



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

March 16, 2015

WELL WORK PLUGGING PERMIT

Plugging

This permit, API Well Number: 47-1702105, 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: 4968
Farm Name: SNYDER
API Well Number: 47-1702105
Permit Type: Plugging
Date Issued: 03/16/2015

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

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

Date: January 28, 2015
Operator's Well _____
Well No. 604968 (W T Snyder #4968)
API Well No.: 47 017 - 02105

*CK # 18787
500
100⁰⁰*

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

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: 1058 Watershed: Middle Fork of Hughes River
Location: South West County: Doddridge Quadrangle: Oxford 7.5
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 Rd
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.

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Office of Oil and Gas
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WV Department of
Environmental Protection

OFFICE USE ONLY

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

Date _____

Work order approved by inspector _____

OK

PLUGGING PROGNOSIS -Weston

Snyder, W.T. # 4968 (604968)

Doddridge Co., West Virginia

API # 47-017-02105

Dist.: Southwest

BY: Craig Duckworth

DATE: 12/29/14

CURRENT STATUS:

10" csg @ 338'
 8 1/4" csg @ 1002'
 6 5/8" csg @ 1631' (Packer @ 1476')
 5 3/16" csg @ 1771'

TD @ 2560'

Fresh Water @ None reported

Salt Water @ 1430', 1560'

1st Salt Sand @ 1330'

Coal @ None Reported

Gas Shows @ 1840' Big Injun - 1605' Sand- 1486' Sand

Oil Shows @ None reported

Elevation: 1058'

1. Notify State Inspector, Douglas Newlon 304-932-8049, 24 hrs. Prior to commencing operations.
2. TIH w/ tbg @ 2560' set 100' C1A cement plug, 2560' to 2460' (bottom hole plug)
3. TOOH tbg to 2460, gel hole 2460' to 1840'.
4. TOOH tbg to 1800', set 140' C1A cement plug 1840' to 1740' (gas show Big Injun, 5 3/16" csg seat).
5. TOOH tbg to 1740', gel hole 1740' to 1650', TOOH tbg.
6. Free point 5 3/16" casing, cut casing @ free point (est @ 1600'), TOOH casing.
7. Set 100' C1A cement plug 50' in/out of casing cut. Perforate all saltwater, freshwater, coal, oil & gas shows below cut. Do not omit any plugs.
8. TOOH tbg to 1550' gel hole 1550' to 1450' TOOH tbg. *5H. Gas @ 1486'*
9. Free point 6 5/8" casing, cut casing @ free point (est 1400') TOOH casing.
10. Set 100' C1A cement plug 50' in/out of cut, perforate all saltwater, fresh water, coal oil & gas shows below cut. Do not omit any plugs
11. TOOH tbg to 1350', set 100' C1A cement plug 1350' to 1250'. (Salt Sand)
12. TOOH tbg to 1250', gel hole 1250' to 1100'.
13. TOOH tbg to 1100' set 200' C1A cement plug 1100' to 900'. (Elevation, 8 1/4" csg seat.)
14. TOOH tbg to 900' Gel hole to 600'.
15. Free point 8 1/4" casing, cut casing @ free point (est 600') TOOH casing.
16. Set 100' C1A cement plug 50' in/out of casing cut; perforate all fresh water, salt water, coal, oil & gas shows below cut. Do not omit any plugs.
17. TOOH tbg to 550' gel hole to 550' to 388'
18. TOOH tbg to 388' set 100' C1A cement plug, 388' to 288', TOOH tbg. (10" casing seat)
19. Free point 10", cut 10" casing @ free point, (est @ 230'), TOOH casing.
20. Set 280' C1A cement plug from 50' inside casing cut to surface. (10" casing cut).
21. Top off with C1A cement as needed.
22. Erect monument with API#.
23. Reclaim location, road to WV-DEP specifications.

*DCM
2-12-2015*

1702105P

06-10



STATE OF WEST VIRGINIA
DEPARTMENT OF MINES
OIL AND GAS DIVISION

WELL RECORD

Permit No. _____ Oil or Gas Well "GAS"
(MINE)

