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

## AFFIDAVIT OF PLUGGING AND FILLING WELL

AFFIDAVIT SHOULD BE IN TRIPLICATE, one copy mailed to the Department, one copy to be retained by the Well Operator and the third copy (and extra copies if required) should be mailed to each coal operator at their respective addresses.

| Farm name:                     | Reed,                          | James \        | W., Jr. ETAL                               | _Operator Well                            | No.: Gosho              | rn 11A  |                 |
|--------------------------------|--------------------------------|----------------|--|---|-------------------------|---|-----------------|
| LOCATION:                      | Elevation:                     |                |  | Quadrangle: _                             | Elkhurst                |   |                 |
|                                | District:                      | Union          |  |   | Clay                    |   |                 |
| •                              | Latitude: _                    |                | Feet South of                              | Deg                                       | Min                     | Sec.  |                 |
|                                | Longitude                      | •              | Feet West of                               | Deg                                       | Min                     | Sec.  |                 |
| Well Type: (                   | OIL                            | GAS X          | <u> </u>                                   |   |                         |   |                 |
| Company                        | Reed                           | Gas            | Coal O                                     | peratorna                                 |                         |   | 1               |
|                                | 1314 Virg                      | inia St        | or Own                                     | er  |                         | Receive   |                 |
|                                | Charleston, WV                 |                | <del></del>                                | <del></del>                               |                         | 11000   | -               |
| Agent                          | Charles                        | s Reed         | Coal O<br>or Own                           | perator <u>na</u><br>er                   |                         | AUG 1 1 281   | <b>-</b>        |
| Permit Issu                    | ed Date                        | 05/19/2        | 015  |   |                         |   | <del></del>     |
| STATE OF W                     |                                |                | A  | FFIDAVIT                                  |                         | Office of Oil and Ga<br>WV Dept. of Environmental                                     | s<br>Protection |
| and say that the well operator | ney are expe<br>, and particip | rienced in the | ne work of plugging a work of plugging a   | and filling oil and<br>nd filling the abo | gas wells and we        | sworn according to law de-<br>re employed by the above na-<br>said work was commenced | amed            |
| tne <u>24</u>                  | day of <u>.</u>                | <i>)</i>       | 20_# and the                               | well was plugge                           | a and tilled in th      | e following manner:   |                 |
| TYPE                           | F                              | ROM            | TO   | PIPE RE                                   | MOVED                   | LEFT  |                 |
| cement                         |                                |                | 1950250                                    | 0   |                         | 2265'   |                 |
| cement                         |                                | 100'           | 1200'<br>surface                           | 4 1/2" cemente                            | ed to surface           |   |                 |
|                                |                                |                |  |   |                         |   |                 |
|                                |                                |                |  |   |                         |   |                 |
| Description said well was      |                                |                | ipe with API on atta<br>day of <u>Tvly</u> | ached plate<br>, 20 <u>/5</u> .           | and the                 | at the work of plugging and f   | illing          |
| And further                    | deponents :                    | saith not.     | Cody Ha                                    | lucku<br>zmak                             | orth                    | STATE OF WI   | IV ase          |
| Sworn and                      | subscribe b                    | efore me this  | s <u>//)</u> day of                        | rely 10                                   | 20_15                   | My commission exp   | 741 1404        |
| My commission                  | on expires:                    | 11/6/15        | <u>-</u> '                                 | <u>Connie</u>                             | MULKEL_<br>otary Public |   |                 |