |                 |                   | \$3.44         |                                       |                    |                       |                  |                                        | •                                      | 1                            | tes 5º<br>L mis | g spor                                 |          |
|      | Little Dunkurd                        |                          |                 |                   | * 77           | 2500                                  |                    |                       | 3                |                                        |                                        |                              |                 |                                        |          |
| ,    | Gas Hand                              | Pare                     |                 | 263               | * 275          |                                       |                    |                       |                  |                                        | 1                                      | <i>;</i> :                   |                 | <i>a</i> ,                             |          |
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Well Operator By: Its: Address Telephone  is 200 described day of mailing or deliver.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Form WW-4B, which ion on Form WW-6, ghts regarding the application with the Chief of the inthe attached Application or certified mail or delery to the Chief.  Alliance Petroleum Co. David Dean  Executive VP Production 1997 Old Weston Road Buckhannon, WV. 262 304-471-2319  The ion such as name of the ion on the ion of  | sets out the cation which a operator proper e Office of Oil on and depicte livered by hand proporation, LLC on d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | parties involved in summarized in section of the or has a land Gas, West and on the attached to the person of the  | red in the work  In the instructions  If filed this Notice  Virginia Departm  d Form WW-6. (  s) named above (  Company) | and describes the on the reverses side. and Application and ent of Environmental copies of this Notice, for by publication in  RECEIVED Office of Oil and G  AUG 12 2019 |

office will appropriately secure your personal information. If you have any questions about our use of your personal

information, please contact DEP's Chief Privacy Officer at depprivacyoffier wv.gov.