Company Pittsburgh & West Va Gas Company.
Address Clarksburg, West Va.
Farm W. T. Snider Acres _____
Location (waters) Holbrook N/E. 3-4
Well No. 4968 Elev. _____
District Southwest County Doddridge
The surface of tract is owned in fee by _____
Address _____
Mineral rights are owned by _____
Address _____
Drilling commenced October 13th, 1928
Drilling completed December 26th, 1928
Date Shot _____ From _____ To _____
With _____
O 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
13			Size of <u>8-1/4" X</u>
10	<u>338'</u>	<u>338'</u>	<u>6-5/8"</u>
8 3/4	<u>1002'</u>	<u>1002'</u>	Depth set. <u>1476'</u>
6 3/4	<u>1631'</u>	<u>1631'</u>	
5 3/16	<u>1771'</u>	<u>1771'</u>	
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
Clay	Yellow	Open	0	10			
Lime	White	Hard	10	60			
Slate	Red	Soft	60	65			
Lime	White	Hard	65	90			
Slate	"	Soft	90	110			
Lime	"	Hard	110	140			
Slate	Dark	Soft	140	160			
Sand	White	"	160	190			
Red Rock	"	"	190	330			
Slate	White	"	330	390			
Lime	"	Hard	390	410			
Slate	Dark	Soft	410	415			
Sand	White	Hard	415	430			
Slate	"	Soft	430	440			
Dr	"	Hard	440	490			
Clay	"	Soft	490	505			
Red Rock	"	"	505	520			
Lime	White	Hard	520	540			
Red Rock	"	Soft	540	600			
Sand	White	Hard	600	635			
Slate&Shells	"	Hard&Soft	635	895			
Little Dunkard	White	Hard	895	935			
Slate&Shells	White	Soft	935	1000			
Big Dunkard	"	Hard	1000	1030			
Slate&Shells	"	Soft	1030	1155			
Gas Sand	White	Hard	1155	1205			
Slate&Shells	"	"	1205	1330			
st. Salt Sand	White	"	1330	1345			
Slate&Shells	"	Soft	1345	1420			
and			1420	1450	Water	1430'	
la			1450	1462			
and			1462	1490	Sh. Gas	1486'	
late	Black	Soft	1490	1500			
and			1500	1510			
late			1510	1570	Water	1560'	3 Bailers.
Slate&Shells			1570	1650	Gas	1605-1608'	
and			1650	1690			
Slate&Shells			1690	1725			
axon Sand			1725	1745			
Lime			1745				

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(Over)

03/20/2015

170205P

Formation	Color	Hard or Soft	Top	Bottom	Oil, Gas or Water	Depth Found	Remarks
Sand			1745	1757			
Slate			1757	1760			
Big Lime	Light	Hard	1760	1828			
Big Injun Sand	Light	"	1828	1898	Gas	1840'	
Slate&Shells			1898	2000			
Gritty Lime			2000	2158			
Slate&Shells			2158	2433			
Sand			2433	2439			
Slate&Shells			2439	2515			
Red Rock			2515	2526			
Slate	White	Soft	2526	2560			
Total Depth				

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Date October 26th, 1945, 194__
APPROVED PITTSBURGH & WEST VA GAS COMPANY., Owner
By _____ (Title)

03/20/2015

WW-4-A
Revised 6/07

- 1) Date: January 28, 2015
- 2) Operator's Well Number
604968 (W T Snyder #4968)
- 3) API Well No.: 47 017 - 02105
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**

<p>4) Surface Owner(s) to be served:</p> <p>(a) Name <u>Mary Jo Janschek</u> Address <u>5071 Grove Summers Rd</u> <u>West Union WV 26456</u></p> <p>(b) Name <u>See Attached</u> Address _____</p> <p>(c) Name _____ Address _____</p> <p>6) Inspector <u>Douglas Newlon</u> Address <u>4060 Dutchman Rd</u> <u>Macfarlan WV 26148</u> Telephone <u>304.932.8049</u></p>	<p>5) (a) Coal Operator: Name <u>None</u> Address _____</p> <p>(b) Coal Owner(s) with Declaration Name <u>Donald E & Barbara H Osborn</u> <u>29773 Chilcutt Rd</u> Address <u>Easton MD 21301-8611</u></p> <p>Name <u>See Attached</u> Address _____</p> <p>(c) Coal Lessee with Declaration Name <u>None</u> Address _____</p>
--	---

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.

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OFFICIAL SEAL
STATE OF WEST VIRGINIA
NOTARY PUBLIC
Pamela Sykes
EQT Production
PO Box 280
Bridgeport, WV 26330
My Commission Expires Aug. 24, 2022

Well Operator: EQT Production Company
 by: Victoria J. Roark
 is: Permitting Supervisor
 address: PO Box 280
Bridgeport, WV 26330
 telephone: (304) 848-0076

Subscribed and sworn before me this 29 day of Jan, 2015
Pamela Sykes Notary Public
 My Commission Expires: 8-24-22

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.

