



**west virginia** department of environmental protection

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

Earl Ray Tomblin, Governor  
Randy C. Huffman, Cabinet Secretary  
www.dep.wv.gov

January 16, 2015

**WELL WORK PLUGGING PERMIT**

**Plugging**

This permit, API Well Number: 47-1702077, issued to EQT PRODUCTION COMPANY, is evidence of permission granted to perform the specified well work at the location described on the attached pages and located on the attached plat, subject to the provisions of Chapter 22 of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder, and to all conditions and provisions outlined in the pages attached hereto. Notification shall be given by the operator to the Oil and Gas Inspector at least 24 hours prior to the construction of roads, locations, and/or pits for any permitted work. In addition, the well operator shall notify the same inspector 24 hours before any actual well work is commenced and prior to running and cementing casing. Spills or emergency discharges must be promptly reported by the operator to 1-800-642-3074 and to the Oil and Gas inspector.

Upon completion of the plugging well work, the above named operator will reclaim the site according to the provisions of WV Code 22-6-30. The above named operator will also file, as required in WV Code 22-6-23, an affidavit on form WR-38 by two experienced persons in the operator's employment and the Oil and Gas inspector that the work authorized under this permit was performed and a description given. Failure to abide by all statutory and regulatory provisions governing all duties and operations here under may result in suspensions or revocation of this permit and in addition may result in civil and/or criminal penalties being imposed upon the operator.

This permit will expire in two (2) years from date of issue. If there are any questions, please free to contact me at (304) 926-0499 ext. 1654.



James Martin  
Chief

Operator's Well No: 4804  
Farm Name: MAXWELL, W. B., ETUX  
**API Well Number: 47-1702077**  
**Permit Type: Plugging**  
Date Issued: 01/16/2015

**Promoting a healthy environment.**

**01/16/2015**

## PERMIT CONDITIONS

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

### CONDITIONS

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

17 0 2077P

Form WW-4 (B)  
Permit Copy  
(Rev 2/01)

Date: November 17, 2014  
Operator's Well \_\_\_\_\_  
Well No. 604804 (Maxwell #4804)  
API Well No.: 47 017 - 02077

STATE OF WEST VIRGINIA  
DIVISION OF ENVIRONMENTAL PROTECTION  
OFFICE OF OIL AND GAS

CK #  
18 337  
\$100.00

APPLICATION FOR A PERMIT TO PLUG AND ABANDON

4) Well Type: Oil \_\_\_\_\_ Gas X Liquid Injection \_\_\_\_\_ Waste Disposal: \_\_\_\_\_  
If Gas, Production \_\_\_\_\_ X Or Underground storage \_\_\_\_\_ Deep \_\_\_\_\_ Shallow X

5) Elevation: 1239 ft. Watershed: Taylor Drain  
Location: South West 1 County: Doddridge Quadrangle: Oxford 526  
District: \_\_\_\_\_

6) Well Operator EQT Production Company  
120 Professional Place  
Address: Bridgeport, WV 26330

7) Designated Agent: Rex C. Ray  
Address: 120 Professional Place  
Bridgeport, WV 26330

8) Oil & Gas Douglas Newlon  
Name: 4060 Dutchman Road  
Address: Macfarlan, WV 26148

9) Plugging Contractor:  
Name: HydroCarbon Well Service  
Address: PO BOX 995  
Buckhannon, WV 26201

10) Work Order: The work order for the manner of plugging this well is as follows:  
**See Attachment for details and procedures.**

OK [Signature]

OFFICE USE ONLY

Notification must be given to the district oil and gas inspector 24 hours before permitted work can commence.

Work order approved by inspector \_\_\_\_\_ Date \_\_\_\_\_

Received  
Office of Oil & Gas  
NOV 20 2014

01/16/2015



## PLUGGING PROGNOSIS - Weston

**Maxwell, W.B. # 4804 (604804)**

Doddridge Co., West Virginia  
 API # 47-017-02077  
 Southwest Quad

BY: Craig Duckworth  
 DATE: 9/23/14

RECEIVED  
 Office of Oil & Gas

DEC 1 2014

WV Dept. of  
 Environment

**CURRENT STATUS:**

10" csg @ 210'  
 8 1/4" csg @ 1075'  
 6 5/8" csg @ 1977' (Packer @ 1694')

TD @ 2089'