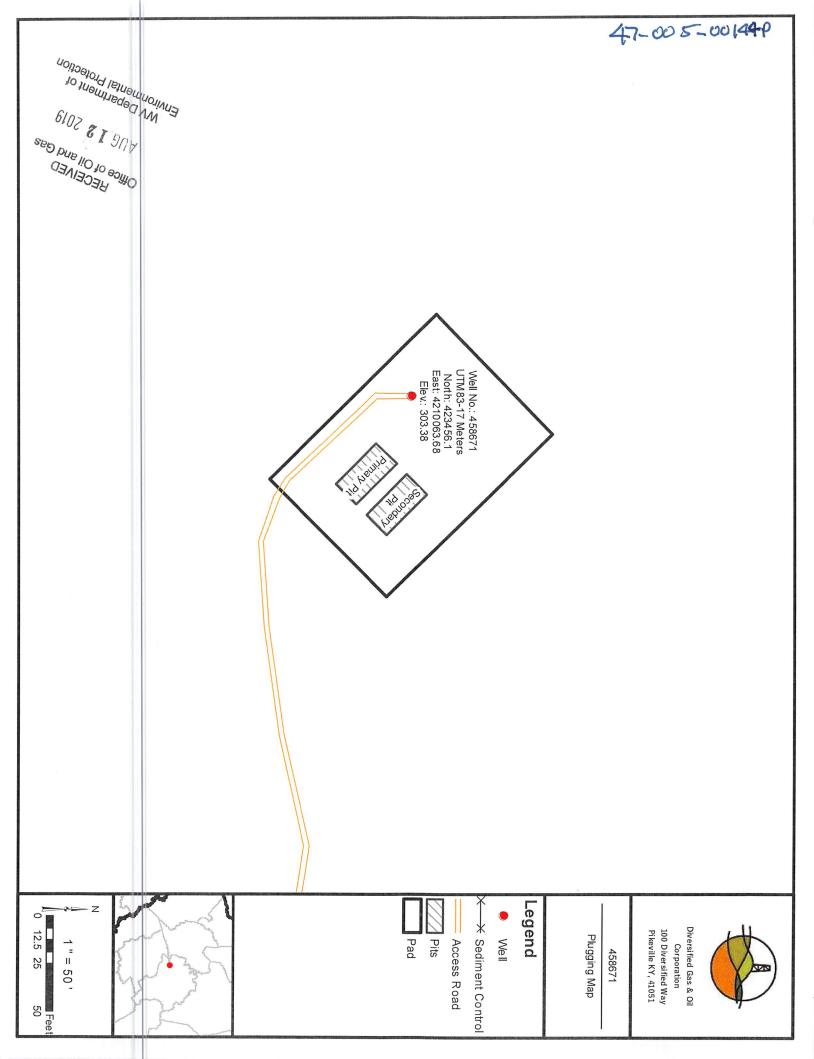
WW-4A

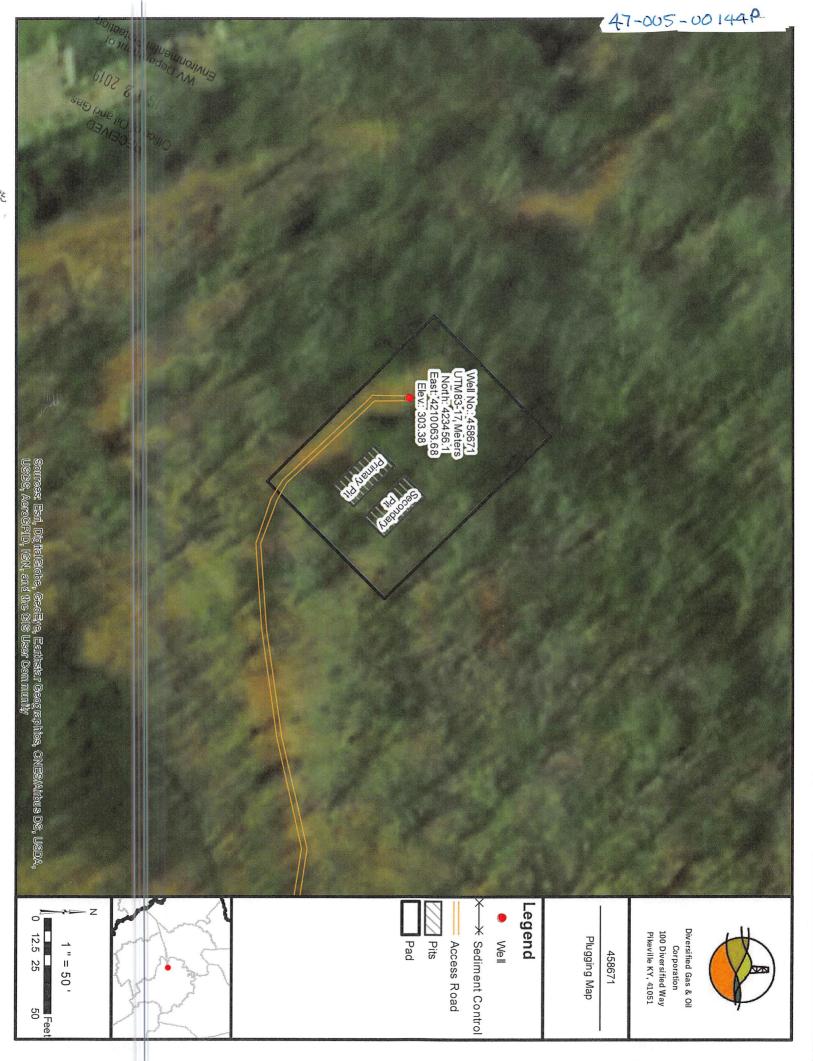
| API Number 47 -    | and    | milder  | P |
|--------------------|--------|---------|---|
| API Number 47 -    | 005    | - 00091 |   |
| Operator's Well No | . 4586 | 26      |   |

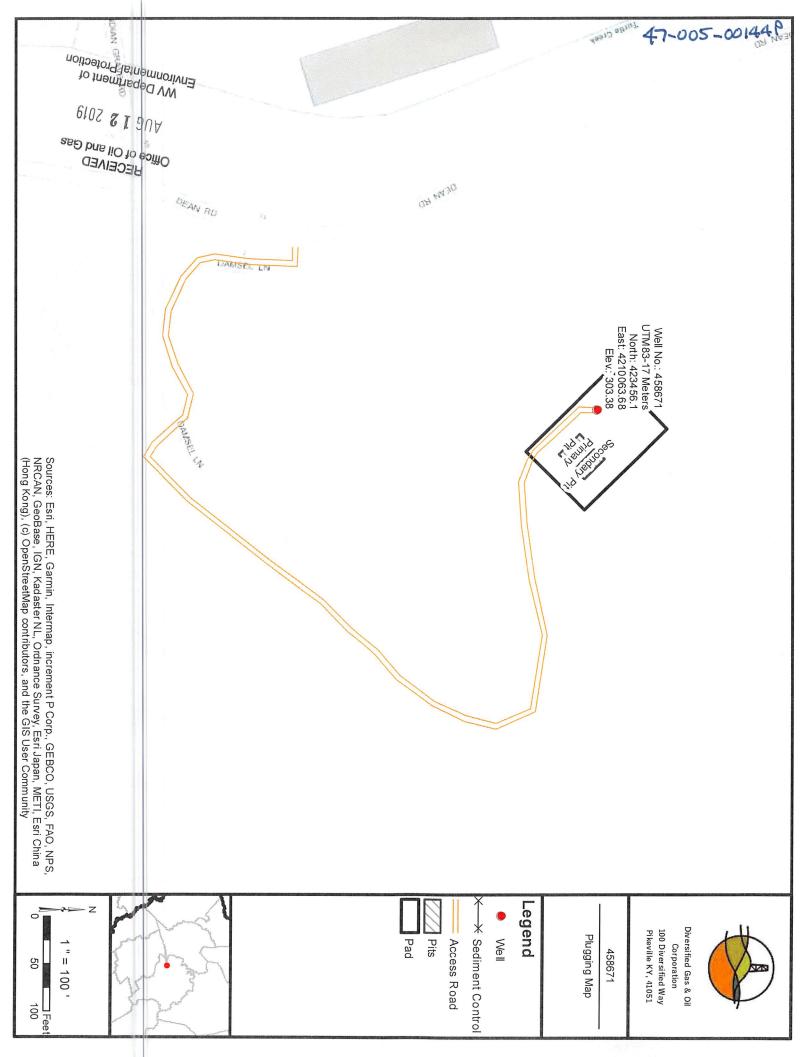
## STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION OFFICE OF OIL AND GAS FLUIDS/ CUTTINGS DISPOSAL & RECLAMATION PLAN

