

# State of West Virginia Division of Environmental Protection Section of Oil and Gas

Well Operator's Report of Well Work

Farm name: GALLIEN PROPERTIES, INC Operator Well No.: GALLIEN #2

LOCATION: Elevation: 1,008.00 Quadrangle: AUBURN

District: COVE County: DODDRIDGE
Latitude: 4200 Feet South of 39 Deg. 7 Min. 30 Sec.
Longitude 4800 Feet West of 80 Deg. 45 Min. Sec.

Company: INTERSTATE DRILLING, INC. ROUTE 3, BOX 89-V | Casing | Used in | Left Cement WESTON, WV 26452-9620 |Fill Up| Tubing | Drilling | in Well | Cu. Ft. Agent: KENNETH L. POTE Size Inspector: MIKE UNDERWOOD Permit Issued: 11/29/93
Well work Commenced: 12-08-93
Well work Completed: 12-08-93 \_11-3/4" 16' Verbal Plugging 8-5/8" 250 Sks. 1014' Permission granted on: 1014' Rotary Cable Rig
Total Depth (feet) 5300 Fresh water depths (ft) \_\_\_\_ 4-1/2" 5314'\_\_\_ Salt water depths (ft) --\*\*Existing Well Records\*\* Is coal being mined in area (Y/N)? N Coal Depths (ft): --

### OPEN FLOW DATA

Warren, Speechley, Balltown, Bradford,

Producing formation Riley, Benson and Alexander\* Pay zone depth (ft) 3347'-5266'

Gas: Initial open flow 15 MCF/d Oil: Initial open flow \_\_\_\_ Bbl/d

Final open flow 273 MCF/d Final open flow \_\_\_ Bbl/d

Time of open flow between initial and final tests Hours

Static rock Pressure 620 psig (surface pressure) after 36 Hours

Second producing formation Pay zone depth (ft)

Gas: Initial open flow MCF/d Oil: Initial open flow Bbl/d

Final open flow MCF/d Final open flow Bbl/d

Time of open flow between initial and final tests Hours

Static rock Pressure psig (surface pressure) after Hours

\*Comingled

NOTE: ON BACK OF THIS FORM PUT THE FOLLOWING: 1). DETAILS OF PERFORATED INTERVALS, FRACTURING OR STIMULATING, PHYSICAL CHANGE, ETC. 2). THE WELL LOG WHICH IS A SYSTEMATIC DETAILED GEOLOGICAL RECORD OF ALL FORMATIONS, INCLUDING COAL ENCOUNTERED BY THE WELLBORE.

By:
Date: February 21, 1994

EVE 2 5 1974

Pulled 2-3/8" Tubing and Swabbed Well.

Re-treated Existing Perforations with:

30 Bbls.  $7\frac{1}{2}\%$  Acid 1,265,400 SCF Nitrogen 60 Tons Carbon Dioxide 56 Perf Balls

Permitting Oil and Gas Section State of West Virginia DEPARTMENT OF ENERGY Division of Oil and Gas

Well Operator's Report of Well Work

GALLIEN PROPERTIES, INC. Operator Well No.: GALLIEN PROP# 2 Farm name:

LOCATION: Elevation: 1008.00 Quadrangle: AUBURN

> District: COVE County: DODDRIDGE Latitude: 4200 Feet South of 39 Deg. 7 Min. 30 Sec. Longitude 4800 Feet West of 80 Deg. 45 Min. 0 Sec.

Company: INTERSTATE DRILLING, INC. -ROUTE 3, BOX 89-V WESTON, WV 26452-9620

Agent: KENNETH L. POTE

Inspector: MIKE UNDERWOOD

Permit Issued: 07/17/90 Well work Commenced: 07/24/90 Well work Completed: 07/30/90

Verbal Plugging

Permission granted on:

Rotary Cable R
Total Depth (feet) 5400 Fresh water depths (ft) 70'

Salt water depths (ft)

Is coal being mined in area (Y/N)? N Coal Depths (ft): 129'-133'

| Casing  | Used in  | Left    | Cement               |
|---------|----------|---------|----------------------|
| Tubing  | Drilling | in Well | Fill Up <br> Cu. Ft. |
| Size    | · ·      |         |                      |
| 11-3/4" | 16'      |         |                      |
| 8-5/8"  | 1014'    | 1014'   | 250 Sks.             |
| 4-1/2"  |          | 5314'   | 496 Sks.             |
|         |          |         |                      |
|         |          | ·<br>   | ·<br>                |
|         |          |         |                      |

OPEN FLOW DATA

Ten Hex Producing formation Alexander and Elk Pay zone depth (ft.) 5022'-5268' Gas: Initial open flow MCF/d Oil: Initial open flow Bb1/d Final open flow 296 MCF/d Final open flow 74 Bb1/d Time of open flow between initial and final tests Time of open flow between initial and line.

