



west virginia department of environmental protection

Office of Oil and Gas
601 57th Street SE
Charleston, WV 25304
(304) 926-0450
(304) 926-0452 fax

Earl Ray Tomblin, Governor
Randy C. Huffman, Cabinet Secretary
www.dep.wv.gov

July 15, 2014

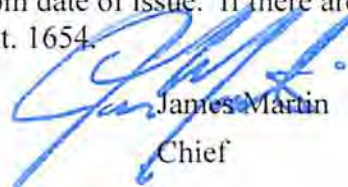
WELL WORK PLUGGING PERMIT

Plugging

This permit, API Well Number: 47-2101023, issued to EQT PRODUCTION COMPANY, is evidence of permission granted to perform the specified well work at the location described on the attached pages and located on the attached plat, subject to the provisions of Chapter 22 of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder, and to all conditions and provisions outlined in the pages attached hereto. Notification shall be given by the operator to the Oil and Gas Inspector at least 24 hours prior to the construction of roads, locations, and/or pits for any permitted work. In addition, the well operator shall notify the same inspector 24 hours before any actual well work is commenced and prior to running and cementing casing. Spills or emergency discharges must be promptly reported by the operator to 1-800-642-3074 and to the Oil and Gas inspector.

Upon completion of the plugging well work, the above named operator will reclaim the site according to the provisions of WV Code 22-6-30. The above named operator will also file, as required in WV Code 22-6-23, an affidavit on form WR-38 by two experienced persons in the operator's employment and the Oil and Gas inspector that the work authorized under this permit was performed and a description given. Failure to abide by all statutory and regulatory provisions governing all duties and operations here under may result in suspensions or revocation of this permit and in addition may result in civil and/or criminal penalties being imposed upon the operator.

This permit will expire in two (2) years from date of issue. If there are any questions, please free to contact me at (304) 926-0499 ext. 1654.



James Martin
Chief

Operator's Well No: 1
Farm Name: JONES, AUBREY R., ETAL
API Well Number: 47-2101023
Permit Type: Plugging
Date Issued: 07/15/2014

Promoting a healthy environment.

07/18/2014

PERMIT CONDITIONS

West Virginia Code § 22-6-11 allows the Office of Oil and Gas to place specific conditions upon this permit. Permit conditions have the same effect as law. Failure to adhere to the specified permit conditions may result in enforcement action.

CONDITIONS

1. All pits must be lined with a minimum of 20 mil thickness synthetic liner.
2. In the event of an accident or explosion causing loss of life or serious personal injury in or about the well or while working on the well, the well operator or its contractor shall give notice, stating the particulars of the accident or explosion, to the oil and gas inspector and the Chief within twenty-four (24) hours.
3. Well work activities shall not constitute a hazard to the safety of persons.
4. This well is under a consent order and must be plugged within two years of the date of issuance of this permit.

Date: 7-8-14
Operator's Well _____
Well No. 157071 Aubrey Jones #1
API Well No.: 47 021 - 01023

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

✓ 17838
10000

APPLICATION FOR A PERMIT TO PLUG AND ABANDON

4) Well Type: Oil _____ Gas X Liquid Injection _____ Waste Disposal: _____
If Gas, Production _____ X Or Underground storage _____ Deep _____ Shallow X

5) Elevation: 960' Watershed: Stewarts Creek of Little Kanawha River
Location: Glenville County: Gilmer Quadrangle: Gilmer 7.5'
District: _____

6) Well Operator EQT Production Company
120 Professional Place
Address: Bridgeport, WV 26330

7) Designated Agent: Rex C. Ray
Address: 120 Professional Place
Bridgeport, WV 26330

8) Oil & Gas Bryan Harris
Name: P.O. Box 157
Address: Volga, WV 26238

9) Plugging Contractor:
Name: HydroCarbon Well Service
Address: PO BOX 995
Buckhannon, WV 26201

10) Work Order: The work order for the manner of plugging this well is as follows:
See Attachment for details and procedures.