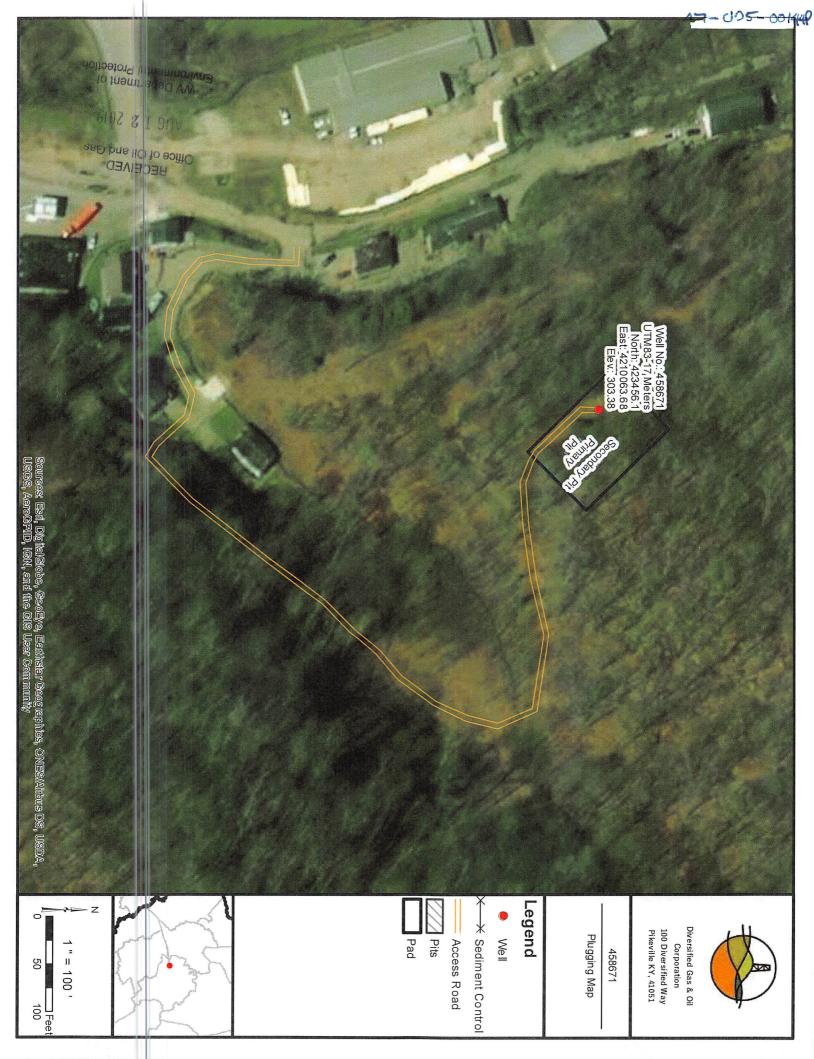
|                                                                                                                                                                                                                                                                                   | DISPOSAL & RECLAMATION FLAN                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator Name Alliance Petroleum Corporation, LLC                                                                                                                                                                                                                                 | OP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Watershed (HUC 10) Turtle Creek                                                                                                                                                                                                                                                   | Quadrangle Madison 7.5                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Do you anticipate using more than 5,000 bbls of water to                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Will a pit be used? Yes No No                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| If so, please describe anticipated pit waste: Fo                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Will a synthetic liner be used in the pit? Yes                                                                                                                                                                                                                                    | No If so, what ml.? 20                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Proposed Disposal Method For Treated Pit Was                                                                                                                                                                                                                                      | tes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Land Application (if selected Underground Injection (UIC Reuse (at API Number                                                                                                                                                                                                     | Permit Number_UIC2D0550319                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Off Site Disposal (Supply for                                                                                                                                                                                                                                                     | m WW-9 for disposal location)                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Will closed oop systembe used? If so, describe:                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                   | rizontal)? Air, freshwater, oil based, etc.                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                   | tc                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                   | oved offsite, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                   | in be used? (cerrent, lime, sawdust)                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| West Virginia solid waste facility. The notice shall be prowhere it was properly disposed.                                                                                                                                                                                        | and Cas of any load of drill cuttings or associated waste rejected at any vided within 24 hours of rejection and the permittee shall also disclose                                                                                                                                                                                                                                                                                                                      |
| on April 1, 2016, by the Office of Oil and Gas of the We provisions of the permit are enforceable by law. Violation or regulation can lead to enforcement action.  I certify under penalty of law that I have person application form and all attachments thereto and that, based | and conditions of the GENERAL WATER POLLUTION PERMIT issued st Virginia Department of Environmental Protection. I understand that the s of any term or condition of the general permit and/or other applicable law conally examined and am familiar with the information submitted on this ed on my inquiry of those individuals immediately responsible for obtaining scurate, and complete. I am aware that there are significant penalties for line or imprisonment. |
| Company Official Signature Saura Com                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Company Official (Typed Name) David Dean                                                                                                                                                                                                                                          | RECEIVED Office of Oil and Gas                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Company Official Title Executive VP Production                                                                                                                                                                                                                                    | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Subscribed and swom before me this 2Nd day  Martin & McCauly  My commission expires November 12                                                                                                                                                                                   | Novalymental munimum fill was mental motection                                                                                                                                                                                                                                                                                                                                                                                                                          |
| My commission expires November 12                                                                                                                                                                                                                                                 | 2019  OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINIA Hartsel E. McCauley 1997 Old Weston Rd. Buckhannon. WV 26201 Wy Commission Expires November 12, 2019                                                                                                                                                                                                                                                                                                           |