Static rock Pressure 775 psig (surface pressure) after 4 phours 3319'-3558' Second producing formation Bradford, Riley, Fay zone depth (ft) 4466-'4898'

Gas: Initial open flow MCF/d Oil: Initial open flow Bbl/d

Final open flow \*\* MCF/d Final open flow Bbl/d

Time of open flow between initial and final tests Hours Static rock Pressure \_\_\_\_psig (surface pressure) after

\*\*Comingled with First Stage.

NOTE: ON BACK OF THIS FORM PUT THE FOLLOWING: 1). DETAILS OF PERFORATED INTERVALS, FRACTURING OR STIMULATING, PHYSICAL CHANGE, ETC. 2). THE WELL LOG WHICH IS A SYSTEMATIC DETAILED GEOLOGICAL RECORD OF ALL FORMATIONS, INCLUDING COAL ENCOUNTERED BY THE WELLBORE.

For: INTERSTATE DRILLING, INC.

DETAILS OF PERFORATED INTERVALS, FRACTURING, ETC.

Stage 1: Perfs 5022'-5268' w/13 Holes, 5,000# 80/100, 30,000# 20/40; 99 Bbls/SL Fluid; 401,000 SCF Nitrogen

Stage 2: Perfs 4466'-4898' w/17 Holes, 5,000# 80/100, 40,000# 20/40; 119 Bbls./SL Fluid; 548,100 SCF Nitrogen

Stage 3: Perfs 3349'-3558' w/15 Holes, 5,000# 80/100, 40,000# 20/40; 119 Bbls./SL Fluid; 362,706 SCF Nitrogen