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Restricted Delivery Fee (Endorsement Required)		
Total Paid: Mary Jo Janschek		
5071 Grove Summers Rd		
Sent To: West Union WV 26456		
Street, Ap or PO Box	604968 Plugging	
City, State		

PS Form 3800, August 2006 See Reverse for Instructions

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.
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1. Article Addressed to:

Mary Jo Janschek
5071 Grove Summers Rd
West Union WV 26456

604968 Plugging

2. Article Number (Transfer from service label) 7014 0150 0001 0654 9164

PS Form 3811, July 2013 Domestic Return Receipt

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If YES, enter delivery address below:

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4. Restricted Delivery? (Extra Fee) Yes

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

03/20/2015

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CAPS 0210112

Barbara H Osborn
-8611

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Restricted Delivery Fee (Endorsement Required)	

Total Pos **Donald E & Barbara H Osborn**
 29773 Chilcutt Rd
 Easton MD 21301-8611

Sent To
 Street, Apt or PO Box
 City, State

604968 Plugging

PS Form 3800, August 2006 See Reverse for Instructions

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1. Article Addressed to:

Donald E & Barbara H Osborn
29773 Chilcutt Rd
Easton MD 21301-8611

604968 Plugging

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

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Douglas Newlon
4060 Dutchman Road
Macfarlan WV 26148

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1702105⁹

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WW2-A

Additional Surface Owners

Arden E & Carol L Cogar ✓
PO Box 272
Webster Springs WV 26288

Coastal Forest Resources Co ✓
PO Box 979
Buckhannon WV 26201

Additional Coal Owners

Rodney Marks Sr ✓
Trustee of Marks Family Trust
110 W Hillcrest St
Alta Monte Springs FL 32714-2562

Mary Margaret Hood ✓
401 East Olive St Apt 5-A
Bridgeport WV 26330-1272

Kenneth Snider ✓
4820 Old Main St #511
Henrico VA 23231-3057

Linda Annabelle Hawkins ✓
6536 Collingwood Dr
Westerville OH 43080-9537

Melvin Spurgeon ✓
1280 Shape Charge Rd
Martinsburg WV 25404-6964

Charles David Locke ✓
669 Westview Ave
Morgantown WV 26505-2417

Shirley P Suplee ✓
140 Red Oak Lane
Gettysburg PA 17325-7257

Linda Kaczmarczyk ✓
905 Briarwood St
Morgantown WV 26505-2609

Barbara Carroll ✓
17 Azalea Dr
Charles Town WV 25414-5843

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Additional Coal Owners

Kathy Sullivan
223 McCarty Rd
Fredericksburg VA 22405-5708

Howard M Hayes
Agt. For Almira Clayton Buckner
3414 Linkwood Dr
Houston, TX 77025

Cynthia Preston
610 Stealey Ave 1
Clarksburg WV 26301

Lawrence C Buckner
825 Merrimon Ave Ste C
Asheville NC 28804-2404

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To: Arden E & Carol L Cogar
PO Box 272
Webster Springs WV 26288

Sent 1
Street, or PO
City, S
604968 Plugging

PS Form 3800, August 2006 See Reverse for Instructions

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1. Article Addressed to:

Arden E & Carol L Cogar
PO Box 272
Webster Springs WV 26288

604968 Plugging

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A. Signature Agent
 Addressee

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

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4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

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03/20/2015

Roark
80
WV 26330

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Total Coastal Forest Resources Co
 Sent P.O. Box 979
 Buckhannon WV 26201

Street or PO City, State ZIP+4®
 604968 Plugging

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SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Coastal Forest Resources Co
 P.O. Box 979
 Buckhannon WV 26201

2. Article Number
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3. Service Type
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4. Restricted Delivery? (Extra Fee)
 Yes
 No

5. Signature Agent Addressed
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number
 7014 0150 0001 0654 9188
 (Transfer from service label)

3. Service Type
 604968 Plugging

4. Restricted Delivery? (Extra Fee)
 Yes
 No

5. Signature Agent Addressed
 B. Received by (Printed Name)
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Total Pre Rodney Marks Sr		
Sent To Trustee of Marks Family Trust		
110 W Hillcrest St		
Alta Monte Springs FL 32714-2562		
City, State		604968 Plugging

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rodney Marks Sr
Trustee of Marks Family Trust
110 W Hillcrest St
Alta Monte Springs FL 32714-2562
604968 Plugging

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

mark
WV 26330

03/20/2015

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Restricted Delivery Fee (Endorsement Required)		

Total Postage **Mary Margaret Hood**
401 East Olive St Apt 5-A
Bridgeport WV 26330
Street, Apt. No. or PO Box No.
City, State, Zip
604968 Plugging
PS Form 3800, August 2006 See Reverse for Instructions.

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:

Mary Margaret Hood
401 East Olive St Apt 5-A
Bridgeport WV 26330

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

Roark
280
Bridgport, WV 26330

604968 Plugging

03/20/2015

1702105P

FIRST-CLASS MAIL

neopost

01/29/2015

US POSTAGE

\$07.40

ZIP 26330

041110228892



RECEIVED
Office of Oil and Gas
WV Department of
Environmental Protection
JAN 30 2015

CERTIFIED MAIL™



7014 0150 0001 0654 9225
7014 0150 0001 0654 9225

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Kenneth Snider		
Sent To 4820 Old Main St # 511		
Street, or P.O. Henrico VA 23231-3057		
City, S. 604968 Plugging		

PS Form 3800, August 2005 See Reverse for Instructions

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:

Kenneth Snider
4820 Old Main St # 511
Henrico VA 23231-3057

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

03/20/2015

mark
0 WV 26330

P50107L

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neopost
01/29/2015
US POSTAGE
\$07.40
ZIP 26330
04110228892

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WV Department of
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7014 0150 0001 0654 9232

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

Total: Linda Annabelle Hawkins
6536 Collingwood Dr
Westerville OH 43082-9537
604968 Plugging

PS Form 3800, August 2006 See Reverse for Instructions

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:

Linda Annabelle Hawkins
6536 Collingwood Dr
Westerville OH 43082-9537
604968 Plugging

2. Article Number
(Transfer from service label) 7014 0150 0001 0654 9232

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

03/20/2015

Roark
280
t, WV 26330

1702105P

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <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 style="text-align: center;">Linda Annabelle Hawkins 6536 Collingwood Dr. Westerville, OH 43080-9537 604968 plugging</p>	<p>3. Service Type</p> <p><input 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7013 2630 0002 2366 4142</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

PS Form 3811, July 2013 See Reverse for Instructions

7013 2630 0002 2366 4142

7013 2630 0002 2366 4142

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Linda Annabelle Hawkins
6536 Collingwood Dr.
Westerville, OH 43080-9537
604968 plugging

OFFICIAL U.S. MAIL

U.S. Postal Service
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Linda Annabelle Hawkins
6536 Collingwood Dr.
Westerville, OH 43080-9537
604968 plugging

Received

FEB 17 2015

Office of Oil and Gas
WV Dept. of Environmental Protection



neqpost
02/17/2015
US POSTAGE
\$7.61
0420172806
03/20/2015

1702105P

neopostSM
01/29/2015
FIRST-CLASS MAIL
US POSTAGE
\$07.40⁰⁰
ZIP 26330
041L10228892

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WV Department of
Environmental Protection
JAN 30 2015

CERTIFIED MAILTM



7014 0150 0001 0654 9249
7014 0150 0001 0654 9249

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Melvin Spurgeon		
Sent To 1280 Shape Charge Rd ✓		
Street, or P.O. Martinsburg WV 25404-6964		
City, S. 604968 Plugging		

Rd
5404-6964

PS Form 3800, August 2006 See Reverse for Instructions

QT
O. Vicki Roark
P. Box 280
idgeport, 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:

Melvin Spurgeon
1280 Shape Charge Rd
Martinsburg WV 25404-6964

604968 Plugging

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

Service Type

Certified Mail[®] Priority Mail Express[™]

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

03/20/2015

PS012071

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Office of Oil and Gas
JAN 30 2015
WV Department of
Environmental Protection

neopost[®]
01/29/2015
FIRST-CLASS MAIL
US POSTAGE
\$07.40⁰⁰
ZIP 26330
041L10228892

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

Total Post: Charles David Locke
669 Westview Ave
Morgantown WV 26505

Sent To: Charles David Locke
669 Westview Ave
Morgantown WV 26505


Street, Apt. or PO Box:
City, State, ZIP+4: 26505 0654 9256

Postmark Here

604968 Plugging

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™



7014 0150 0001 0654 9256
7014 0150 0001 0654 9256

PS Form 3811, July 2013
 (Transfer from service to Domestic Return Receipt)

2. Article Number
7014 0150 0001 0654 9256

1. Article Addressed to:
 Charles David Locke
 669 Westview Ave
 Morgantown WV 26505
 604968 Plugging

A. Signature X
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

Service Type
 Certified Mail[®] Priority Mail Express[™]
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes No

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.

DT
 icki Roark
 ox 280
 port, WV 26330

1702105P

FIRST-CLASS MAIL
neopost
01/29/2015
US POSTAGE
\$07.40
ZIP 26330
041L10228892

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Office of Oil and Gas
WV Department of
Environmental Protection
JAN 30 2015

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7014 0150 0001 0654 9263
7014 0150 0001 0654 9263

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

Total Post Shirley P Suplee ✓
 140 Red Oak Lane
 Gettysburg PA 17325-7257

Sent To
 Street, Apt. or PO Box #
 City, State, ZIP+4®
 604968 Plugging

PS Form 3800, August 2006 See Reverse for Instructions

325-7257

Roark
WV 26330

PS Form 3811, July 2013
 (Transfer from service label)

2. Article Number
 7014 0150 0001 0654 9263

1. Article Addressed to:
 Shirley P Suplee
 140 Red Oak Lane
 Gettysburg PA 17325-7257
 604968 Plugging

3. Service Type
 Certified Mail®
 Priority Mail Express™
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

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

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

A. Signature Agent Addressee

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.

