

INSTRUCTIONS

- 1) Attach a photo copy of the location of the well on a 7.5 minute Quadrangle with the corresponding Longitude and Latitude.
- 2) Designate the location of the well with the symbol(+),

3230
80

RECEIVED
 JUL 10 90
 Division of Energy
 Oil and Gas Section

I, the undersigned, hereby certify that this plat is correct to the best of my knowledge and belief.

SIGNED Wayne Roberts ²⁸²
 TITLE secretary ⁰³⁴

DATE July 11, 19 90
 OPERATORS WELL NO. #1
 API WELL NO. 017-3947

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION

Coffman

WELL TYPE: OIL GAS LIQUID INJECTION WASTE DISPOSAL
 (IE "GAS" PRODUCTION STORAGE DEEP SHALLOW

LOCATION: ELEVATION _____ WATER SHED Skeleton Run
 DISTRICT McClellan 5 COUNTY Doddridge
 QUADRANGLE Folsom 7.5

SURFACE OWNER _____ ACREAGE 108

OIL & GAS ROYALTY OWNER _____ LEASE ACREAGE _____
 LEASE NO. _____

PRODUCING FORMATION Gordon Sand TOTAL DEPTH 3133

WELL OPERATOR Mutual Oil & Gas, Inc. 34150 DESIGNATED AGENT _____

ADDRESS P.O. Box 311 ADDRESS _____
Spencer, WV 25276

13345

MAR 10 1990

