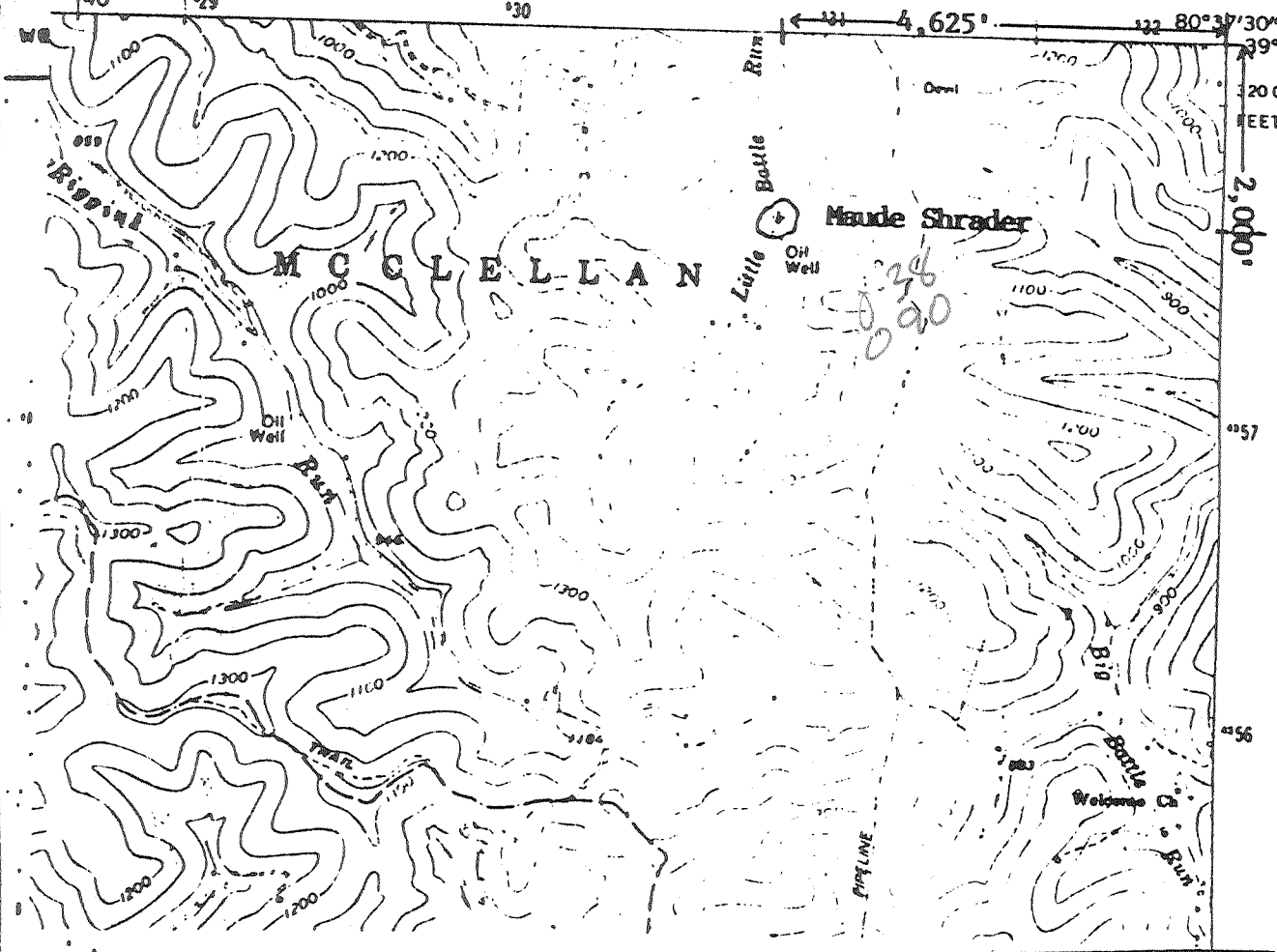


SMITHBURG QUADRANGLE
 WEST VIRGINIA—DODDRIDGE CO.
 7.5 MINUTE SERIES (TOPOGRAPHIC)
 SW/4 CENTER POINT 15' QUADRANGLE

ASSIGNED
 (FOLSOM)



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

SIGNED Thomas J. Fluharty
 TITLE President

RECEIVED
 WV Division of
 Environmental Protection
 APR 19 93
 Permitting
 Office of Oil & Gas

DATE April 16, 19 93
 OPERATORS WELL NO. #1
 API WELL NO. 47-017-4015 N

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 960' WATER SHED Little Battle Run
 DISTRICT McClellan COUNTY Doddridge
 QUADRANGLE Smithburg 7.5' CENTERPOINT 3.265
(C) 3.13 W = 15'

SURFACE OWNER Unknown at this time =(Uatt) ACREAGE UATT

OIL & GAS ROYALTY OWNER Maude Shrader LEASE ACREAGE UATT
 LEASE NO. UATT

PRODUCING FORMATION Big Injun TOTAL DEPTH Uatt

WELL OPERATOR Fluharty Enterprises, Inc. DESIGNATED AGENT Thomas J. Fluharty

ADDRESS P. O. Box 226, Salem, WV 26426 ADDRESS P. O. Box 226, Salem, WV 26426

6-6 Smithton-Flint-Sedalia (099)

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

WELL REGISTER ASSIGNMENT

This API Number 47- 17-04015, issued to FLUHARTY ENTERPRISES, INC. is evidence of permission to operate the well that is referenced at the location described on the attached plat, subject to the provisions of Chapters 22 and 22B of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder. The name and telephone number of the Oil and Gas Inspector for this well is MIKE UNDERWOOD -
304-782-1043.

Spills or emergency discharges must be reported to 1-800-654-3312.

Failure to abide by all statutory and regulatory provisions governing all duties and operations hereunder may result in suspension or revocation of your permits and in addition may result in civil and/or criminal penalties.

The enclosed WR-35 must be completed by you and returned to this office. In addition annual production reports must be submitted on this well and failure to do so may require you to plug the well.

Theodore M. Streit
Chief

By: 

Title: _____

Operator's Well No: M. SHRADER #1

Farm Name: SHRADER, MAUDE (MINERAL)

API Well Number : 47- 17-04015 N

Date Issued : 04/19/93