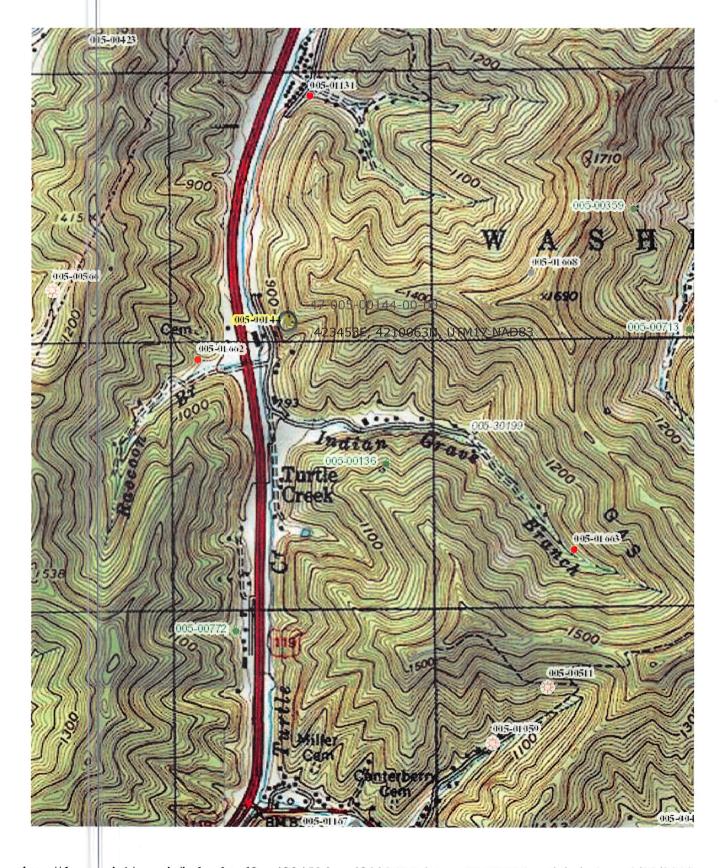
| Form W              | w-9                   |                  |                                      |                             | Operator's \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Well No.                                     |
|---------------------|-----------------------|------------------|--------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
|                     |                       |                  |                                      |                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |
| Propose             | d Reve                | getation Treatme | ent: Acres Distu                     | rbed 1 +/-                  | Preveg etation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | рН                                           |
|                     | Lime                  | 3                | Tons/acre or                         | to correct to p             | H 6.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |
|                     | Fertiliz              | er type 10-20-   | 20                                   |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                     | Fertiliz              | er amount        |                                      |                             | lbs/acre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |
|                     | Mulch                 | 2                |                                      | Tons                        | s/acre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |
|                     |                       |                  |                                      | Se                          | ed Mixtures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |
|                     |                       | Тетр             | orary                                |                             | Perm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nanent                                       |
| _                   | Seed T                | Ī                | lbs/acre                             |                             | Seed Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lbs/acre                                     |
| Red                 | Fes                   | cue              | 40                                   |                             | Red Fescue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 15                                           |
| Alsik               | е                     |                  | 5                                    | <del></del>                 | Alsike Clover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5                                            |
| Annu                | ıal Ry                | ⁄e               | 15                                   |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
| provided<br>(L, W), | d). If wa<br>and area |                  | will be land app<br>land application | olied, provide v<br>n area. | ication (unless engineered plans incl<br>water volume, include dimensions (I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |
|                     | <del></del>           |                  |                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
| Plan Ap Commen      |                       |                  |                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
| Continen            |                       |                  |                                      |                             | and the second s |                                              |
|                     |                       | :                | _                                    |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                     |                       |                  |                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                     |                       |                  |                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                     |                       |                  |                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                     |                       |                  |                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECEIVED Office of Oil and Gas               |
| Title:              |                       |                  |                                      |                             | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |
| Field Re            |                       |                  | ) Yes                                | (                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
| I IOIG INC          | , v io wed            | 1                |                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WV Department of<br>Environmental Protection |