Fresh Water @ None reported  
 1<sup>st</sup> Salt Sand @ 1370'  
 Gas Shows @ 1713'-1720' 3<sup>rd</sup> Salt Sand; 2031 Big Injun; 2048' Slate  
 Oil Shows @ None reported  
 Stimulation: None reported  
 Elevation: 1228'

Salt Water @ 1510'

Coal @ None reported

1. Notify State Inspector, Douglas Newton 304-932-8049, 24 hrs. Prior to commencing operations.
2. TIH w/ tbg @ 2089'; Set 100' C1A Cement Plug @ 2089' to 1989' ( Gas Shows @ Slate 2048' & Big Injun 2031')
3. TOOH w/ tbg, Free Point 6 5/8", cut 6 5/8" @ free point, TOOH w/ 6 5/8" csg
4. Set a 100' C1A Cement Plug 50' In/Out of cut. Perf all FW, Coal, Oil and Gas shows below 6 5/8" cut. Do not omit any plugs
5. TIH w/ tbg @ 1989'; Set 100' C1A Cement Plug @ 1989' to 1889' (6 5/8" casing cut)
6. TOOH w/ tbg @ 1889'; gel hole @ 1889' to 1770'
7. TOOH w/ tbg @ 1770'; Set 100' C1A Cement Plug @ 1770' to 1670' (Gas Shows @ 3rd Salt Sand 1713'-1720' )
8. TOOH w/ tbg @ 1670'; gel hole @ 1670' to 1370'.
9. TOOH w/ tbg @ 1370'; Set 100' C1A Cement Plug @ 1370' to 1270' (1<sup>st</sup> Salt Sand 1370)
10. TOOH w/ tbg @ 1270'; gel hole @ 1270' to 1125'. *1178' to 1125*
11. Free point 8 1/4". If unable to pull. Cut at free point
12. TIH w/ tbg @ 1125'; Set 100' C1A Cement Plug @ 1125' to 1025'
13. Set a 100' C1A Cement Plug 50' In/Out of cut. Perf all FW, Coal, Oil and Gas shows below 8 1/4" cut. Do not omit any plugs
14. TOOH w/ tbg @ 1025' gel hole @ 1025' to 600'.
15. TOOH w/ tbg @ 600'; Set 100' C1A Cement Plug @ 600' to 500' (Safety Plug)
16. TOOH w/ tbg @ 500' gel hole @ 500' to 210'. *260*
17. TOOH w/ tbg @ 200'; Set 210' C1A Cement Plug @ 210' to Surface ( 10" csg @ 210')
18. Top off as needed *260'*
19. Set Monument to WV-DEP Specifications
20. Reclaim Location & Road to WV-DEP Specifications

*1178' Elevation Plug*  
*1178' to 1125*  
 DCW  
 11-25-2014

1702077A

05-10 604804



STATE OF WEST VIRGINIA  
DEPARTMENT OF MINES  
OIL AND GAS DIVISION

WELL RECORD

Oil or Gas Well "GAS"  
(Circle)

Elev. 1239'

Permit No. 47-D17-03077

Company Pittsburgh & West Va. Gas Company.  
 Address Clarksburg, West Va.,  
 Farm W. Brent Maxwell Acres             
 Location (waters) Hollbrook N/R. 3-2  
 Well No. 4804 Elev. 1239' VA  
 District Southwest County Doddridge  
 The surface of tract is owned in fee by             
 Address             
 Mineral rights are owned by             
 Address             
 Drilling commenced October 31, 1921  
 Drilling completed November 25, 1921  
 Date Shot            From            To             
 With             
 Open Flow            /10ths Water in            Inch  
           /10ths Merc. in            Inch  
 Volume            Cu. Ft.  
 Rock Pressure            lbs.            hrs.  
 Oil            bbls., 1st 24 hrs.  
 Fresh water            feet            feet  
 Salt water            feet            feet

Casing and Tubing	Used in Drilling	Left in Well	Packers
Size			Kind of Packer
16.			Anchor
18.	210'	210'	Size of <u>3-1/4" X</u>
10.	1075'	1075'	<u>6-5/8"</u>
8 1/2.	1977'	1977'	Depth set. <u>1594'</u>
5 3/16.			
3.			Perf. top
2.			Perf. bottom
Liners Used			Perf. top
			Perf. bottom

CASING CEMENTED            SIZE            No. Ft.            Date           

COAL WAS ENCOUNTERED AT            FEET            INCHES  
           FEET            INCHES            FEET            INCHES  
           FEET            INCHES            FEET            INCHES