OFFICE USE ONLY

Notification must be given to the district oil and gas inspector 24 hours before permitted work can commence.

Work order approved by inspector _____ Date _____

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2101023A

PLUGGING PROGNOSIS -Weston

Jones, Aubrey #1 (157071)

Gilmer Co. WV
API # 47-021-01023
District: Glenville
Elevation: 973'

BY: Craig Duckworth
DATE: 3/19/14

CURRENT STATUS:

8 1/4" csg @ 200'
6 5/8" csg @ 1641'

TD @ 1871'

Fresh Water @ None reported **Salt Water @** 1800'
1st Salt Sand @ 1100' **Coal @** None reported
Gas shows @ Sand 675', Sand 1256', Blue Monday 1602', Big Injun 1700', Bottom Gas 1785'
Oil Shows @ None Reported
Stimulation: None Reported

LOAD HOLE WITH GEL BEFORE SETTING FIRST PLUG.

1. Notify State Inspector, **Bryan Harris 304-553-6087**, 24 hrs. Prior to commencing operations.
2. TIH w/ tbg @ 1785'; Set 100' C1A Cement Plug @ 1785' to 1685' (gas show @ 1785' & Big Injun 1700' & SW @ 1800')
3. TOOH w/tbg. Attempt to pull 6 5/8". If unable to pull, Free point and shoot at free point
4. TIH w/ tbg @ 1685'; Set 100' C1A Cement Plug @ 1685' to 1585' (6 5/8" csg @ 1641' & Blue Monday @ 1602')
5. Set a 100' C1A Cement Plug 50' In/Out of cut. Perf. All FW, Coal, Oil and Gas shows below 6 5/8" cut. Do not omit any plugs
6. TOOH w/ tbg @ 1585; gel hole @ 1585' to 1100'.
7. TOOH w/ tbg @ 1100'; Set 200' C1A Cement Plug @ 1100' to 900' (Salt Sand 1100' & Elevation @ 973')
8. TOOH w/ tbg @ 900; gel hole @ 900' to 675'
9. TOOH w/ tbg @ 675'; Set 100' C1A Cement Plug @ 675' to 575' (Gas show @ 675')
10. TOOH w/tbg @ 575'; gel hole @ 575' to 200'
11. TOOH w/ tbg @ 200'; Set 200' C1A Cement Plug @ 200' to Surface
12. Top off as needed
13. Set Monument to WV-DEP Specifications
14. Reclaim Location & Road to WV-DEP Specifications

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Quadrangle Brunsville
 Permit No. G11-1023 157071

WELL RECORD

Oil or Gas Well GAS
(KIND)

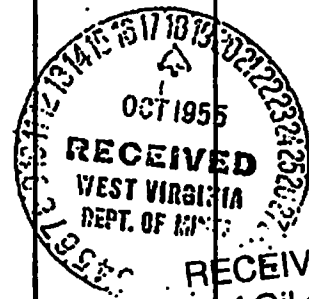
Company E. C. Wilson
 Address 30 Court Street, St. Marys, W. Va.
 Farm Myrtle Jones Acres 115
 Location (waters) Stewarts Creek
 Well No. #1 Elev. 973'
 District Glenville County Gilmer
 The surface of tract is owned in fee by Myrtle Jones Heirs
 Address Baldwin, W. Va.
 Mineral rights are owned by Myrtle Jones Heirs
Glenville Address W. Va.
 Drilling commenced April 25, 1955
 Drilling completed May 19, 1955
 Date Shot From To
 With Sand Fractured 6/30/55

Casing and Tubing	Used in Drilling	Left in Well	Packers
Size			
16	None		Kind of Packer <u>None</u>
18	None		<u>Steel shoe</u>
20	<u>96 1/2 Ft</u>	<u>none</u>	Size of
24	<u>790</u>	<u>200</u>	
26	<u>1641</u>	<u>1641</u>	Depth set
28/16			
3			Perf. top
2			Perf. bottom
Liners Used			Perf. top
			Perf. bottom