WW-7 8-30-06



# West Virginia Department of Environmental Protection Office of Oil and Gas

|          | WELL LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FORM: GPS                                                                                                              |  |  |  |  |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| A        | PI: 47-005-00144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WELL NO.: 458671                                                                                                       |  |  |  |  |  |
| F.       | ARM NAME: W.H. Mitchell 7504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |  |  |  |  |  |
| R        | ESPONSIBLE PARTY NAME: Alliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Petroleum Co. LLC                                                                                                      |  |  |  |  |  |
| C        | <sub>OUNTY:</sub> Boone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DISTRICT: Washington                                                                                                   |  |  |  |  |  |
| Q        | UADRANGLE: Madison 7.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del>_</del>                                                                                                           |  |  |  |  |  |
| SI       | SURFACE OWNER: Ronald and Damsel Stollings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |  |  |  |  |  |
| R        | OYALTY OWNER: Robert Mitchell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | , Et al                                                                                                                |  |  |  |  |  |
| U        | rm GPS NORTHING: 4210063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |  |  |  |  |  |
| U        | TM GPS EASTING: 423453                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GPS ELEVATION: 296 m (972)                                                                                             |  |  |  |  |  |
| pr<br>ab | the Responsible Party named above has chosen to be eparing a new well location plat for a plugging prove well. The Office of Oil and Gas will not accept following requirements:  1. Datum: NAD 1983, Zone: 17 North, Cheight above mean sea level (MSL) – role.  2. Accuracy to Datum – 3.05 meters  3. Data Collection Method:  Survey grade GPS: Post Processed Difference of the party of the processed Difference in the processed Difference in the party of the | permit or assigned API number on the cept GPS coordinates that do not meet coordinate Units: meters, Altitude: neters. |  |  |  |  |  |
|          | Pool Time Different                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | inl                                                                                                                    |  |  |  |  |  |
|          | Mapping Grade GPS X: Post Processed Di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fferential X                                                                                                           |  |  |  |  |  |
|          | Real-Time Differ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ential                                                                                                                 |  |  |  |  |  |
| be       | 4. Letter size copy of the topography me undersigned, hereby certify this data is correctlief and shows all the information required by latescribed by the Office of Oil and Gas.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | et to the best of my knowledge and                                                                                     |  |  |  |  |  |
|          | 1 Mb Ensine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VIII 8-6-19 AUG 12 200.                                                                                                |  |  |  |  |  |
| Si       | gnature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title Date Notion Department of Protest                                                                                |  |  |  |  |  |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | antal Prote of                                                                                                         |  |  |  |  |  |