Formation	Color	Hard or Soft	Top	Bottom	Oil, Gas or Water	Depth Found	Remarks
Soil			0	10			
Red Rock			10	75			
Slate			75	100			
Lime			100	125			
Red Rock			125	175			
Lime	White		175	200			
Red Rock			200	300			
Slate			300	350			
Lime	White		350	400			
Red Rock			400	470			
Sand			470	520			
Slate	White		520	550			
Red Rock			550	600			
Slate	White		600	645			
Lime	"		645	775			
Slate	"		775	800			
Red Rock			800	825			
Lime	White		825	875			
Slate	"		875	950			
Lime	"		950	1000			
Red Rock			1000	1025			
Slate	White		1025	1050			
Lime	"		1050	1090			
Big Dunkard			1090	1175			
Slate			1175	1180			
Lime	White		1180	1190			
Slate			1190	1195			
Lime			1195	1260			
Gas Sand			1260	1360			
Slate			1360	1370			
1st. Salt Sand			1370	1460			
Slate			1460	1470			
2nd. Salt Sand			1470	1530	Water	1510'	
Slate	White		1530	1685			
3rd. Salt Sand		Soft	1685	1730	Gas	1713-1720'	
Slate	White		1730	1870			
Maxon Sand	"	Hard	1870	1905			
Slate	"	Soft	1905	1921			
Little Lime	"	Hard	1921	1945			

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Office of Oil & Gas  
NOV 20 2014

(Over)

01/16/2015

604804

170207P

Formation	Color	Hard or Soft	Top	Bottom	Oil, Gas or Water	Depth Found	Remarks
Oil Cave			1945	1965			
Big Injun	White	Hard	1965	2020			
Big Injun	"	"	2020	2076	Gas	2031'	
Slate	"	Soft	2076	2089	"	2048'	
Total Depth.....				2089			

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January 15, 1946

Date \_\_\_\_\_, 194\_\_\_\_  
PITTSBURGH & WEST VA GAS COMPANY, Owner

APPROVED \_\_\_\_\_, Owner

By \_\_\_\_\_ (Title) 01/16/2015



1) Date: November 17, 2014  
2) Operator's Well Number  
604804 (Maxwell #4804)  
3) API Well No.: 47 017 - 02077  
State County Permit

**STATE OF WEST VIRGINIA - BUREAU OF ENVIRONMENT**  
**DIVISION OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL & GAS**  
**NOTICE AND APPLICATION TO PLUG AND ABANDON WELL**

4) Surface Owner(s) to be served:	5) (a) Coal Operator:
(a) Name <u>CNG Transmission Corp.</u>	Name <u>None</u>
Address <u>c/o Dominion Transmission</u>	Address _____
<u>625 Liberty Avenue, Mail Drop 18-01</u>	_____
<u>Pittsburgh, PA 15221</u>	_____
(b) Name _____	(b) Coal Owner(s) with Declaration
Address _____	Name <u>W. B. Maxwell Estate</u>
_____	Address <u>P. O. Box 2395</u>
_____	<u>Buckhannon, WV 26201</u>
(c) Name <u>Icy Jones Estate</u>	Name _____
Address <u>c/o Dorothy Cross</u>	Address _____
<u>214 Neeley Ave.</u>	_____
<u>West Union, WV 26456</u>	_____
6) Inspector <u>Douglas Newlon</u>	(c) Coal Lessee with Declaration
Address <u>4060 Dutchman Road</u>	Name <u>None</u>
<u>Macfarlan, WV 26148</u>	Address _____
Telephone <u>(304) 932-8049</u>	_____
_____	_____
_____	_____

**TO THE PERSONS NAMED ABOVE:** You should have received this Form and the following documents:

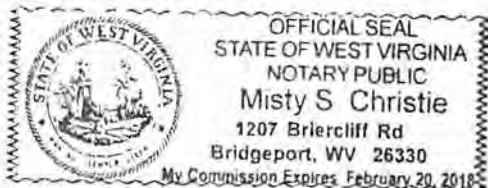
- (1) The application to Plug and Abandon a Well on Form WW-4B, which sets out the parties involved in the work and describes the well its and the plugging work order; and
  - (2) The plat (surveyor's map) showing the well location on Form WW-6.
- The reason you received these documents is that you have rights regarding the application which are summarized in the instructions on the reverses side. However, you are not required to take any action at all.