RECORD OF REGULAR FORMATIONS AND PRODUCTION

| ٠. |                               |          |      |       |       |                         |
|----|-------------------------------|----------|------|-------|-------|-------------------------|
|    | Ground Level                  |          |      | 0.8   | 107   |                         |
|    | Fill                          | Red/Gray | Soft | 10"   | 15'   |                         |
|    | Sand&Shale                    | Gray     | Med. | 15"   | 38'   |                         |
| ٠  | RR&Shale                      | Red/Gray | Med. | 38'   | 601   | Hole damp @ 60'         |
|    | Sand                          | Gray     | Hard | 60'   | 70    | .1/4" Stream H20 @ 70'  |
|    | Shale&RR                      | Gray/Red | Med. | 70°   | 76°   |                         |
|    | Sand                          | Gray     | Hard | 76'   | 1297  |                         |
|    | Coal                          | Black    | Soft | 129"  | 1337  |                         |
|    | Sand                          | Gray     | Hard | 1337  | 219   |                         |
|    | Shale&RR                      | Red      | Med. | 219"  | 235'  |                         |
|    | Sand                          | White    | Hard | 235'  | 245   |                         |
|    | Sd%Shale&RR                   | Gray/Red | Med. | 245'  | 3271  |                         |
|    | Sand                          | Gray     | Hard | 327'  | 343'  |                         |
|    | Sd&Shale&RR                   | Gray/Red | Med. | 3431  | 590   |                         |
|    | Sand&Shale                    | Gray     | Med. | 5901  | 610   | •                       |
|    | Sand                          | Gray     | Hard | 610"  | 615"  |                         |
|    | RR&Shale                      | Red/Gray | Med. | 615'  | 8387  |                         |
|    | Sand                          | Gray     | Hard | 8387  | 8607  |                         |
|    | Shale&RR                      | Gray/Red | Med. | 860"  | 894   |                         |
|    | Sand                          | Gray     | Hard | 894'  | 900*  |                         |
|    | Sd&Shale&RR                   | Gray     | Med. | 900*  | 982   |                         |
|    | Sand                          | Gray     | Hard | 982°  | 996   |                         |
|    | Sd&Shale&RR                   | Gray/Red | Med. | 996*  | 1015  |                         |
|    | Sand                          | Gray     | Hard | 1015' | 1028  |                         |
|    | Sand&Shale                    | Gray     | Med. | 1028" | 17857 | GasCk.@ 1728' No Show   |
|    | Sand                          | White    | Hard | 1785  | 1825  |                         |
|    | Sand&Shale                    | Gray     | Med. | 1825  | 1875" |                         |
|    | Sand                          | Gray     | Hard | 1875* | 1915  |                         |
|    | RR&Shale                      | Gray/Red | Med. | 1915  | 1937" |                         |
|    | Lime                          | Gray     | Hard | 1937  | 1961  |                         |
|    | Shale                         | Gray     | Med. | 1961  | 19737 |                         |
|    | L. Lime                       | Gray     | Hard | 1973' | 2005* |                         |
|    | Shale                         | Gray     | Med. | 20051 | 2015* |                         |
|    | B. Lime                       | Bray     | Hard | 2015  | 21091 | 0il Odor & 2080°        |
|    | Big Injun                     | White    | Hard | 2109  | 21601 |                         |
|    | Sand&Shale                    | Gray     | Med. | 2160  | 2256  | GasCk.@ 2165' No Show   |
|    | Sand                          | Gray     | Hard | 22567 | 2365  |                         |
|    | Sand&Shale                    | Gray     | Med. | 2365  | 2451  |                         |
|    | Sand                          | Grav     | Hard | 2451  | 2456  |                         |
|    | Sand&Shale                    | Gray     | Med. | 2456  | 3400  | GasCk.@ 2660' No Show   |
|    |                               |          |      |       |       | GasCk.@ 2995' No Show   |
|    | ,                             |          |      |       |       | GasCk.@ 3492' No Show   |
|    | Sand                          | Gray     | Hard | 3400  | 35601 |                         |
|    | Sand&Shale                    | Grav     | Med. | 35601 | 40607 | GasCk.@ 3985' 4/10 thru |
|    |                               |          | •    |       |       | 1" w/H20                |
|    | Sand                          | Brown    | Med. | 4060* | 40701 |                         |
|    | Sand&Shale                    | Gray     | Med. | 4070* | 4917  | GasCk.@ 4479° 6/10 thru |
|    |                               | ,        |      |       |       | 1" w/H20                |
|    | lst Benson                    | Brown    | Hard | 4917  | 49251 | TTT F TANK W.           |
| •  | Sand&Shale 7                  | Grav     | Med. | 4925  | 5014  | GasCk.@ 4973' No Show   |
|    | 2nd Benson                    | Brown    | Hard | 5014  | 5019  |                         |
|    | Sand&Shale                    | Grav     | Med. | 5019  | 5056  |                         |
|    | Alexander                     | Gray     | Med. | 5056  | 5108  |                         |
|    | Sand&Shale                    | Grav     | Med. | 5108  | 5400  | GasCk.@ 5400° 4/10 thru |
|    | are rear around a feet at the |          |      | 27200 | 0 100 | 1" w/H20                |
|    |                               |          |      |       |       | 4071340                 |
|    |                               |          |      |       |       |                         |

Total Depth

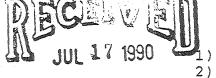
47-017-384/ Issued 7/17/90 Expires 7/17/92 Page 30£8

