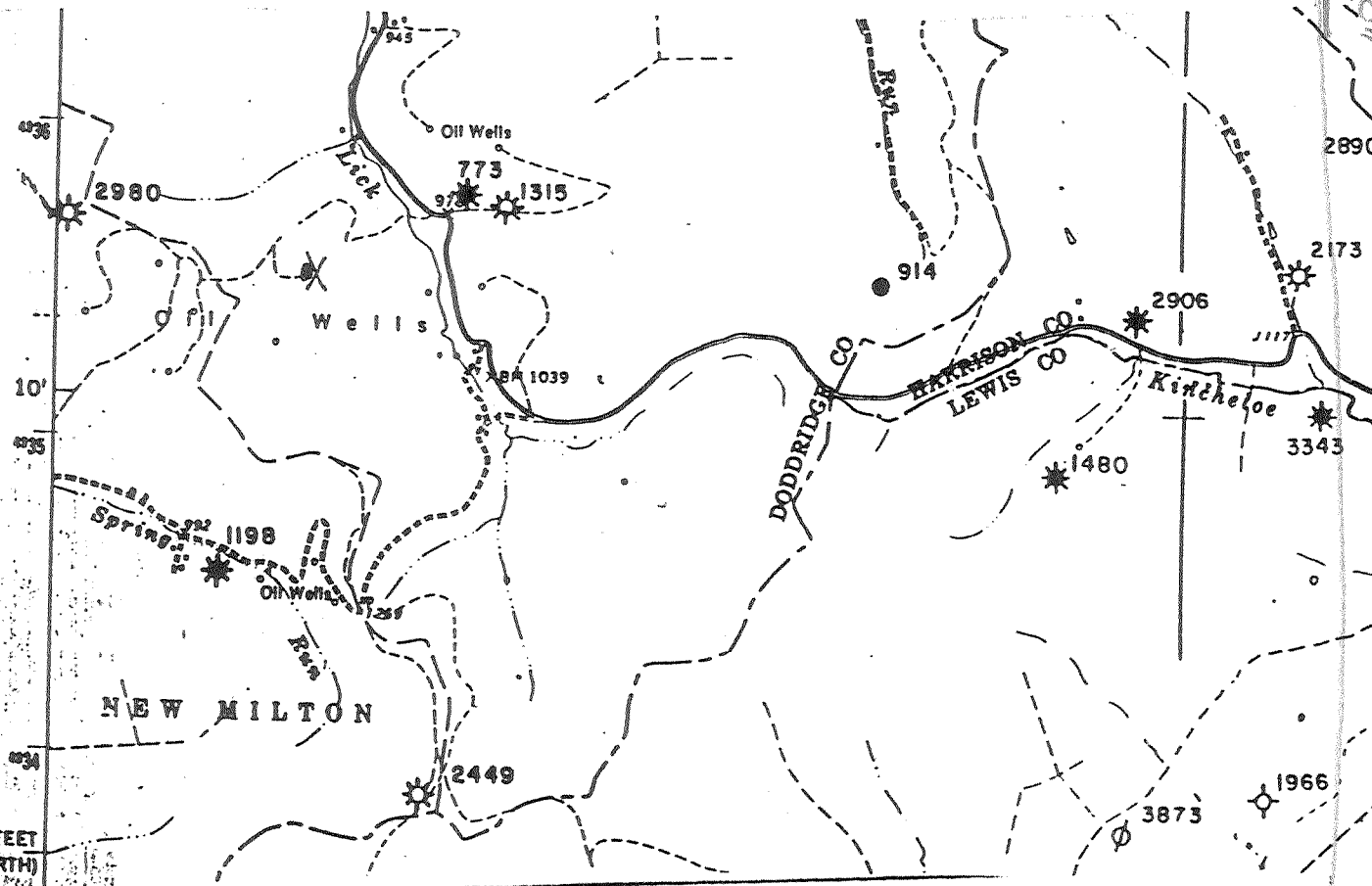


INSTRUCTIONS

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(+).



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

SIGNED Lowell P Bee
 TITLE President

DATE May 20, 1992
 OPERATORS WELL NO. STAWAKER 11
 API WELL NO. 017-3913

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION

WELL TYPE: OIL GAS LIQUID INJECTION _____ WASTE DISPOSAL _____
 (IE "GAS" PRODUCTION STORAGE _____ DEEP _____ SHALLOW _____)
 LOCATION: ELEVATION 1150 WATER SHED BEECHLICK AVN
 DISTRICT GREENBRIER COUNTY DODDRIDGE
 QUADRANGLE BIG ISAAC

SURFACE OWNER RAIPH MORGAN ACREAGE _____
 OIL & GAS ROYALTY OWNER _____ LEASE ACREAGE 290
 LEASE NO. _____

PRODUCING FORMATION BIG INJUN TOTAL DEPTH 2222
 WELL OPERATOR BEECHLICK O.I., INC. DESIGNATED AGENT Lowell P BEE
 ADDRESS RT3 Box 26 ADDRESS RT3 Box 62
SALEM, WV 26426 SALEM, WV 26426

JUL 21 1992