

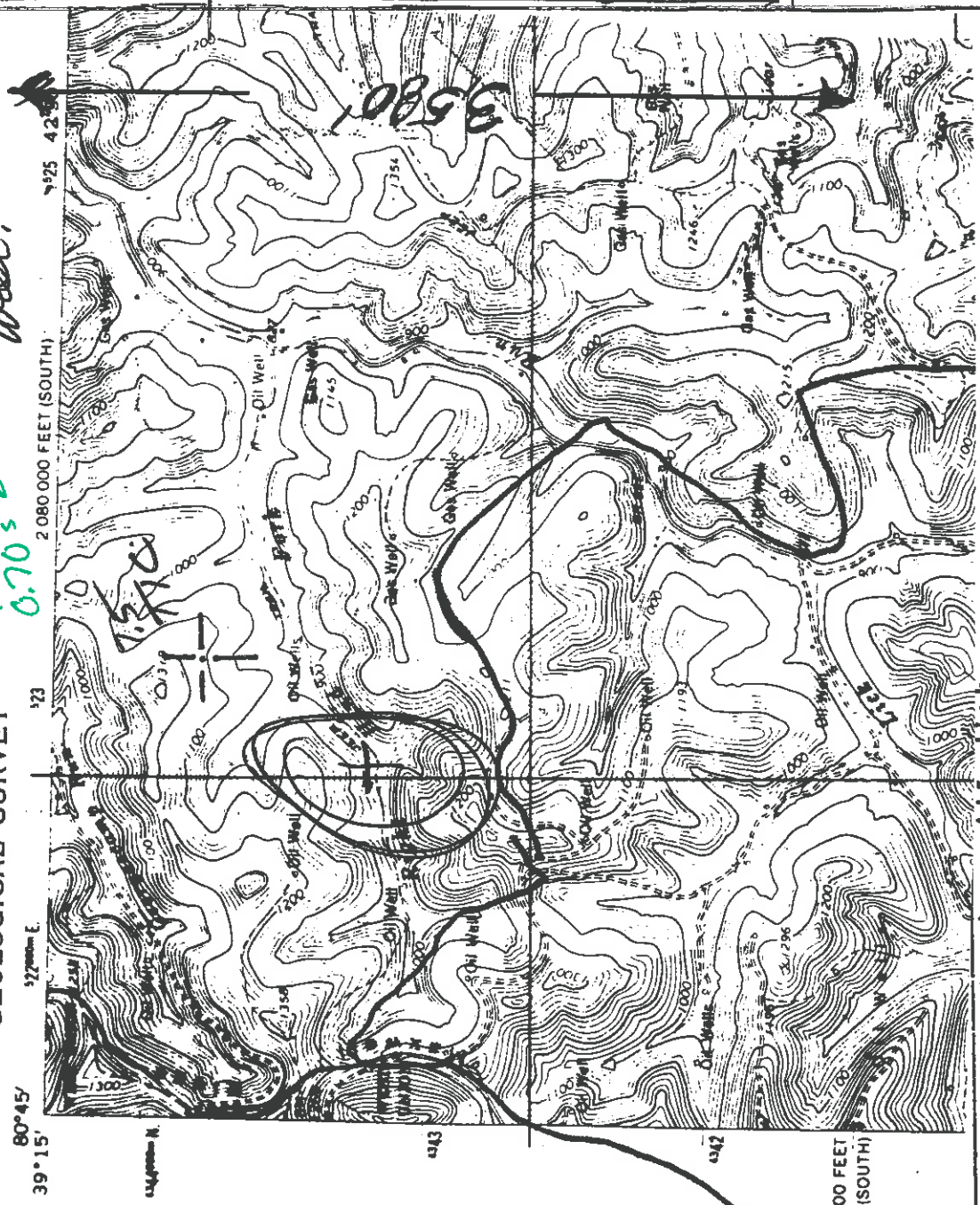
LATITUDE

LONGITUDE

21060

UNITED STATES 39°15' West
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

7720' West
1.44W
0.70S



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

SIGNED Clarence W. Mutschelle
TITLE Patron

AUG 13 1995

WV Division of Environmental Protection

DATE 8/19/95
OPERATORS WELL NO. 017-4016-1
API WELL NO. Sundance #1

Not to Scale But Distance
Were Taken from State Well Log
Map 300 Accurate
Janice 8/29/95

