



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

39° 15' N
80° 45' W

LATITUDE 5950'

390 15' 00"

5930' West

2 080 000 FEET (SOUTH)

810 000 FEET (SOUTH)

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

RECEIVED
OFFICE OF OIL AND GAS

0.545
1.13W
SIGNED

TITLE

AUG 15 1995

Not to Scale Distances were

DATE AUG 19 19

OPERATORS WELL NO. Sundance #3

For information production taken from State Well Spot Maps

API WELL NO. 017-4218-N

They are all water

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
OIL AND GAS DIVISION

Nothing matches on prop. map. UG 113197

Janice 8/31/95

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

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

SURFACE OWNER _____ ACREAGE 900

OIL & GAS ROYALTY OWNER Maxwell Heirs LEASE ACREAGE 900
LEASE NO. Maxwell

PRODUCING FORMATION Inj Cordo TOTAL DEPTH 2400
Approx

WELL OPERATOR Clarene W Mitchelk DESIGNATED AGENT _____

ADDRESS P.O. Box 351 ADDRESS _____
Salem W Va 26426

WR-35

31-Jan-97

API # 47-17-00000-9

17-04218N

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.: MAXWELL #4

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 Mutschelknaus

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

Well work Commenced:

Well work Completed:

Verbal plugging

permission granted on:

Rotary Cable Rig

Total Depth (feet) _____

Fresh water depths (ft) NA.

Salt water depths (ft) _____

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

Coal Depths (ft): N

OPEN FLOW DATA

Producing formation Foxton

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

Final open flow _____

Time of open flow between initial and final tests _____

Static rock Pressure 35 psig (surface pressure) after _____

Pay zone depth (ft) 1900

Initial open flow _____ Bbl/d

Final open flow _____ Bbl/d

Hours _____

Hours _____

Second producing formation Gordon

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

Final open flow _____

Time of open flow between initial and final tests _____

Static rock Pressure 35 psig (surface pressure) after _____

Pay zone depth (ft) 2275

Initial open flow _____ Bbl/d

Final open flow _____ Bbl/d

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. Mutschelknaus
For: MUTSCHELKNAUS, CLARENCE W.

By: Parviz
Date: 8/12/98

D000 4218 N

000 018 1000

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

WELL REGISTER ASSIGNMENT

This API Number 47- 17-04218, 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 #3

Farm Name: MAXWELL, HEIRS

API Well Number : 47- 17-04218 N

Date Issued : 09/12/95

10
P:

