Smithton-Flint- Sedalia (99)



## STATE OF WEST VIRGINIA DEPARTMENT OF MINES

## Oil and Gas Division WELL RECORD

Quadrangle Centerpoint
Permit No. DOD-1691

Rotary X Oil.

Cable Gas X

Recycling Comb

Water Flood Storage

Disposal (Kind)

| Company RAMCO Oil Address P. O. Box 99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | 45714                                                                   | Casing and                                                                                                                                   | Used in                                 | Left       | Cement fill up              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|-----------------------------|
| Farm Elizabeth Seck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                                                         | Tubing                                                                                                                                       | Drilling                                | in Well    | Cu. ft. (Sks.)              |
| Location (waters)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |                                                                         | Size                                                                                                                                         |                                         |            |                             |
| Vell No. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ele                                                                                       | ev. 878¹                                                                | 20-16                                                                                                                                        |                                         |            |                             |
| District McClellan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | County Dod                                                                                | dridge                                                                  | Cond.                                                                                                                                        |                                         |            |                             |
| he surface of tract is ov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                         | -                                                                       | 13-10"                                                                                                                                       |                                         |            |                             |
| Elizabeth Seckman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |                                                                         | 9 5/8                                                                                                                                        |                                         |            |                             |
| Address Centerp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           |                                                                         | 8 5/8                                                                                                                                        | 558'                                    | 5581       | 150 sks.                    |
| fineral rights are owned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                         | 7                                                                                                                                            |                                         |            | 100 31(3)                   |
| Address_C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,                                                                                         |                                                                         | 5 1/2                                                                                                                                        |                                         | -          |                             |
| Drilling Commenced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                         | 4 1/2                                                                                                                                        |                                         | 1965'      | 55 sks.                     |
| Orilling Completed 9/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /22/72                                                                                    |                                                                         | 3                                                                                                                                            |                                         | 1700       | JJ 3K3.                     |
| nitial completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | manager C.                                                                                | I. I. I.                                                                | 2                                                                                                                                            |                                         | +          |                             |
| nitial open flow<br>Final product on 200,006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2/11 Cu. II.                                                                              | bbis.                                                                   | Liners Used                                                                                                                                  |                                         |            |                             |
| Vell open24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | cu. It. per day _                                                                         | bbls.                                                                   | Liners Osed                                                                                                                                  | }                                       | ļ          |                             |
| ell treatment details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                                         | Attach copy of o                                                                                                                             | cementing reco                          | ord Lawson | CementingCo                 |
| Fractured - DOWEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LL - 700 bbls. w                                                                          | ater; 1500 aa                                                           | ıls. X acid: 42                                                                                                                              | .000# 20/40                             | sand.      |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>- 1908' - 3 holes</u>                                                                  | distributions promise and approximation of the                          | drong.                                                                                                                                       |                                         |            |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           | 440,000,000,000,000,000,000,000,000,000                                 | dynosis                                                                                                                                      |                                         |            |                             |
| Coal was encountered at _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 511' - 517'                                                                               | Feet                                                                    | 7                                                                                                                                            | 2" Inche                                | S          |                             |
| Coal was encountered at _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 511' - 517'                                                                               | Feet.                                                                   |                                                                                                                                              | 2" Inche                                | S          | Feet                        |
| oal was encountered at _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 511' - 517'                                                                               | Feet.                                                                   | 7                                                                                                                                            | 2" Inche                                | S          | Feet                        |
| oal was encountered at _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 511' - 517'                                                                               | Feet.                                                                   |                                                                                                                                              | 2" Inche                                | S          | Feet                        |
| resh water<br>roducing Sand Big Inju                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 511' - 517'<br>Fedure 1878' - 1902                                                        | Top Feet                                                                | Salt V Depth Bottom Feet                                                                                                                     | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 511' - 517'  Fedun 1878' - 1902  Hard or Soft                                             | Top Feet                                                                | Salt V Depth Bottom Feet                                                                                                                     | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju Formation Color urface led Rock & Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 511' - 517'  Fee on 1878' - 1902  Hard or Soft  Soft Soft                                 | Top Feet  0 15                                                          | 7   Salt V   Depth   Bottom Feet   15   73                                                                                                   | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju Formation Color  urface ed Rock & Shale hale & Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 511' - 517'  Fedure 1878' - 1902  Hard or Soft  Soft Soft Soft                            | Top Feet  0 15 73                                                       | 7   Salt V   Depth                                                                                                                           | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju Formation Color urface ed Rock & Shale hale & Sand ime & Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 511' - 517'  Fedure 1878' - 1902  Hard or Soft  Soft  Soft  Soft  Hard                    | Top Feet  0 15 73 152                                                   | Bottom Feet  15 73 152 200                                                                                                                   | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju Formation Color  urface ed Rock & Shale hale & Sand ime & Sand hale & Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fedun 1878' - 1902  Hard or Soft  Soft Soft Hard Soft Hard Soft                           | Top Feet  0 15 73 152 200                                               | Bottom Feet  15 73 152 200 511                                                                                                               | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju Formation Color  urface ed Rock & Shale hale & Sand ime & Sand hale & Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fee  Jun 1878' - 1902  Hard or Soft  Soft  Soft  Hard  Soft  Soft  Soft  Soft  Soft  Soft | Top Feet  0 15 73 152 200 511                                           | Bottom Feet  15 73 152 200 511 517                                                                                                           | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju Formation Color urface led Rock & Shale hale & Sand lime & Sand hale & Sand coal hale & Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Soft Soft Soft Hard Soft Soft Soft Soft Soft Soft Soft Soft                               | Top Feet  0 15 73 152 200 511 517                                       | Bottom Feet  15 73 152 200 511 517 550                                                                                                       | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju Formation Color  urface ed Rock & Shale hale & Sand ime & Sand hale & Sand hale & Sand hale & Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fedun 1878' - 1902  Hard or Soft  Soft Soft Hard Soft Soft Soft Soft Soft Soft Soft Soft  | Top Feet  0 15 73 152 200 511 517 550                                   | Bottom Feet  15 73 152 200 511 517 550 558                                                                                                   | 2" Inche                                | S          | Feet                        |
| Formation Color  urface ed Rock & Shale hale & Sand ime & Sand coal hale & Sand                                                                                                                                                                                                                                                                                                                                                                                                                                              | Fedun 1878' - 1902  Hard or Soft  Soft Soft Hard Soft Soft Soft Soft Soft Soft Soft Soft  | Top Feet  O 15 73 152 200 511 517 550 558                               | Salt V Depth  Bottom Feet  15 73 152 200 511 517 550 558 1125                                                                                | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju Formation Color  urface ed Rock & Shale hale & Sand ime & Sand hale                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fedure 1878' – 1902  Hard or Soft  Soft Soft Hard Soft Soft Soft Soft Soft Soft Soft Soft | Top Feet  O 15 73 152 200 511 517 550 558 1125                          | Bottom Feet  15 73 152 200 511 517 550 558 1125 1190                                                                                         | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju Formation Color  urface ed Rock & Shale hale & Sand ime & Sand hale & Sand hale & Sand hale & Sand hale and & Shale hale                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fedun 1878' - 1902  Hard or Soft  Soft Soft Hard Soft Soft Soft Soft Soft Soft Soft Soft  | Top Feet  O 15 73 152 200 511 517 550 558 1125 1190                     | Salt V<br>Depth<br>Bottom Feet<br>15<br>73<br>152<br>200<br>511<br>517<br>550<br>558<br>1125<br>1190<br>1255                                 | 2" Inche                                | S          | Feet                        |
| Formation Color  urface led Rock & Shale hale & Sand lime & Sand | Fedure 1878' – 1902  Hard or Soft  Soft Soft Hard Soft Soft Soft Soft Soft Soft Soft Soft | Top Feet  O 15 73 152 200 511 517 550 558 1125 1190 1255                | Salt V Depth  Bottom Feet  15 73 152 200 511 517 550 558 1125 1190 1255 1420                                                                 | 2" Inche                                | S          | Feet                        |
| resh waterroducing Sand Big Inju Formation Color  urface ed Rock & Shale hale & Sand ime & Sand hale & Sand hale & Sand hale and & Shale hale and & Shale hale and                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fedure 1878' – 1902  Hard or Soft  Soft Soft Soft Soft Soft Soft Soft                     | Top Feet  O 15 73 152 200 511 517 550 558 1125 1190 1255 1420           | Salt V Depth  Bottom Feet  15 73 152 200 511 517 550 558 1125 1190 1255 1420 1580                                                            | 2" Inche                                | S          | Feet                        |
| Formation Color  urface ed Rock & Shale hale & Sand hale & Sand hale & Shale hale & Sand hale & Sand hale and & Shale hale and & Shale hale and & Shale hale                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fedun 1878' - 1902  Hard or Soft  Soft Soft Hard Soft Soft Soft Soft Soft Soft Soft Soft  | Top Feet  O 15 73 152 200 511 517 550 558 1125 1190 1255 1420 1580      | Salt V<br>Depth<br>Bottom Feet<br>15<br>73<br>152<br>200<br>511<br>517<br>550<br>558<br>1125<br>1190<br>1255<br>1420<br>1580<br>1760         | 2" Inche                                | S          | Feet                        |
| Formation Color  urface ed Rock & Shale hale & Sand hale & Sand hale & Sand hale and & Shale hale and & Shale hale and hale                                                                                                                                                                                                                                                                                                                                                                       | Fedural 1878' – 1902  Hard or Soft  Soft Soft Soft Soft Soft Soft Soft                    | Top Feet  O 15 73 152 200 511 517 550 558 1125 1190 1255 1420 1580 1760 | Salt V<br>Depth<br>Bottom Feet<br>15<br>73<br>152<br>200<br>511<br>517<br>550<br>558<br>1125<br>1190<br>1255<br>1420<br>1580<br>1760<br>1879 | Q" Inche                                | Water 3    | Feet* Remarks               |
| resh waterroducing Sand Big Inju Formation Color  urface ed Rock & Shale hale & Sand ime & Sand hale & Sand hale & Sand hale & Sand hale and & Shale hale                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fedun 1878' - 1902  Hard or Soft  Soft Soft Hard Soft Soft Soft Soft Soft Soft Soft Soft  | Top Feet  O 15 73 152 200 511 517 550 558 1125 1190 1255 1420 1580      | Salt V<br>Depth<br>Bottom Feet<br>15<br>73<br>152<br>200<br>511<br>517<br>550<br>558<br>1125<br>1190<br>1255<br>1420<br>1580<br>1760         | 2" Inche Vater Oil, Gas or              | Water '    | Feet Remarks                |
| Formation Color  urface ed Rock & Shale hale & Sand hale & Sand hale & Sand hale and & Shale hale and & Shale hale and                                                                                                                                                                                                                                                                                                                               | Fedural 1878' – 1902  Hard or Soft  Soft Soft Soft Soft Soft Soft Soft                    | Top Feet  O 15 73 152 200 511 517 550 558 1125 1190 1255 1420 1580 1760 | Salt V<br>Depth<br>Bottom Feet<br>15<br>73<br>152<br>200<br>511<br>517<br>550<br>558<br>1125<br>1190<br>1255<br>1420<br>1580<br>1760<br>1879 | Z" Inche Vater Oil, Gas or *Big L *Keen | Water 3    | Feet* Remarks - 1844' 1862' |