Open Flow 10/10ths Water in 1 Inch
 /10ths Merc. in _____ Inch
 Volume App 70,000 Cu. Ft.
 Rock Pressure 400 lbs. _____ hrs.
 Oil none bbls., 1st 24 hrs.
 Fresh water in 8' hole feet app 1800 ft feet
 Salt water NR feet _____ feet

CASING CEMENTED _____ SIZE _____ No. Ft. _____ Date _____
 COAL WAS ENCOUNTERED AT None FEET _____ INCHES
 _____ FEET _____ INCHES FEET _____ INCHES
 _____ FEET _____ INCHES FEET _____ INCHES

Formation	Color	Hard or Soft	Top	Bottom	Oil, Gas or Water	Depth Found	Remarks
Conductor				16 ft.			
Sand			60 ft.	90 ft.			
Slate			90	120			
10 in. pipe				96 1/2 ft.			
Red Rock			120	195			
Lime			195	215			
Red Rock			215	305			
Sand			305	355			
Black Slate			355	390			
Lime			390	405			
Red Rock			405	425			
Lime			425	450			
Slate			450	465			
Lime			465	475			
Slate			475	520			
Sand			520	550			
Slate			550	580			
Sand			580	610			
Slate			610	670			
Sand			670	740			
Showing of gas					Gas		
Slate			740	860			
8 1/2" casing				790			
Sand			860	960			
Black Slate			960	1100			
id			1100	1125			
Slate			1125	1180			
Lime			1160	1195			
Slate			1195	1210			
Sand			1210	1295			
Showing of gas					gas		
Slate			1295	1312		1256STM	
Sand			1312	1365			