01/29/2015

17021071

FIRST-CLASS MAIL

\$07.40

ZIP 26330
041L10228892

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01/29/2015
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WV Department of
Environmental Protection
JAN 30 2015

Kaczmarczyk
Briarwood St
Morgantown, WV 26505

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7014 0150 0001 0654 9270
7014 0150 0001 0654 9270

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

Total Postage: Linda Kaczmarczyk
905 Briarwood St
Morgantown, WV 26505
Sent To: Street, Apt or PO Box
City, State, 604968 Plugging
PS Form 3800, August 2006 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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) **03/20/2015**

1. Article Addressed to:

Linda Kaczmarczyk
905 Briarwood St
Morgantown, WV 26505
604968 Plugging

2. Article Number
7014 0150 0001 0654 9270

ark
WV 26330

1501027

FIRST-CLASS MAIL

neopostSM

01/29/2015

US POSTAGE

\$07.40⁰⁰



ZIP 26330
041110228892

WV Department of
Environmental Protection

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7014 0150 0001 0654 9287
7014 0150 0001 0654 9287

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

Postmark
Here

Total Barbara Carroll
Sent 17 Azalea Dr
Charles Town WV 25414

Street
or PO
City, State

604968 Plugging

PS Form 3800, August 2006

See Reverse for Instructions

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:

Barbara Carroll
17 Azalea Dr
Charles Town WV 25414

604968 Plugging

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
X Addressee
- 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

CERTIFIED MAILTM

rk

V 26330

03/20/2015

1702102LP

FIRST-CLASS MAIL

\$07.40

ZIP 26330
041L10228892

neopost

01/29/2015

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Office of Oil and Gas
WV Department of
Environmental Protection
JAN 30 2015

VA 22405-5708



7014 0150 0001 0654 9294
7014 0150 0001 0654 9294

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OFFICIAL USE

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

Total F Kathy Sullivan
223 McCarty Rd
Fredericksburg VA 22405-5708

Sent To
Street, /
or PO B
City, St
604968 Plugging

PS Form 3800, August 2006 See Reverse for Instructions

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:

Kathy Sullivan
223 McCarty Rd
Fredericksburg VA 22405-5708

604968 Plugging

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

03/20/2015

oark

WV 26330

1702105 P

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neopost
01/29/2015
US POSTAGE
\$07.40
ZIP 26330
041L10228892

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WV Department of
Environmental Protection

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7014 0150 0001 0654 9317
7014 0150 0001 0654 9317

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P: Howard M Hayes Agt for Almira Clayton Buckner 3414 Linkwood Dr Houston TX 77025 604968 Plugging		
PS Form 3800, August 2005 See Reverse for Instructions		

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:

Howard M Hayes
Agt for Almira Clayton Buckner
3414 Linkwood Dr
Houston TX 77025
604968 Plugging

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

03/20/2015

Roark
280
t, WV 26330

1702105P

FIRST-CLASS MAIL

\$07.40

ZIP 26330
041110228892

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01/29/2015
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JAN 30 2015
WV Department of
Environmental Protection

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

Postmark
Here

Total Po
Sent To
Street, Apt
or PO Box
City, State

Cynthia Preston
610 Stealey Ave 1
Clarksburg WV 26301

604968 Plugging

COMPLETE THIS SECTION ON DELIVERY

Signature Agent
 Addressee

Received by (Printed Name) C. Date of Delivery

PS Form 3800, August 2006 See Reverse for Instructions

1. Article Addressed to:

Cynthia Preston
610 Stealey Ave 1
Clarksburg WV 26301

604968 Plugging

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

03/20/2015

2. Article Number

7014 0150 0001 0654 9300

mark
0
WV 26330

17 0210 5P

FIRST-CLASS MAIL

\$07.40

ZIP 26330
041L10228892

neopost

01/29/2015

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Environmental Protection

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JAN 8 0 2015

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7014 0150 0001 0654 9324
7014 0150 0001 0654 9324

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OFFICIAL USE

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

Total P. Lawrence C Buckner
825 Merrimon Ave Ste C
Asheville NC 28804-2404

Sent To
Street, Apt
or PO Box
City, State

PS Form 3800, August 2006 See Reverse for Instructions

Buckner
Ave Ste C
804-2404

2. Article Number
7014 0150 [(Transfer from service)
PS Form 3811, July 2013 Domestic F

604968 Plugging

Lawrence C Buckner
825 Merrimon Ave Ste C
Asheville NC 28804-2404

Roark
280
rt, WV 26330

1. Article Addressed to:

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. For 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.