OIL & GAS DIVISION DEPT. OF MINES

## Oil and Gas Division OIL AND GAS WELL PERMIT APPLICATION

| TO THE DEPARTMENT OF MINES,                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------|
| Charleston, W. Va.                                                                                                                                                                                                                                                                                                                                                               | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                      |
| Surface Owner                                                                                                                                                                                                                                                                                                                                                                    | Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | ***                                  |
| Address                                                                                                                                                                                                                                                                                                                                                                          | 2000 - 1000 - 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tr, below, C                            | 140 45714                            |
| Mineral Owner                                                                                                                                                                                                                                                                                                                                                                    | Farm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | eci.men                                 | _Acres                               |
| Address                                                                                                                                                                                                                                                                                                                                                                          | Location (waters)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sobimion real                           | _Acres                               |
| Coal Owner                                                                                                                                                                                                                                                                                                                                                                       | Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                      |
| Address                                                                                                                                                                                                                                                                                                                                                                          | District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Han                                     | Elevation                            |
| Coal Operator                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | icronini                                | _County                              |
| Address                                                                                                                                                                                                                                                                                                                                                                          | - Quadrangle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | *************************************** |                                      |
| All provisions being in accordance with Chapt of the W. Va. Code, the location is hereby at for drilling. This permit shall expended by 1-14-73  Deputy Director Oil N Gas Division  GENTLEMEN:  The undersigned well operator is entitled to drill upon the sitle thereto, (or as the case may be) under grant or lease deputs and the sitle to the sitle to the sitle thereto. | INSPECTOR OF ABOVE NAME OF ABO | tract of land for o                     | PH: 363-9105  il and gas, having fee |
| .9, in County, Book                                                                                                                                                                                                                                                                                                                                                              | Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,11 0110                                | _ day or                             |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                      |
| NEW WELLDRILL DEEPEROIL AND GAS WELL ORIGINALLY DRILLED                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | E OR STIMULATE                       |
| The enclosed plat was prepared by a registered engineer of nave been notified as of the above date.  The above named coal owners and/or operator are hereby rounded make by Section 3 of the Code, must be received by, or file                                                                                                                                                  | c licensed land surveyo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or and all coal own                     | nake or are required                 |
| Copies of this notice and the enclosed plat were mailed by or coal owners at their above shown respective addressame day with the mailing or delivery of this copy to the Dep                                                                                                                                                                                                    | artment of Mines at C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | v                                       | before or on the                     |
|                                                                                                                                                                                                                                                                                                                                                                                  | Very truly yours,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Hero Mr.                                | 00                                   |
|                                                                                                                                                                                                                                                                                                                                                                                  | Sign Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Well Operator                           | an pur                               |
| Address<br>of                                                                                                                                                                                                                                                                                                                                                                    | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Street                                  |                                      |
| Well Opera                                                                                                                                                                                                                                                                                                                                                                       | tor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City or Town                            |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                                   |                                      |