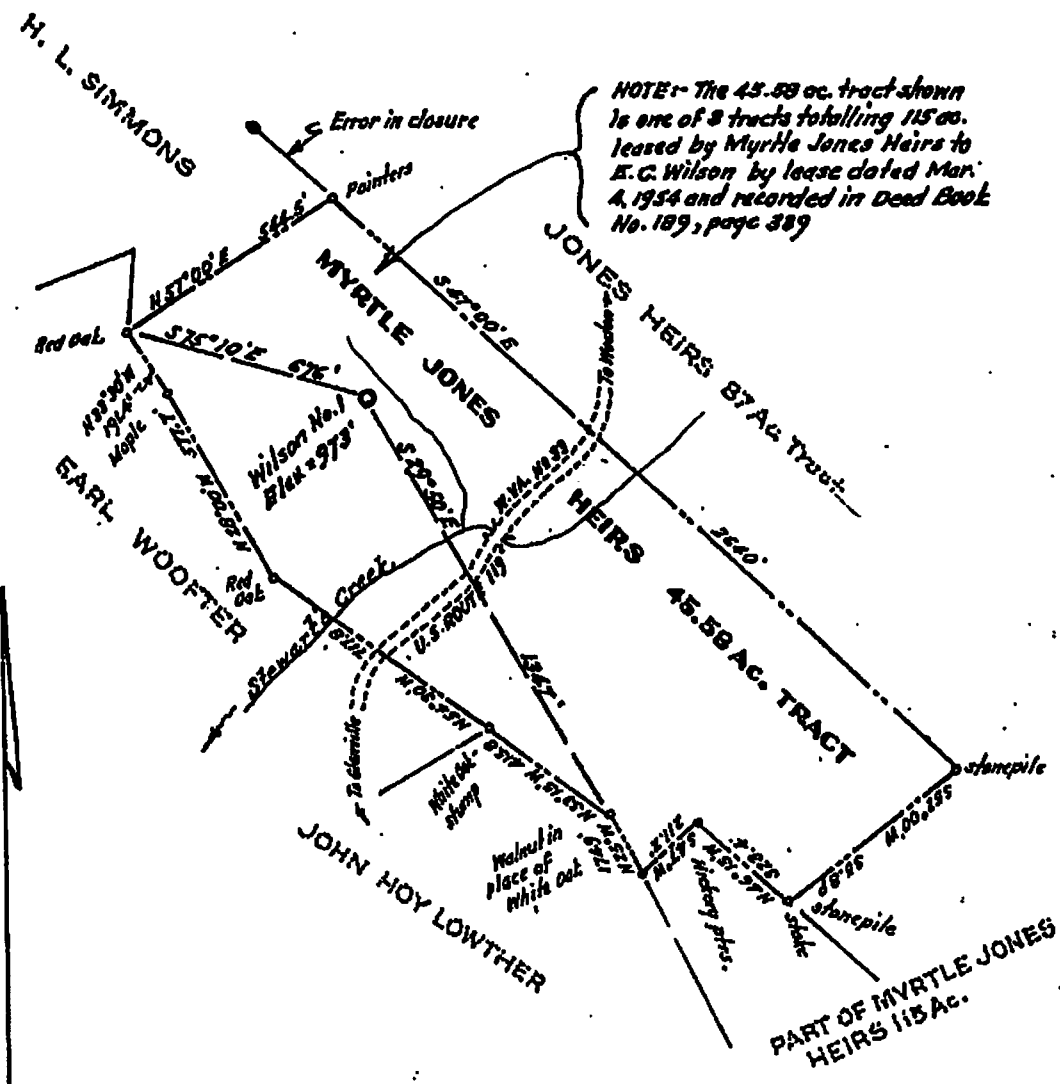


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Sand	1465	1525		
Water	1505	1510		
Slate	1525	1535		
Red Roof	1535	1542		
Lime	1542	1554		
late	1554	1565		
Lime	1565	1570		
Slate	1570	1575		
Lime and Sand	1575	1607		
Gas in Blue Monday Sand	1602	1605	gas	1602
Slate	1607	1628		
Big Lime	1628	1695		
6.5/8" casing		1641		
Big injun Sand	1695	1785		
Showing of gas	1695	1700	gas	1700
Bottom Gas	1780	1785	Gas	1785
Slate and shell	1785	1871		

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No coal mined in this immediate vicinity. Fee ownership is vested in Myrtle Jones Heirs. Notify Mr. Kenneth Jones, whose postoffice address is Linn, W. Va.

Geol. Dept. Map Posting	
map	Date
Topographic	1-17-55
Regional	
Farm	
Tracing	

New Location..
 Drill Deeper.....
 Abandonment.....

Company E. C. WILSON
 Address 308 Court St., St Marys, W. Va.
 Farm Aubrey B. Jones and others
 Tract: _____ Acres 115 Lease No. _____
 Well (Farm) No. One Serial No. _____
 Elevation (Spirit Level) 973
 Quadrangle Burnsville
 County Gilmer District Glenville
 _____ W. H. L. J.

STATE OF WEST VIRGINIA
 DEPARTMENT OF MINES
 OIL AND GAS DIVISION
 CHARLESTON

WELL LOCATION MAP
 FILE NO. GIL-1023

+ Denotes location of well on United States Topographic Maps, scale 1 to 62,500, latitude and longitude lines being represented

74

2

2101023P

WW-4-A
Revised 6/07

1) Date: 7-8-14
2) Operator's Well Number
157071 Aubrey Jones #1
3) API Well No.: 47 021 - 01023
State County Permit

STATE OF WEST VIRGINIA - BUREAU OF ENVIRONMENT
DIVISION OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL & GAS
NOTICE AND APPLICATION TO PLUG AND ABANDON WELL

4) Surface Owner(s) to be served:
(a) Name David L. & Sherry J. Jones
Address 261 Joe's Run Rd.
Burnsville, WV 25335

(b) Name _____
Address _____

(c) Name _____
Address _____

6) Inspector Bryan Harris
Address P.O. Box 157
Volga, WV 26238
Telephone 304-553-6087

5) (a) Coal Operator:
Name None
Address _____

(b) Coal Owner(s) with Declaration
Name Pauletta S. Carroll
P.O. Box 45
Address Friendly, WV 26146-0045

Name (See attached listing)
Address _____

(c) Coal Lessee with Declaration
Name None
Address _____

TO THE PERSONS NAMED ABOVE: You should have received this Form and the following documents:

- (1) The application to Plug and Abandon a Well on Form WW-4B, which sets out the parties involved in the work and describes the well its and the plugging work order; and
 - (2) The plat (surveyor's map) showing the well location on Form WW-6.
- The reason you received these documents is that you have rights regarding the application which are summarized in the instructions on the reverses side. However, you are not required to take any action at all.