A. Signature X

B. Received by (Printed Name) _____

C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

Service Type

Registered Certified Mail® Priority Mail Express™

Return Receipt for Merchandise

03/20/2015

WW-9
Revised 2/03

Page ____ of ____
2) Operator's Well Number
604968 (W T Snyder #4968)
3) API Well No.: 47 017 - 02105

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: Middle Fork of Hughes River Quadrangle: Oxford 7.5
Elevation: 1058 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.? 10 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
2-12-2015*

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

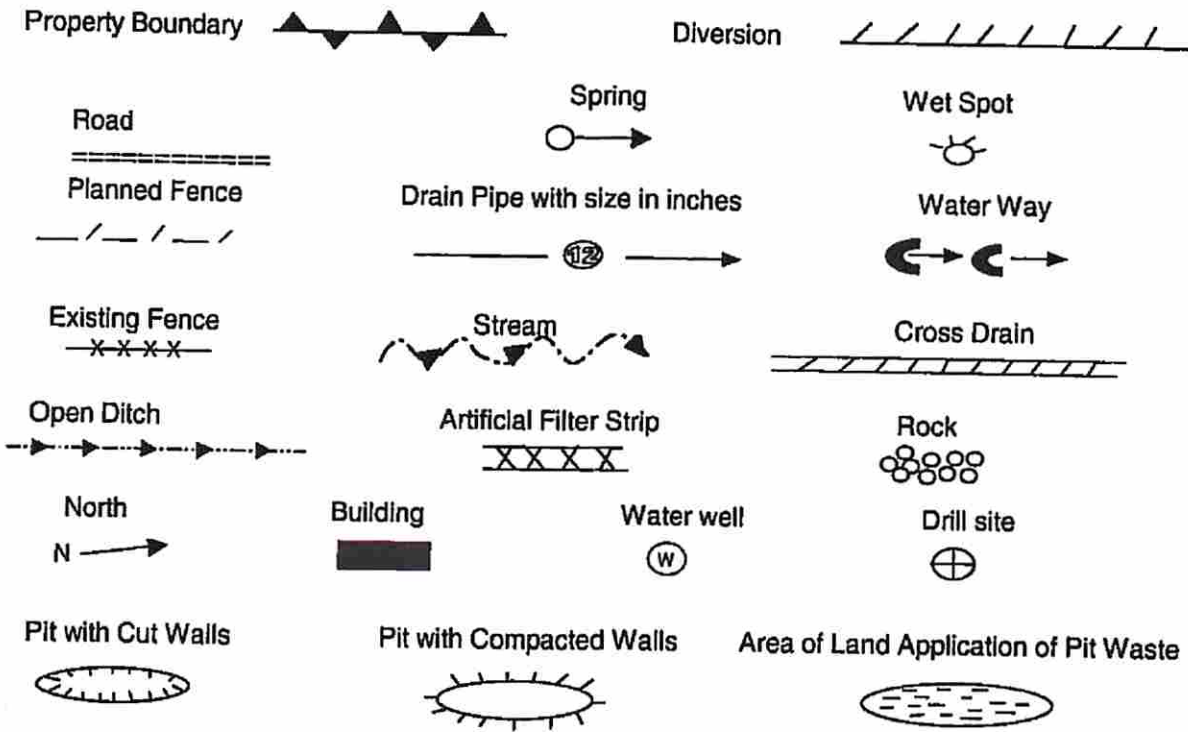
Subscribed and sworn before me this 29 day of Jan, 2015

My Commission Expires 9-24-22



OPERATOR'S WELL NO.:
604968 (W T Snyder #4968)