FORM WW-2B

## STATE OF WEST VIRGINIA DEPARTMENT OF ENERGY, DIVISION OF OIL AND GAS WELL WORK PERMIT APPLICATION

| •                      |                   | *************************************** |                | e an enecution | <u> </u>              |                   |
|------------------------|-------------------|-----------------------------------------|----------------|----------------|-----------------------|-------------------|
| l) Well                | Operator:_        | Interstate                              | Drilling, I    | nc. 2395       | 0                     |                   |
| 2) Operat              | or's Well         | Number:                                 | Gallien P      | roperties, Inc | :. #2 3) E]           | levation: 1008'   |
|                        |                   |                                         | or Ga          |                |                       |                   |
|                        |                   |                                         | Production     | on_x/ Underg   | round Storag          | /e/               |
| 51                     |                   | <b>~</b> ?                              | Dee            | P/             | Shallo                |                   |
|                        |                   |                                         |                | exander 400    |                       |                   |
|                        | ed Total          | Depth:                                  | 5400           | feet           | 0 -                   |                   |
| 7) Approx              | imate fre         | sh water                                | strata dep     | ths: 50'; 31   | 51 159                | 86,260            |
| 8) Approx              | imate sal         | t water d                               | epths:         | <u> </u>       | 805?                  |                   |
| 9) Approx              | imate coal        | l seam de                               | pths: No C     | Coal           |                       |                   |
| 10) Does la            | and contai        | n coal s                                | eams tribu     | tary to act    | ive mine? Ye          | es/ No_x_/        |
|                        |                   |                                         | and Stimula    |                |                       |                   |
| 12)                    | •                 |                                         |                |                |                       |                   |
| DOG EL J. DOWN, GOMMA  |                   | CASI                                    | NG AND TUB     | ING PROGRAM    |                       |                   |
| TYPE                   | S                 | PECIFICA:                               | TIONS          | FOOTAGE IN     | ITERVALS              | CEMENT            |
|                        | Size              | Grade                                   | Weight per ft. | For drilling   | Left in well          | Fill-up (cu. ft.) |
| onductor               | 11-3/4"           | H-40                                    | 42#            | 20'            | 0 *                   |                   |
| resh Water             |                   |                                         |                |                |                       | 22222             |
| oal                    |                   |                                         |                |                | 5                     | 385818-11.2.2     |
| <u>ntermediate</u>     | 8-5/8"            | K-55                                    | 20#            | 1000'          | 1000                  | Cement to Surface |
| roduction              | 4-1/2"            | J-55                                    | 10.5#          |                | 5300' <b>&lt;&lt;</b> | + 450 Sks.        |
| ubing                  | d data            | *************************************** |                |                | Ų                     | 38CSP1811. {      |
| iners                  |                   |                                         |                |                | 1675                  | V                 |
| ACKERS : Ki            |                   |                                         |                |                | INCE                  | Way VE            |
|                        | zes<br>oths set _ |                                         |                |                |                       | JUL 17 1990       |
| 4                      | Fo                | or Divisor                              | n of Oil a     | nd Gas Use (   | DIVIS                 | SION OF OIL & GAS |
| +\(\frac{1}{2}\)Fee(s) |                   |                                         | ork Permit     |                | mation Fund           | TIMENT OF ENERGY  |
| A DIAL 17              | D [               | #                                       | 37 -           | 77             | Blue het              | - WECE            |

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DIVISION OF OIL & GAS
DEPARTMENT OF ENERGY 3)

| Date: Ju       | ly 12, 1990     |              |
|----------------|-----------------|--------------|
| Operator '     | s well numbe    | <u> </u>     |
| <u>Gallien</u> | Properties, Inc | c. #2        |
| API Well       | No: 470         | 17 – 3841    |
|                | State - Cou     | nty - Permit |

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY, DIVISION OF OIL AND GAS

|       |                                         | NOTICE AND APPLICATION                         | FOR A WELL WORK PERMIT                                                   |
|-------|-----------------------------------------|------------------------------------------------|--------------------------------------------------------------------------|
| 4)    | (a) Name                                | wner(s) to be served: Gallien Properties, Inc. | Name                                                                     |
|       | Address _                               | 1401 Kurtz Road                                | Address                                                                  |
|       |                                         | McLean, VA 22101                               | ,                                                                        |
|       | Address _                               | Rt. 3, Box 238                                 | n,Jr(b) Coal Owner(s) with Declaration Name                              |
|       |                                         | Philippi, WV 26416                             | Address                                                                  |
|       | (c) Name                                |                                                |                                                                          |
|       | Address _                               |                                                | Name                                                                     |
|       | *************************************** |                                                | Address                                                                  |
| 6 )   | Inspector                               | Mike Underwood Rt. 2, Box 135                  | (c) Coal Lessee with Declaration                                         |
|       | Address _                               | Colom WI 26426                                 |                                                                          |
|       | Tolophone                               | Salem, WV 26426                                | Address                                                                  |
|       | relepnone                               | (304)- <u>782-1043</u>                         |                                                                          |
|       |                                         | TO THE PERSON(S) NAMED A                       | ABOVE TAKE NOTICE THAT.                                                  |
|       |                                         | 20 2112 2 2110 011 0 7 11111210 1              | ADOVE TAKE NOTICE THAT.                                                  |
|       | Included                                | is the lease or leases o                       | or other continuing contract or                                          |
| cont: | racts by w                              | which I hold the right to                      | o extract oil and gas <u>OR</u>                                          |
| ×     | Included                                | is the information requi                       | ired by Chapter 22B, Article 1,                                          |
| Sect  | ion 8(d) c                              | of the Code of West Virgi                      | inia (see page 2)                                                        |
|       | I cortift                               | that as required under                         | Chapter 220 of the West Winsinia God-                                    |
| 7 h   | T CELCITY                               | chat as required under                         | Chapter 22B of the West Virginia Code                                    |
| T lig | ve served                               | copies of this notice ar                       | nd application, a location plat, and                                     |
| acco  | mpanying c                              | ocuments pages I through                       | n on the above named parties, by:                                        |
|       |                                         | onal Service (Affidavit                        |                                                                          |
|       | Cert                                    | ified Mail (Postmarked p                       | postal receipt attached)                                                 |
|       | Publ                                    | ication (Notice of Publi                       | ication attached)                                                        |
|       |                                         |                                                |                                                                          |
| to t  | he terms a                              | and conditions of any per                      | er 22B and 38 CSR 11-18, and I agree rmit issued under this application. |
|       | I certify                               | ' under penalty of law th                      | hat I have personally examined and am                                    |
| fami  | liar with                               | the information submitte                       | ed on this application form and all                                      |
| atta  | chments, a                              | ind that based on my inqu                      | uiry of those individuals immediately                                    |
| resp  | onsible fo                              | or obtaining the informat                      | tion, I believe that the information                                     |
| is t  | rue, accui                              | ute, and complete.                             | ,                                                                        |
| . 3   |                                         |                                                | icant penalties for submitting false                                     |
| info  | rmation. i                              | ncluding the possibility                       | y of fine and imprisonment.                                              |
|       |                                         |                                                | r _Interstate Drilling, Inc.                                             |
|       |                                         | $\sim$ 7 $\sim$ 7.                             | all to                                                                   |
|       |                                         | - 4                                            | ry-Treasurer/Manager of Operations                                       |
|       |                                         |                                                | 3, Box 89-V                                                              |
|       |                                         |                                                | 3, BOX 89-V<br>Ston, WV 26452                                            |
|       |                                         | Telephone 304                                  |                                                                          |
| Subse | cribed and                              | sworn before me this &                         | 20 day of October July, 1990                                             |
|       |                                         |                                                | 1310                                                                     |
|       |                                         |                                                | Mary Mataria Dichi                                                       |
| Mv C  | ommission                               | expires Oftalia.                               | Mary Public Notary Public                                                |

FORM WW-2B

### STATE OF WEST VIRGINIA

Page 3 of 8 Issued 11/29/93

|     | DEPARTMENT OF ENERGY, DIVISION OF OIL AND GAS                              |
|-----|----------------------------------------------------------------------------|
|     | WELL WORK PERMIT APPLICATION Cypnes 11/29/95                               |
| 1)  | Well Operator: Interstate Drilling, Inc. 23950 @ 224                       |
|     | Operator's Well Number: Gallien Properties #2 3) Elevation: 1008'          |
| 4)  | Well type: (a) Oil_/ or Gas_x/                                             |
|     | (b) If Gas: Production x / Underground Storage / Shallow x /               |
| 5)  | Proposed Target Formation(s): Alexander 437                                |
| 6)  | Proposed Total Depth: feet                                                 |
| 7)  | Approximate fresh water strata depths: 70'                                 |
| 8 ) | Approximate salt water depths:                                             |
| 9)  | Approximate coal seam depths: 129'                                         |
| 10) | Does land contain coal seams tributary to active mine? Yes/ No_ $\times$ / |
| 11) | Proposed Well Work: Re-stimulate existing perforations.                    |
| 12) | CASING AND TUBING PROGRAM                                                  |

| TYPE         | S       | PECIFICAT     | IONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FOOTAGE IN      | ITERVALS     | CEMENT   |
|--------------|---------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|----------|
|              | Size    | Grade         | Weight<br>per ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | For<br>drilling | Left in well | Fill-up  |
| Conductor    | 11-3/4" | H-55          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16'             | 16'          |          |
| Fresh Water  |         |               | į                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |              | Dik      |
| Coal         |         |               | - And |                 |              | Milas    |
| Intermediate | 8-5/8"  | K-55          | 20#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1014'           | 1014'        | 250 Sks. |
| Production   | 4-1/2"  | J <b>-</b> 55 | 10.5#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | 5314'        |          |
| Tubing       |         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |              |          |
| Liners       |         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |              |          |