Take notice that under Chapter 22-6 of the West Virginia Code, the undersigned well operator proposes to file or has filed this Notice and Application and accompanying documents for a permit to plug and abandon a well with the Chief of the Office of Oil and Gas, West Virginia Division of Environmental Protection, with respect to the well at the location described on the attached Application and depicted on the attached Form WW-6. Copies of this Notice, the Application, and the plat have been mailed by registered or certified mail or delivered by hand to the person(s) named above (or by publication in certain circumstances) on or before the day of mailing or delivery to the Chief.

Well Operator:
By: _____
Its: _____
Address: _____
Telephone: _____
My Commission Expires: 7/27/2018



EQT Production Company
Victoria J. Roark
Permitting Supervisor
PO Box 280
Bridgeport, WV 26330
(304) 848-0076
Notary Public

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The Office of Oil & Gas processes your personal information, such as name, address and phone number, as part of our regulatory duties. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. Our office will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.

07/18/2014

WW2-A

Additional Coal Owners

Howard L. Jones ✓
P.O. Box 1169
Laluz, NM 88337-1169

Helen M. Jones ✓
1303 N. Lewis Street
Glenville, WV 26351-1330

Genevieve B. Jones ✓
1205 9th St. Apt 302
Vienna, WV 26105-2156

Bacil Lee Skidmore ✓
404 Ridgecrest Dr.
Alamagordo, NM 88310-4109

Nadine Harper ✓
1760 Depot St.
West Union, WV 26456-6246

Peggy Jones ✓
11601 Old Centralia Rd.
Chester, WV 23831

Elizabeth Gaylene Hacker ✓
93 Butcher Run Rd.
Cedarville, WV 26611-7042

Dorothy Jones MIDCAP ✓
P.O. Box 163
Friendly, WV 26146-0163

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Paulette S. Carroll
 P.O. Box 45
 Friendly, WV 26146-0045
 157071 plugging

PS Form 3800, August 2006 See Reverse for Instructions

Paulette S. Carroll
P.O. Box 45
Friendly, WV 26146-0045
157071 plugging

PS Form 3811, July 2013 Domestic Return Receipt

2. Article Number (Transfer from service label) 7014 0510 0000 4438 5204

1. Article Addressed to:
 Paulette S. Carroll
 P.O. Box 45
 Friendly, WV 26146-0045
 157071 plugging

3. Service Type
 Certified Mail™
 Registered
 Return Receipt for Merchandise
 Priority Mail Express™
 Insured Mail
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name) _____
 C. Date of Delivery _____

A. Signature Agent

COMPLETE THIS SECTION ON DELIVERY

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Send to:
 Name: **Howard L. Jones**
 Street or PO Box: **P.O. Box 1169**
 City: **Laluz, NM 88337-1169**
 State: **157071 plugging**

PS Form 3800, August 2006

Howard L. Jones
P.O. Box 1169
Laluz, NM 88337-1169
157071 plugging

PS Form 3811, July 2013
 Domestic Return Receipt
 (Transfer from service label)
 7014 0510 0000 4438 5211

2. Article Number

1. Article Addressed to:
 Howard L. Jones
 P.O. Box 1169
 Laluz, NM 88337-1169
 157071 plugging

3. Service Type
 Certified Mail
 Registered Mail
 Insured Mail
 Restricted Delivery? (Extra Fee) Yes No

4. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name) _____
 C. Date of Delivery _____

A. Signature **X**
 Addressee
 Agent

COMPLETE THIS SECTION ON DELIVERY

COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

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C/O Vicki Roark
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Restricted Delivery Fee (Endorsement Required)		
Total		