\*SECTION 3.... If no objections are filed or found by the Department of mines, within said period of ten days from the receipt of notice and plat by the department of mines, to said proposed location, the department shall forthwith issue to the well operator a permit reciting the filing of such plat, that no objections have been made by the coal operators or found thereto by the department and that the same is approved and the well operator authorized to proceed.

DOD-1691 PERMIT NUMBER

EOND ON L

## THIS IS AN ESTIMATE ONLY ACTUAL INFORMATION WILL BE SUBMITTED ON OG-10 UPON COMPLETION

| DRILLING CONTRACTOR: (If Known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FRACTURE-STIMULATE                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESPONSIBLE AG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |
| ADDRESS W.V.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , Box 174, Grantwille, W.Va.                                                                                                                                                                                                                                                                     |
| TELEPHONE (334) 782-1836                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 354-7657                                                                                                                                                                                                                                                                                         |
| ESTIMATED DEPTH OF COMPLETED WELL: 2,011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ROTARY 🕌                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CABLE TOOLS                                                                                                                                                                                                                                                                                      |
| PROPOSED GEOLOGICAL FORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| TYPE OF WELL: OIL GAS_*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | COMB STOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RAGE DISPOSAL                                                                                                                                                                                                                                                                                    |
| RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CYCLING WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FLOODOTHER                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| TENTATIVE CASING PROGRAM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| CASING AND TUBING USED FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A E.J. L. L. XV L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |
| SIZE DRILLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LEFT IN<br>WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CEMENT FILL UP OR SACKS - CUBIC FT.                                                                                                                                                                                                                                                              |
| 20 - 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Skiedersteid in west de gewone (en redenne groene en de tries deue de souver année an accession en monte de année.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |
| 13 - 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| 9 - 5/8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| 8 - 5/8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 001 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 200'                                                                                                                                                                                                                                                                                             |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| 5 ½                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| 4 ½                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 484                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |
| 3 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Perf. Top                                                                                                                                                                                                                                                                                        |
| Liners                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Perf. Bottom Perf. Top                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | maga yilwasa at molarool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Perf. Bottom                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | serva liado finter aldi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |
| APPROVIMATE EDECH WATER DEPTHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| ATTROXIMATE PREST WATER DEFINS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FEET SALT WAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TER FEET                                                                                                                                                                                                                                                                                         |
| APPROXIMATE COAL DEPTHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | antaly 10 at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |
| IS COAL BEING MINED IN THE AREA?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BY WHOM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ?                                                                                                                                                                                                                                                                                                |
| TO DRILL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ORIGINAL PERMIT NUMBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | R AND PERFORMANCE BOND. ON                                                                                                                                                                                                                                                                       |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANN MUST ALSO BE SUBMITTED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ORIGINAL PERMIT NUMBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CE BOND AND PERMANENT COPY  R AND PERFORMANCE BOND. ON                                                                                                                                                                                                                                           |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANE MUST ALSO BE SUBMITTED.  TO FRACTURE - STIMULATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ORIGINAL PERMIT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CE BOND AND PERMANENT COPY  R AND PERFORMANCE BOND. ON  ND THE ORIGINAL WELL RECORD                                                                                                                                                                                                              |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANN MUST ALSO BE SUBMITTED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ORIGINAL PERMIT NUMBER<br>ENT COPY OF THE PLAT A<br>BEFORE JUNE 5, 1929, FIVE<br>LL RECORD.<br>ON AND/OR AFTER JUNE 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CE BOND AND PERMANENT COPY  R AND PERFORMANCE BOND. ON  ND THE ORIGINAL WELL RECORD  C (5) COPIES OG - 1, PERFORMANCE                                                                                                                                                                            |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANE MUST ALSO BE SUBMITTED.  TO FRACTURE - STIMULATE:  OIL AND/OR GAS WELL ORIGINALLY DRILLED BOND, PERMANENT PLAT AND ORIGINAL WEIL OIL AND/OR GAS WELL ORIGINALLY DRILLED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ORIGINAL PERMIT NUMBER<br>ENT COPY OF THE PLAT A<br>BEFORE JUNE 5, 1929, FIVE<br>LL RECORD.<br>ON AND/OR AFTER JUNE 5<br>MANCE BOND.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CE BOND AND PERMANENT COPY  R AND PERFORMANCE BOND. ON ND THE ORIGINAL WELL RECORD  E (5) COPIES OG - 1, PERFORMANCE  , 1929, FIVE COPIES OG - 1, SHOW-                                                                                                                                          |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANH MUST ALSO BE SUBMITTED.  TO FRACTURE - STIMULATE:  OIL AND/OR GAS WELL ORIGINALLY DRILLED BOND, PERMANENT PLAT AND ORIGINAL WEIL OF ORIGINALLY DRILLED ING ORIGINAL PERMIT NUMBER, AND PERFORM Required forms must be filed within ninety (90) da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ORIGINAL PERMIT NUMBER<br>ENT COPY OF THE PLAT A<br>BEFORE JUNE 5, 1929, FIVE<br>LL RECORD.<br>ON AND/OR AFTER JUNE 5<br>MANCE BOND.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CE BOND AND PERMANENT COPY  R AND PERFORMANCE BOND. ON ND THE ORIGINAL WELL RECORD  E (5) COPIES OG - 1, PERFORMANCE  , 1929, FIVE COPIES OG - 1, SHOW-                                                                                                                                          |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANH MUST ALSO BE SUBMITTED.  TO FRACTURE - STIMULATE:  OIL AND/OR GAS WELL ORIGINALLY DRILLED BOND, PERMANENT PLAT AND ORIGINAL WEIL OF ORIGINALLY DRILLED ING ORIGINAL PERMIT NUMBER, AND PERFORM Required forms must be filed within ninety (90) da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ORIGINAL PERMIT NUMBER<br>ENT COPY OF THE PLAT A<br>BEFORE JUNE 5, 1929, FIVE<br>LL RECORD.<br>ON AND/OR AFTER JUNE 5<br>MANCE BOND.