Take notice that under Chapter 22-6 of the West Virginia Code, the undersigned well operator proposes to file or has filed this Notice and Application and accompanying documents for a permit to plug and abandon a well with the Chief of the Office of Oil and Gas, West Virginia Division of Environmental Protection, with respect to the well at the location described on the attached Application and depicted on the attached Form WW-6. Copies of this Notice, the Application, and the plat have been mailed by registered or certified mail or delivered by hand to the person(s) named above (or by publication in certain circumstances) on or before the day of mailing or delivery to the Chief.

Well Operator:	<u>EQT Production Company</u>
By:	<u>Victoria J. Roark</u>
Its:	<u>Permitting Supervisor</u>
Address:	<u>PO Box 280</u>
	<u>Bridgeport, WV 26330</u>
Telephone:	<u>(304) 848-0076</u>

Subscribed and sworn before me this 18th day of November, 2014  
Misty S. Christie Notary Public  
My Commission Expires: 2/20/18

The Office of Oil & Gas processes your personal information, such as name, address and phone number, as part of our regulatory duties. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. Our office will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.



Office of Oil & Gas  
NOV 20 2014

1702077P

**EQT**  
C/O Vicki Roark  
P.O. Box 280  
Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>W. B. Maxwell Estate P. O. Box 2395 Buckhannon, WV 26201</p> <p>Plug 604804</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, July 2013</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7014 2120 0003 6736 0037</p> <p>Domestic Return Receipt</p>

PS Form 3800, July 2014  
See Reverse for Instructions

Plug 604804

City, State  
Street & A  
or PO Box  
Buckhannon, WV 26201

Sent To  
P. O. Box 2395  
W. B. Maxwell Estate

Total Po

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Postmark Here

*Vicki Roark*

**OFFICIAL USE**

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

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CERTIFIED MAIL

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11/19/2014  
US POSTAGE  
\$07.40  
FIRST CLASS MAIL  
ZIP 26330  
041110228892

01/16/2015



1702077A  
**ECOT**  
 C/O Vicki Roark  
 P.O. Box 280  
 Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b>	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; width: fit-content;">             Icy Jones Estate              c/o Dorothy Cross              214 Neeley Ave.              West Union, WV 26456           </div>		B. Received by (Printed Name) _____ C. Date of Delivery _____  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail* <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7014 2120 0003 6736 0020	
		Domestic Return Receipt	

**CERTIFIED MAIL**



	7014	2120	0003	6736	0020
	7014	2120	0003	6736	0020

	Postage \$				
	Certified Fee				
	Return Receipt Fee (Endorsement Required)				
	Restricted Delivery Fee (Endorsement Required)				

Total Postage: Icy Jones Estate  
 Sent to: c/o Dorothy Cross  
 214 Neeley Ave.  
 West Union, WV 26456  
 City, State: \_\_\_\_\_  
 Street & PO Box: \_\_\_\_\_  
 PS Form 3800, July 2014  
 Plug 604804  
 See Reverse for Instructions

**OFFICIAL USE**  
 For delivery information, visit our website at [www.usps.com](http://www.usps.com)  
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 Plug 604804

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**FIRST CLASS MAIL**

01/16/2015

1702077P

**EQT**  
C/O Vicki Roark  
P.O. Box 280  
Bridgeport, WV 26330

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CNG Transmission Corp.  
C/O Dominion Transmission  
625 Liberty Avenue, Mail Drop 18-01  
Pittsburgh, PA 15221

Plus 604804

2. Article Number  
(Transfer from service label)

7014 2120 0003 6736 0013

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X**

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail\*  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

PS Form 3811, July 2013

Plus 604804

Sent to: CNG Transmission Corp.  
C/O Dominion Transmission  
625 Liberty Avenue, Mail Drop 18-01  
Pittsburgh, PA 15221  
City, State, ZIP

Total Postage	
Restricted Delivery Fee (Endorsement Required)	
Return Receipt Fee (Endorsement Required)	
Certified Fee	
Postage \$	

Postmark Here

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11/19/2014  
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041L10228892

01/16/2015

170 2077 P  
EQT  
C/O Vicki Roark  
P.O. Box 280  
Bridgeport, WV 26330

Douglas Newton  
4060 Dutchman Road  
Macfarlan, WV 26148

Plug 504804

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ZIP 26330  
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WW-9  
Revised 2/03

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Page \_\_\_\_ of \_\_\_\_  
2) Operator's Well Number  
604804 (Maxwell #4804)  
3) API Well No.: 47 017 - 02077