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: Douglas Aswala

Comments: install ETS to wu rep regulations

Title: Oil & Gas Inspector Date: 2-12-2015

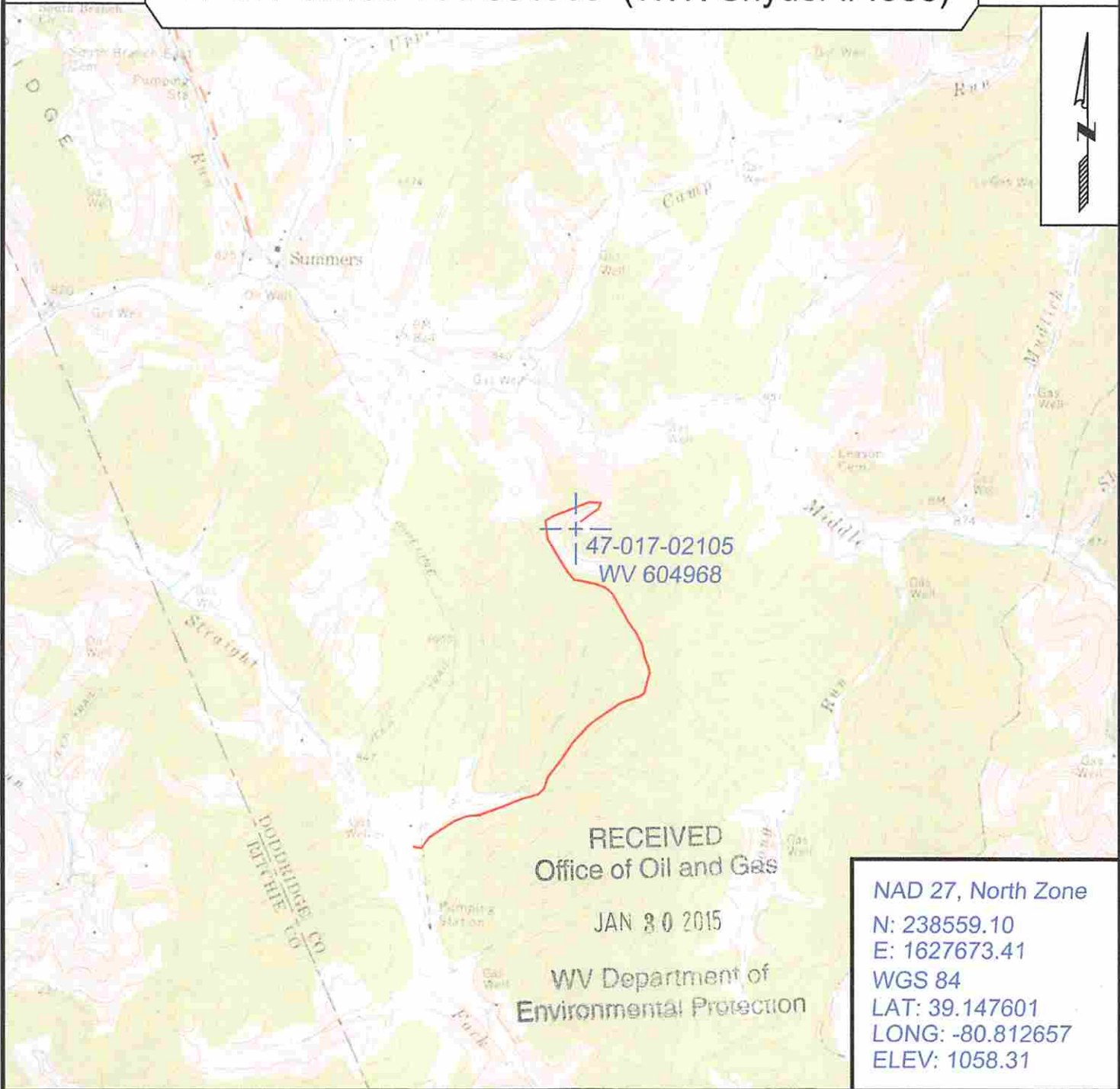
Field Reviewed? Yes No

1702105F

Topo Quad: Oxford 7.5' Scale: 1" = 2000'
 County: Doddridge Date: January 20, 2015
 District: South West Project No: 67-30-00-08

47-017-02105 WV 604968 (W.T. Snyder #4968)

Topo



RECEIVED
Office of Oil and Gas

JAN 30 2015

WV Department of
Environmental Protection

NAD 27, North Zone
 N: 238559.10
 E: 1627673.41
 WGS 84
 LAT: 39.147601
 LONG: -80.812657
 ELEV: 1058.31



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:
EQT Production Company
 P.O. Box 280
 Bridgeport, WV 26330

03/20/2015

WW-7
8-30-06



West Virginia Department of Environmental Protection
Office of Oil and Gas
WELL LOCATION FORM: GPS

API: 47-017-02105 WELL NO.: WV 604968 (W.T. Snyder #4968)

FARM NAME: Snyder

RESPONSIBLE PARTY NAME: EQT Production Company

COUNTY: Doddridge DISTRICT: South West ⁷

QUADRANGLE: Oxford 7.5' ⁵²⁰

SURFACE OWNER: Randall L. and Kelly Grimm

ROYALTY OWNER: Donald E. and Barbara H. Osburn, et al.

UTM GPS NORTHING: 4333173

UTM GPS EASTING: 516189 GPS ELEVATION: 322 m (1058 ft)

The Responsible Party named above has chosen to submit GPS coordinates in lieu of preparing a new well location plat for a plugging permit or assigned API number on the above well. The Office of Oil and Gas will not accept GPS coordinates that do not meet the following requirements:

- Datum: NAD 1983, Zone: 17 North, Coordinate Units: meters, Altitude height above mean sea level (MSL) – meters.
- Accuracy to Datum – 3.05 meters
- Data Collection Method:
Survey grade GPS : Post Processed Differential
Real-Time Differential
Mapping Grade GPS X: Post Processed Differential X
Real-Time Differential

RECEIVED
Office of Oil and Gas

JAN 30 2015

WV Department of
Environmental Protection

4. Letter size copy of the topography map showing the well location.

I the undersigned, hereby certify this data is correct to the best of my knowledge and belief and shows all the information required by law and the regulations issued and prescribed by the Office of Oil and Gas.


Signature

PS# 2180
Title

1/20/15
Date



POTENTIAL WATER SAMPLE DATA SHEET

CLIENT: EQT PRODUCTION COMPANY
 LEASE NAME AND WELL No. W.T. Snyder #4968 - WV 604968 - API No. 47-017-02105

POTENTIAL SAMPLE LOCATIONS

There appears to be no known water samples within the required 1000' of the existing well WV 604968.