|            |                       |                  |          |             |               | 1         |
|------------|-----------------------|------------------|----------|-------------|---------------|-----------|
| Production | 4-1/2"                | J-5 <sup>5</sup> | 10.5#    |             | 5314'         |           |
| Tubing     | · ·                   |                  |          |             |               |           |
| Liners     |                       |                  |          |             |               |           |
|            | nd<br>zes<br>oths set |                  |          |             |               |           |
| 1/0        |                       | r Diviso         |          | and Gas Use |               |           |
|            | paid:  _              | Well W           | ork Perm | it    Rec   | lamation Fund | WPCP      |
| Plat       | IWW-9                 | WW-              | 2B 1     | Bond June   | (Type)        | T_  Agent |

## 47 -017 -3841

#### NAV 1 A SCI FORM WW

| - | 2'B' |  | V        | &.A |  |
|---|------|--|----------|-----|--|
| v |      |  | سد د شاس | هد  |  |

Page\_3.0f.8...

| Las surerina          | STATE OF WEST VIRGINIA |              |
|-----------------------|------------------------|--------------|
| Office of OMBOARTMENT | OF ENERGY, DIVISION OF | III. AND CAC |
| 6 773 9               | WORK DEBATE BANKERS    | AND ONE      |

|         | <b>Of</b> fice. | e of ONBPA | TMENT OF  | ENERGY, D         | IVISION OF<br>T APPLICATI | OIL AND GAS             |                   |           |
|---------|-----------------|------------|-----------|-------------------|---------------------------|-------------------------|-------------------|-----------|
| 1)      | Well O          | perator:_  |           | Drilling, I       | 2 - / /                   |                         | 224               |           |
| 2)      | Operato         | or's Well  | Number:_  | Gallien P         | roperties, In             | c. #2 3) E              | levation: 100     | <br>8 '   |
| 4)      | Well ty         | /pe: (a)   | Oil_/     | or Ga             | as_x/                     |                         |                   |           |
| •       |                 | (b)        | If Gas:   | Production Dee    | on_x/ Underg              | ground Storag<br>Shallo | le/               |           |
| 5)      | Propose         | d Target   | Formatio  | n(s): Ale         | exander                   |                         | ·                 |           |
| 6)      | Propose         | d Total    | Depth:    | 5400              | feet                      |                         |                   |           |
| 7)      | Approxi         | mate fre   | sh water  | strata dep        | ths: 50'; 31              | 15' 259                 | 86, 260           | 1         |
| 8,)     | Approxi         | mate sal   | t water d | epths:            | e,                        | 1805'?                  |                   | -         |
| 9)      | Approxi         | mate coal  | l seam de | pths: No C        |                           |                         |                   | _         |
| 10)     | Does la         | nd contai  | in coal s | eams tribu        | tary to act               | ive mine? Y             | es / No x /       |           |
| 11)     |                 |            |           | and Stimula       |                           |                         |                   |           |
| 12)     |                 |            |           |                   |                           |                         |                   |           |
|         |                 |            | CASI      | NG AND TUB        | ING PROGRAM               |                         |                   |           |
| TYPE    |                 | S          | PECIFICAT | CIONS             | FOOTAGE II                | NTERVALS                | CEMENT            |           |
|         |                 | Size       | Grade     | Weight<br>per ft. | For drilling              | Left in well            | Fill-up (cu. ft.) |           |
| Condu   | ctor            | 11-3/4"    | H-40      | 42#               | 20'                       | 0 '                     |                   |           |
| Fresh   | Water           |            |           |                   |                           |                         | 22222             | _         |
| Coal    |                 |            |           |                   |                           | $\sim$                  | 30/3/8/1          | 3<br>1. i |
| Inter   | mediate         | 8-5/8"     | . K-55    | 20#               | 1000'                     | 1000                    | Cement to Surface | 1.6       |
| ) 3 · · | 4.0             |            |           |                   |                           |                         | Jurace            |           |