DEC 1 2014

STATE OF WEST VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL & GAS  
CONSTRUCTION AND RECLAMATION PLAN AND SITE REGISTRATION APPLICATION FORM  
GENERAL PERMIT FOR OIL AND GAS PIT WASTE DISCHARGE

Operator Name: EQT PRODUCTION COMPANY OP ID: \_\_\_\_\_  
Watershed: Taylor Drain Quadrangle: Oxford  
Elevation: 1239 ft. County: Doddridge District: South West  
Description of anticipated Pit Waste: Formation Fluids

Do you anticipate using more than 5,000 bbls of water to complete the proposed well work? Yes \_\_\_ No X  
Will synthetic liner be used in the pit? Yes Is so, what ml.? 20 ml

Proposed Disposal Method for Treated Pit Wastes:  
 Land Application  
 Underground Injection - UIC Permit Number \_\_\_\_\_  
 Reuse (at API Number) \_\_\_\_\_  
 Offsite Disposal Permit #. \_\_\_\_\_  
 Other: Explain \_\_\_\_\_

*DCW  
11-23-2014*

Drilling medium anticipated for this well? Air, freshwater, oil based, etc. \_\_\_\_\_  
If oil based, what type? Synthetic, petroleum, etc. \_\_\_\_\_

Additives to be used? \_\_\_\_\_

Will closed loop system be used? \_\_\_\_\_

Drill Cuttings disposal method? Leave in pit, landfill, remove offsite, etc. \_\_\_\_\_  
If left in pit and plan to solidify what medium will be used? Cement, Lime, sawdust \_\_\_\_\_  
Landfill or offsite name/permit number? \_\_\_\_\_

I certify that I understand and agree to the terms and conditions of the GENERAL WATER POLLUTION PERMIT issued on August 1, 2005, by the Office of Oil and Gas of the West Virginia Division of Environmental Protection. I understand that the provisions of the permit are enforceable by law. Violations of any terms or condition of the general permit and/or other applicable law or regulation can lead to enforcement action. I certify under penalty of law that I have personally examined and am familiar with the information submitted on this application form and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

Company Official Signature *Victoria Roark*

Company Official (Typed or Printed) Victoria Roark

Company Official Title Permitting Supervisor-WV

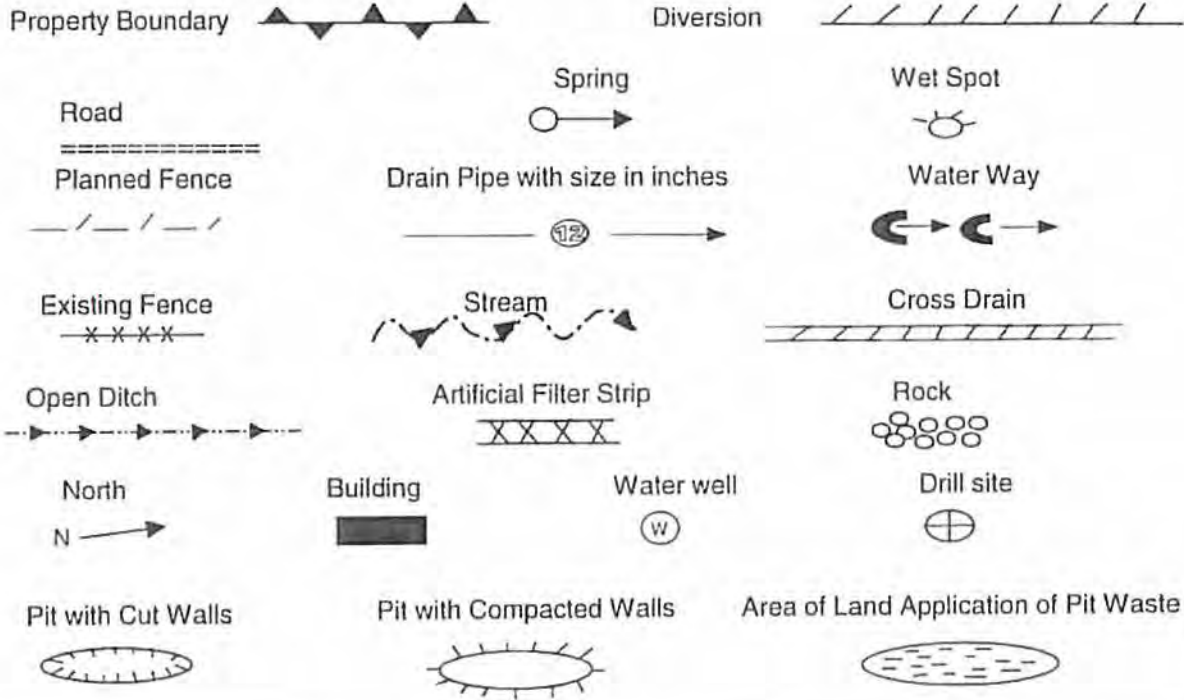
Subscribed and sworn before me this 18<sup>th</sup> day of November, 2014

