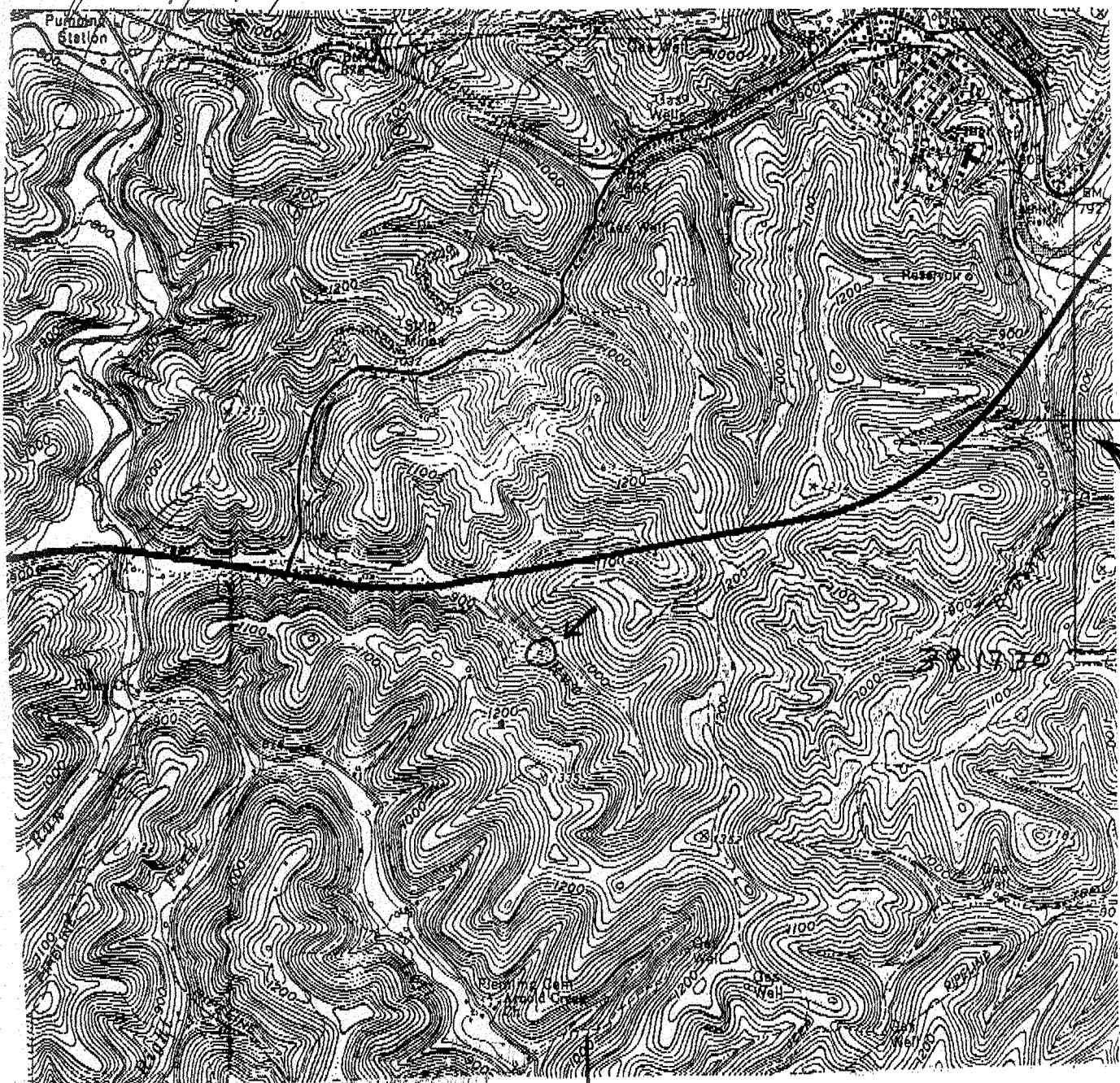


1070

LATITUDE 39-17-30

Comil 1/13/97



LONGITUDE 80-47-30

*1.215
0.204
6.400'*

23117 NORTH

JAN 13 1997

(+) DENOTES LOCATION OF WELL ON UNITED STATES TOPOGRAPHIC MAPS

FILE NO. _____
 DRAWING NO. _____
 SCALE _____
 MINIMUM DEGREE OF ACCURACY _____
 PROVEN SOURCE OF ELEVATION _____

Office of Oil & Gas
 I, THE UNDERSIGNED, HEREBY CERTIFY THAT THIS PLAT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SHOWS ALL THE INFORMATION REQUIRED BY LAW AND THE REGULATIONS ISSUED AND PRESCRIBED BY THE DEPARTMENT OF ENERGY.
 (SIGNED) _____

R.P.E. _____ L.L.S. _____

PLACE SEAL HERE

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION



DATE 13 JAN 1997, 19____
 OPERATOR'S WELL NO. 3
 API WELL NO. _____

WELL TYPE: OIL ___ GAS X LIQUID INJECTION ___ WASTE DISPOSAL ___
 (IF "GAS,") PRODUCTION ___ STORAGE ___ DEEP ___ SHALLOW X
 LOCATION: ELEVATION 980 WATERSHED Prithcard Run
 DISTRICT West Union COUNTY Doddridge
 QUADRANGLE West Union
 SURFACE OWNER William Wolfe ACREAGE 50.14
 OIL & GAS ROYALTY OWNER Charles Michels et al LEASE ACREAGE 50.14

PROPOSED WORK: DRILL X CONVERT ___ DRILL DEEPER ___ REDRILL ___ FRACTURE OR STIMULATE X PLUG OFF OLD FORMATION ___ PERFORATE NEW FORMATION ___ OTHER PHYSICAL CHANGE IN WELL (SPECIFY) _____

TARGET FORMATION _____ ESTIMATED DEPTH _____
 WELL OPERATOR Bowie, Inc DESIGNATED AGENT Grover Bowie
 ADDRESS P.O. Box 1430 ADDRESS P.O. Box 1430
Clarksburg, WV 26301 Clarksburg, WV 26301

COUNTY NAME PERMIT

012411997

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

WELL REGISTER ASSIGNMENT

This API Number 47- 17-04336, issued to BOWIE, 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 -
304-288-4604.

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: 3

Farm Name: WOLFE, WILLIAM

API Well Number : 47- 17-04336 N

Date Issued : 01/22/97

01/24/1997