RECEIVED
Office of Oil and Gas

JAN 30 2015

WV Department of
Environmental Protection

BIRCH RIVER OFFICE

237 Birch River Road
Birch River, WV 26610
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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

P.O. Box 108 • 1415 Childress Rd
Alum Creek, WV 25003
phone: 304-756-2949
fax: 304-756-2948

RANSON OFFICE

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

170 2105P

Topo Quad: Oxford 7.5'

Scale: 1" = 2000'

County: Doddridge

Date: January 20, 2015

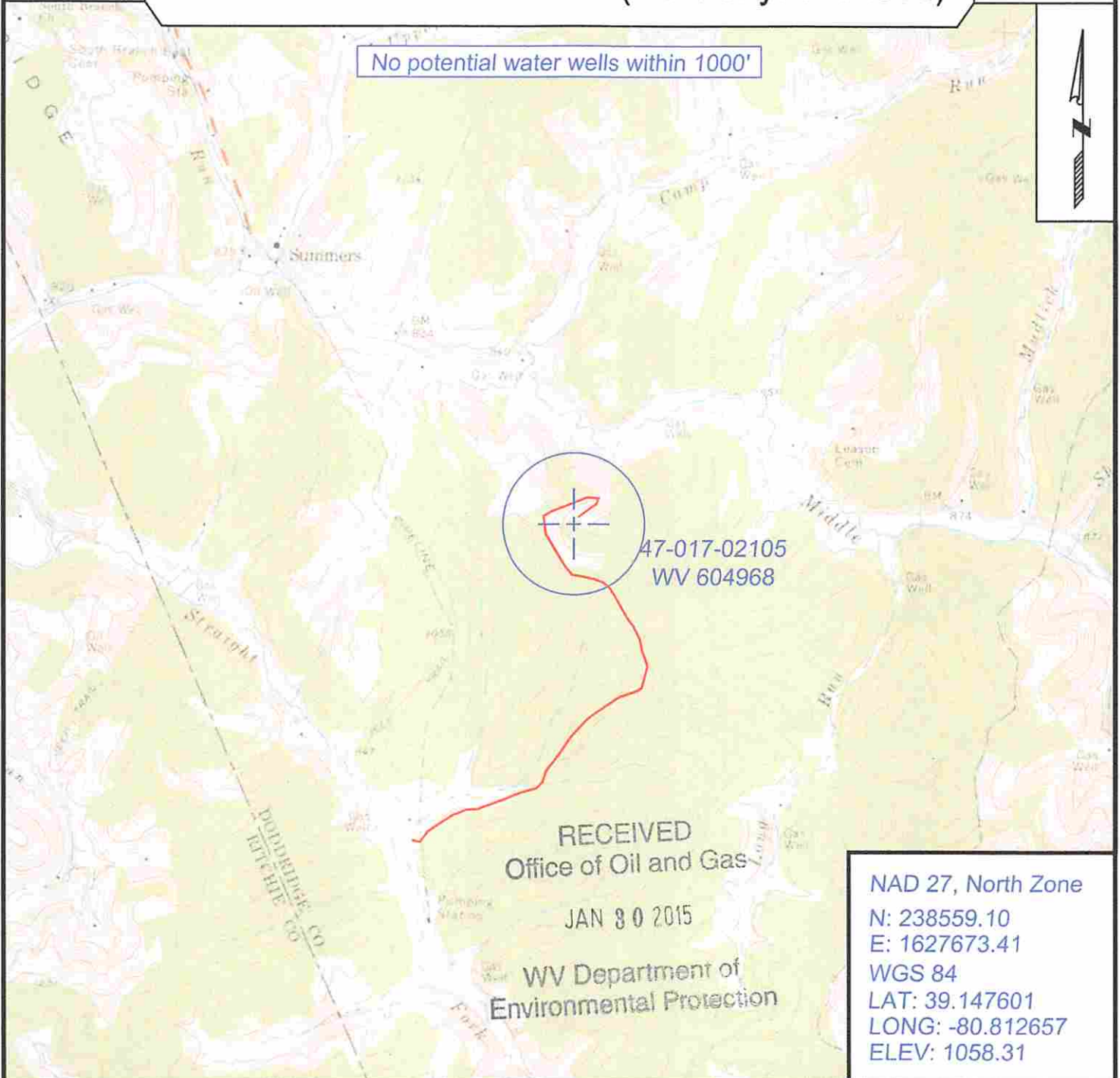
District: South West

Project No: 67-30-00-08

Water

47-017-02105 WV 604968 (W.T. Snyder #4968)

No potential water wells within 1000'



NAD 27, North Zone
 N: 238559.10
 E: 1627673.41
 WGS 84
 LAT: 39.147601
 LONG: -80.812657
 ELEV: 1058.31



SURVEYING AND MAPPING SERVICES PERFORMED BY:

ALLEGHENY SURVEYS, INC.

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