*Misty S. Christie* Notary Public  
My Commission Expires 0 2/20/18



**OPERATOR'S WELL NO.:**  
604804 (Maxwell #4804)

**LEGEND**



Proposed Revegetation Treatment: Acres Disturbed: 1± Prevegetation pH \_\_\_\_\_

Lime 3 Tons/acre or to correct to pH 6.5

Fertilizer (10-20-20) or equivalent 1/3 ton lbs/acre (500 lbs minimum)

Mulch 2 Tons/acre or hydroseed.

**SEED MIXTURES**

Area I		Area II	
Seed Type	lbs/acre	Seed Type	lbs/acre
Red Fescue	40	Red Fescue	15
Alsike Clover	5	Alsike Clover	5
Annual Rye	15		

**ATTACH:**

Drawing(s) of road, location, pit and proposed area for land application.  
 Photocopies section of involved 7.5' topographic sheet.

Plan approved by: A Douglas Newber

Comments: Take Note of changes made in plugs

Title: Oil & Gas Inspector Date: 11-25-2014  
 Field Reviewed? Yes  No

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 Office of Oil and Gas

DEC 1 2014

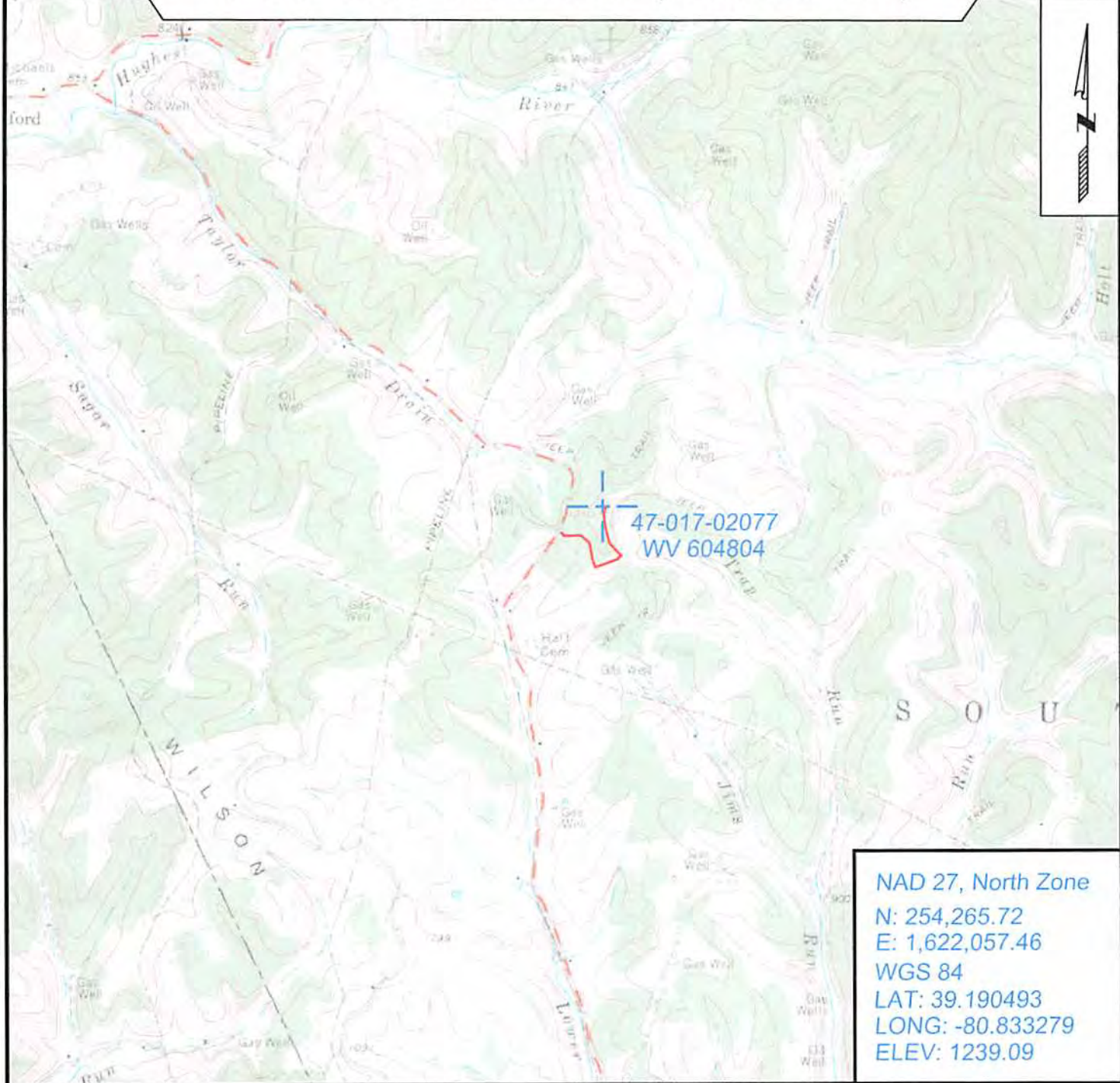
WV Department of Environmental Protection 01/16/2015



Topo Quad: Oxford 7.5' Scale: 1" = 2000'  
 County: Doddridge Date: August 28, 2014  
 District: South West Project No: 67-30-00-08

47-017-02077 WV 604804 (Maxwell #4804)

Topo



NAD 27, North Zone  
 N: 254,265.72  
 E: 1,622,057.46  
 WGS 84  
 LAT: 39.190493  
 LONG: -80.833279  
 ELEV: 1239.09



SURVEYING AND MAPPING SERVICES PERFORMED BY:  
**ALLEGHENY SURVEYS, INC.**  
 1-800-482-8606  
 237 Birch River Road  
 Birch River, WV 26610  
 PH: (304) 649-8606  
 FAX: (304) 649-8608

PREPARED FOR:  
 Received  
 Office of Oil & Gas  
 NOV 20 2014  
**EQT Production Company**  
 P.O. Box 280  
 Bridgeport, WV 26330





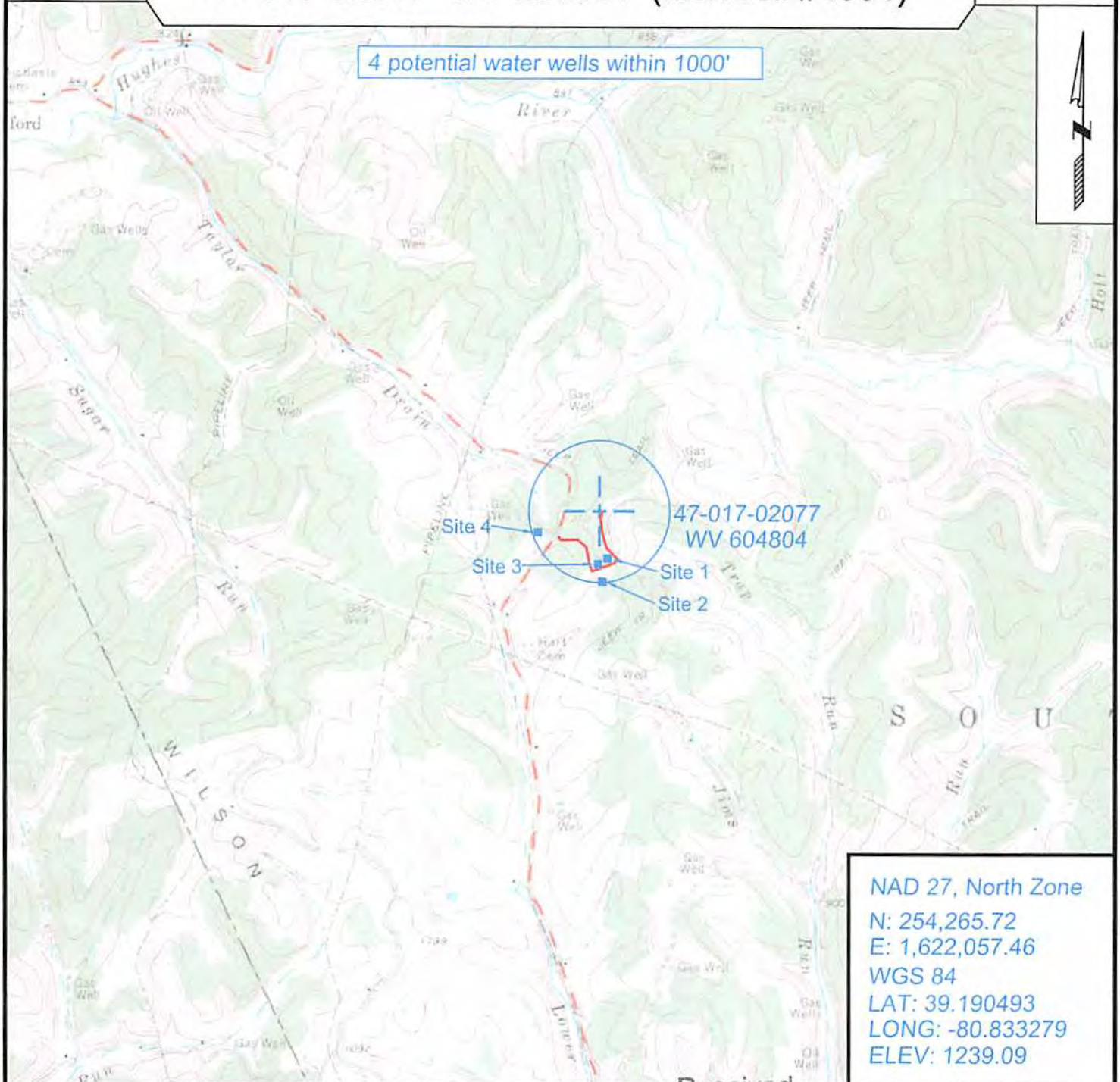
1702077P

Topo Quad: Oxford 7.5' Scale: 1" = 2000'  
 County: Doddridge Date: August 28, 2014  
 District: South West Project No: 67-30-00-08

Water

### 47-017-02077 WV 604804 (Maxwell #4804)

4 potential water wells within 1000'



47-017-02077  
WV 604804

Site 4

Site 3

Site 1  
Site 2

NAD 27, North Zone  
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 WGS 84  
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 NOV 20 2014  
 P.O. Box 280  
 Bridgeport, WV 26330

01/16/2015





## POTENTIAL WATER SAMPLE DATA SHEET

CLIENT: EQT PRODUCTION COMPANY

LEASE NAME AND WELL No. Maxwell #4804 - WV 604804 - API No. 47-017-02077