<u>J-55</u> 10.5# 5300' Tubing Liners PACKERS : Kind Sizes S'Depths set

For Divison of Oil and Gas Use Only

DIVISION OF OIL & GAS DEPARTMENT OF ENERGY

| Fee(s) paid: Well Work Permit

Reclamation Fund

|            | · 6                                     | gages.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                         |
|------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------|
|            |                                         | REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                         |
|            |                                         | With the second of the second |                       |                                                         |
| Page       | 1 of 8                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1)                    | Date: November 1, 1993                                  |
| Form       | WW2-A                                   | WV 1 0 Si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2)                    | Operator's well number                                  |
| (09/8      | 17)                                     | Formating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       | Gallien Properties #2  API Well No: 47 - 017 - 3841 - F |
|            |                                         | Office of Cit & Down                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3)                    | API Well No: 47 - 017 - 3841                            |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | State - County - Permit                                 |
|            |                                         | CM AME C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r wren                | VIRGINIA                                                |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | VISION OF OIL AND GAS                                   |
|            |                                         | DEFARIMENT OF EMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | .GL, DI               | AIDION OI OID WAS CITE                                  |
|            |                                         | NOTICE AND APPLICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TION F                | OR A WELL WORK PERMIT                                   |
| 4)         | Surface O                               | wner(s) to be serve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | .a •                  | 5) (a) Coal Operator:                                   |
| ~ <i>)</i> |                                         | Gallien Properties, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                         |
|            | Address                                 | 1401 Kurtz Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·····                 | Address                                                 |
|            |                                         | McLean, VA 22101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                         |
|            | (b) Name                                | "or" In Care of Okey F. Gall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ien                   | (b) Coal Owner(s) with Declaration                      |
|            | Address                                 | Rt. 3, Box 238                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Name                                                    |
|            |                                         | Philippi, WV 26416                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | Address                                                 |
|            | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                         |
|            | Address _                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Name                                                    |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Address                                                 |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                         |
| 6)         |                                         | Mike Underwood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | (c) Coal Lessee with Declaration                        |
|            | Address _                               | Rt. 2, Box 135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>           | Name                                                    |
|            | m - 1 1                                 | Salem, WV 26426                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Address                                                 |
|            | relepnone                               | (304) - 782-1043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                         |
|            |                                         | TO THE DEPONICY N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | מ משאנ                | OVE TAKE NOTICE THAT:                                   |
|            |                                         | 10 111B FBROOM(D) NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 22.22.22              | 70 12 22 22 22 22 22 22 22 22 22 22 22 22               |
|            | Included                                | is the lease or lea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ses or                | other continuing contract or                            |
| cont       | racts by v                              | which I hold the ric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tht to                | extract oil and gas OR                                  |
|            | Included                                | is the information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | requir                | ed by Chapter 22B, Article 1,                           |
| Sect       | ion 8(d) (                              | of the Code of West                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Virgin                | nia (see page 2)                                        |
|            | I certify                               | y that as required w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ınder (               | Chapter 22B of the West Virginia Code                   |
| I ha       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | application, a location plat, and                       |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | on the above named parties, by:                         |
|            |                                         | sonal Service (Affic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                         |
|            | _x Cer                                  | tified Mail (Postma:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rked po               | ostal receipt attached)                                 |
|            | Pub                                     | lication (Notice of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Public                | cation attached)                                        |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                         |
|            | I have re                               | ead and understand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Chapter               | 22B and 38 CSR 11-18, and I agree                       |
| to t       | he terms                                | and conditions of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ny peri               | nit issued under this application.                      |
|            | I certify                               | y under penalty of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | law tha               | at I have personally examined and am                    |
| fami       | liar with                               | the information su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | bmitted               | on this application form and all                        |
| atta       | chments,                                | and that based on m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | y inqui               | iry of those individuals immediately                    |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rormat:               | ion, I believe that the information                     |
| 15 C       |                                         | rate, and complete.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ianifi                | cant penalties for submitting false                     |
| info       | i dm dwd.                               | re that there are s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1911111<br>h; ]; + 12 | of fine and imprisonment.                               |
| INEO       | Indtion,                                | The Line possi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | orates                | Interstate Orilling, Inc.                               |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4                     |                                                         |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | ice President                                           |
|            |                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                         |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | WV 26452                                                |
|            |                                         | Telepho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | 3)269-6441                                              |
| Subs       | cribed an                               | d sworn before me t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                         |
|            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1/1                   | Att. 2                                                  |
|            |                                         | 47/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | celfill               | Challey Notary Public                                   |
| Мус        | ommission                               | expires October 31,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18/94                 |                                                         |