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
OIL AND GAS DIVISION

nothing was checked on property - 10/15/97

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

LOCATION: ELEVATION _____ WATER SHED Middle Fork
DISTRICT New Milton COUNTY Poiga

QUADRANGLE New Milton Quad 7 ACREAGE 900

SURFACE OWNER _____
OIL & GAS ROYALTY OWNER MAXWELL Heirs LEASE ACREAGE 900
LEASE NO. _____

PRODUCING FORMATION Inf TOTAL DEPTH _____

WELL OPERATOR Clarence Mutschelle DESIGNATED AGENT _____

ADDRESS P.O. Box 357 ADDRESS _____
Salem WV 26106

WR-35

31-Jan-97

API # 47-17-0

042-16A

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

Well Operator's Report of Well Work

Farm name: ADRIAN, GEORGE

Operator Well No.: ~~NA~~ *Senshifre #1*

LOCATION: Elevation: 1,187.00 Quadrangle: NEW MILTON

District: NEW MILTON County: DODDRIDGE
Latitude: 5320 Feet South of 39 Deg. 15Min. 0 Sec.
Longitude 8750 Feet West of 80 Deg. 42 Min. 30 Sec.

Company: MUTSCHELKNAUS, CLARENCE W
170 E. MAIN ST. P.O. BOX 351
SALEM, WV 26426-0351

Agent: ~~Clarence Mutchelknaus~~

Inspector: MIKE UNDERWOOD
Permit Issued: 02/31/97

Well work Commenced:

Verbal Plugging Completed:

Permission granted on:

Rotary Cable *X* Rig

Total Depth (feet) *2350*

Fresh water depths (ft) *NA*

Salt water depths (ft) _____

Is coal being mined in area (Y/N)? _____

Coal Depths (ft): *N*

Casing & Tubing Size	Used in Drilling	Left in Well	Cement Fill Up Cu. Ft.
<i>10 5/8</i>	<i>1200</i>	<i>1200</i>	<i>NA, EST.</i>
<i>7"</i>	<i>1850</i>	<i>1850</i>	<i>NA, EST.</i>
<i>2"</i>	<i>—</i>	<i>2300</i>	<i>— EST.</i>

OPEN FLOW DATA

Producing formation *Zator*

Gas: Initial open flow *NA* MCF/d

Final open flow *NA* MCF/d

Time of open flow between initial and final tests _____

Static rock Pressure *NA* psig (surface pressure) after _____

Pay zone depth (ft) *1950*

Bbl/d

Initial open flow _____

Final open flow _____

Hours _____

Hours _____

Second producing formation *Gardor*

Gas: Initial open flow _____ MCF/d

Final open flow _____ MCF/d

Time of open flow between initial and final tests _____

Static rock Pressure *180* psig (surface pressure) after *12* Hours

Pay zone depth (ft) *2310*

Bbl/d

Initial open flow _____

Final open flow _____

Hours _____

Hours _____

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: *Clarence W. Mutchelknaus*

For: MUTSCHELKNAUS, CLARENCE W.

By: *Patricia*

Date: *2/12/98*

DODD 4216 N

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

WELL REGISTER ASSIGNMENT

This API Number 47- 17-04216, issued to MUTSCHELKNAUS, CLARENCE W. 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 -
304-759-0579.

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: SUNSHINE #1

Farm Name: MAXWELL, HEIRS

API Well Number : 47- 17-04216 N

Date Issued : 09/12/95