The initial mapping review of the area surrounding the proposed well site revealed the below listed surface owner(s) that were potentially utilizing groundwater (potable) for Human Consumption or other purposes within 1000' of the existing well site. The following landowners will be notified of the opportunity to request a water sample.

\*Please note that the following information is subject to change upon field inspection.

### POTENTIAL SAMPLE LOCATIONS

Site: 1 Spacing: 680' +/- Owner: Leo Ray Hileman

Address: Rt. 1 Box 192, West Union, WV 26456 Phone No. 304.349.5635 / 304.349.5584

Comments:

Site: 2 Spacing: 992' +/- Owner: Leo Ray Hileman

Address: Rt. 1 Box 192, West Union, WV 26456 Phone No. 304.349.5635 / 304.349.5584

Comments:

Site: 3 Spacing: 723' +/- Owner: Leo Ray Hileman

Address: Rt. 1 Box 192, West Union, WV 26456 Phone No. 304.349.5635 / 304.349.5584

Comments:

Site: 4 Spacing: 921' +/- Owner: Mark Allen Hileman

Address: 1 First American Way, Westlake, TX 76262 Phone No. \_\_\_\_\_

Comments:

Received  
Office of Oil & Gas

NOV 20 2014

#### BIRCH RIVER OFFICE

237 Birch River Road  
Birch River, WV 26610  
phone: 304-649-8606  
fax: 304-649-8608

#### BRIDGEPORT OFFICE

172 Thompson Drive  
Bridgeport, WV 26330  
phone: 304-848-5035  
fax: 304-848-5037

#### CALDWELL OFFICE

212 Cumberland Street  
Caldwell, OH 43724  
phone: 740-305-5007  
fax: 740-305-5126

#### ALUM CREEK OFFICE

PO Box 108 • 1413 Childress Rd  
Alum Creek, WV 25003  
phone: 304-756-2949  
fax: 304-756-2948

#### RANSON OFFICE

401 Smith Fairfax Blvd, Suite 3  
Ranson, WV 25438  
phone: 304-724-5008  
fax: 304-724-5010