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CE BOND AND PERMANENT COPY  R AND PERFORMANCE BOND. ON ND THE ORIGINAL WELL RECORD  E (5) COPIES OG - 1, PERFORMANCE  , 1929, FIVE COPIES OG - 1, SHOW-                                                                                                                                          |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANH MUST ALSO BE SUBMITTED.  TO FRACTURE - STIMULATE:  OIL AND/OR GAS WELL ORIGINALLY DRILLED BOND, PERMANENT PLAT AND ORIGINAL WEIL OF ORIGINALLY DRILLED ING ORIGINAL PERMIT NUMBER, AND PERFORM Required forms must be filed within ninety (90) da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ORIGINAL PERMIT NUMBER<br>ENT COPY OF THE PLAT A<br>BEFORE JUNE 5, 1929, FIVE<br>LL RECORD.<br>ON AND/OR AFTER JUNE 5<br>MANCE BOND.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CE BOND AND PERMANENT COPY  R AND PERFORMANCE BOND. ON  ND THE ORIGINAL WELL RECORD  C (5) COPIES OG - 1, PERFORMANCE  , 1929, FIVE COPIES OG - 1, SHOW-                                                                                                                                         |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANI MUST ALSO BE SUBMITTED.  TO FRACTURE - STIMULATE:  OIL AND/OR GAS WELL ORIGINALLY DRILLED BOND, PERMANENT PLAT AND ORIGINAL WEIL OIL AND/OR GAS WELL ORIGINALLY DRILLED ING ORIGINAL PERMIT NUMBER, AND PERFORM Required forms must be filed within ninety (90) da four (24) hours in advance.  The following waiver must be completed by the cothereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ORIGINAL PERMIT NUMBER ENT COPY OF THE PLAT A BEFORE JUNE 5, 1929, FIVE LL RECORD. ON AND/OR AFTER JUNE 5 MANCE BOND. Bys of completion for bond release. On a completion for bond release.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R AND PERFORMANCE BOND. ON ND THE ORIGINAL WELL RECORD  (5) COPIES OG - 1, PERFORMANCE , 1929, FIVE COPIES OG - 1, SHOW- ease. Inspector to be notified twenty-                                                                                                                                  |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANE MUST ALSO BE SUBMITTED.  TO FRACTURE - STIMULATE:  OIL AND/OR GAS WELL ORIGINALLY DRILLED BOND, PERMANENT PLAT AND ORIGINAL WEIL OIL AND/OR GAS WELL ORIGINALLY DRILLED ING ORIGINAL PERMIT NUMBER, AND PERFORM Required forms must be filed within ninety (90) da four (24) hours in advance.  The following waiver must be completed by the cathereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ORIGINAL PERMIT NUMBER ENT COPY OF THE PLAT A  BEFORE JUNE 5, 1929, FIVE LL RECORD.  ON AND/OR AFTER JUNE 5  MANCE BOND.  Lys of completion for bond relationships to the permit is to the company, Or and Com | R AND PERFORMANCE BOND. ON ND THE ORIGINAL WELL RECORD  (5) COPIES OG - 1, PERFORMANCE , 1929, FIVE COPIES OG - 1, SHOW- ease. Inspector to be notified twenty-                                                                                                                                  |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANE MUST ALSO BE SUBMITTED.  TO FRACTURE - STIMULATE:  OIL AND/OR GAS WELL ORIGINALLY DRILLED BOND, PERMANENT PLAT AND ORIGINAL WEIL OF ORIGINAL WEIL OF ORIGINAL PERMIT NUMBER, AND PERFORM Required forms must be filed within ninety (90) da four (24) hours in advance.  The following waiver must be completed by the cothereof.  WAIVER: I the undersigned, Agent for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ORIGINAL PERMIT NUMBER ENT COPY OF THE PLAT A  BEFORE JUNE 5, 1929, FIVE LL RECORD.  ON AND/OR AFTER JUNE 5  MANCE BOND.  Lys of completion for bond release  oal operator if the permit is to  Coal Company, Onine maps this proposed well  mpany have no objections to se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R AND PERFORMANCE BOND. ON ND THE ORIGINAL WELL RECORD  (5) COPIES OG - 1, PERFORMANCE , 1929, FIVE COPIES OG - 1, SHOW- ease. Inspector to be notified twenty-  o be issued within ten days of receipt  where or Operator of the coal under location.  aid well being drilled at this location, |
| SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 OF PLAT.  TO DRILL DEEPER OR REDRILL:  SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING WELLS DRILLED PRIOR TO 1929, A PERMANE MUST ALSO BE SUBMITTED.  TO FRACTURE - STIMULATE:  OIL AND/OR GAS WELL ORIGINALLY DRILLED BOND, PERMANENT PLAT AND ORIGINAL WEIL ON ORIGINAL WEIL ON ORIGINAL PERMIT NUMBER, AND PERFORM Required forms must be filed within ninety (90) da four (24) hours in advance.  The following waiver must be completed by the control of th | ORIGINAL PERMIT NUMBER ENT COPY OF THE PLAT A  BEFORE JUNE 5, 1929, FIVE LL RECORD.  ON AND/OR AFTER JUNE 5  MANCE BOND.  Lys of completion for bond release  oal operator if the permit is to  Coal Company, Onine maps this proposed well  mpany have no objections to se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R AND PERFORMANCE BOND. ON ND THE ORIGINAL WELL RECORD  (5) COPIES OG - 1, PERFORMANCE , 1929, FIVE COPIES OG - 1, SHOW- ease. Inspector to be notified twenty-  o be issued within ten days of receipt  where or Operator of the coal under location.  aid well being drilled at this location, |

Official Title