Sent
 Street or PO
 City

Helen M. Jones
1303 N. Lewis Street
Glenville, WV 26351-1330
 157071 plugging

PS Form 3800, August 2008 See Reverse for Instructions

Helen M. Jones
1303 N. Lewis Street
Glenville, WV 26351-1330
157071 plugging

2. Article Number (Transfer from service label)
7014 0510 0000 4438 5228

PS Form 3811, July 2013 Domestic Return Receipt

1. Article Addressed to:
 Helen M. Jones
 1303 N. Lewis Street
 Glenville, WV 26351-1330
 157071 plugging

3. Service Type
 Certified Mail®
 Priority Mail Express™
 Registered Mail®
 Insured Mail®
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 C. Date of Delivery

A. Signature Agent Addressee

COMPLETE THIS SECTION ON DELIVERY

1. Attach this card to the back of the mailpiece, or on the front if space permits.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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To: **Genevieve B. Jones**
1205 9th St. Apt 302
Vienna, WV 26105-2156
 157071 plugging

PS Form 3800, August 2006 See Reverse for Instructions

Genevieve B. Jones
1205 9th St. Apt 302
Vienna, WV 26105-2156
157071 plugging

PS Form 3811, July 2013
 Domestic Return Receipt
 7014 0510 0000 4438 5235
 (Transfer from service label)

2. Article Number

Genevieve B. Jones
 1205 9th St. Apt 302
 Vienna, WV 26105-2156
 157071 plugging

1. Article Addressed to:

3. Service Type

4. Restricted Delivery? (Extra Fee)

5. Is delivery address different from item 1? Yes No

6. If YES, enter delivery address below:

7. A. Signature B. Received by (Printed Name) C. Date of Delivery

8. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

07/18/2014

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Restricted Delivery Fee (Endorsement Required)		

To
 Bacil Lee Skidmore
 404 Ridgecrest Dr.
 Alamagordo, NM 88310-4109
 157071 plugging

PS Form 3800, August 2006 See Reverse for Instructions

Bacil Lee Skidmore
404 Ridgecrest Dr.
Alamagordo, NM 88310-4109
157071 plugging

EOT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

PS Form 3811, July 2013 Domestic Return Receipt

2. Article Number
 7013 2630 0001 4239 4601
 (Transfer from service label)

1. Article Addressed to:
 Bacil Lee Skidmore
 404 Ridgecrest Dr.
 Alamagordo, NM 88310-4109
 157071 plugging

3. Service Type
 Certified Mail™
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Priority Mail Express™
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name) _____
 C. Date of Delivery _____

A. Signature _____
 Addressee
 Agent

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent to: **Nadine Harper**
1760 Depot St.
West Union, WV 26456-6246
157071 plugging

PS Form 3800, August 2005 See Reverse for Instructions

Nadine Harper
1760 Depot St.
West Union, WV 26456-6246
157071 plugging

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Nadine Harper
1760 Depot St.
West Union, WV 26456-6246
 157071 plugging

2. Article Number (Transfer from service label)
 7013 2630 0001 4239 4618

3. Service Type
 Certified Mail™
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

5. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

A. Signature X
 B. Received by (Printed Name)
 C. Date of Delivery

COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, July 2013 Domestic Return Receipt

07/18/2014

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37/08/2014
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6474 103285-92

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7013 2630 0001 4239 4625

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent To: **Peggy Jones**
11601 Old Centralia Rd.
Chester, WV 23831
157071 plugging

Street, or PO 1
City, St

PS Form 3811, August 2009 See Reverse for Instructions

Peggy Jones
11601 Old Centralia Rd.
Chester, WV 23831
157071 plugging

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee Agent

B. Received by (Printed Name) _____

C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number 7013 2630 0001 4239 4625
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

Peggy Jones
11601 Old Centralia Rd.
Chester, WV 23831
157071 plugging

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JUL 09 2014
WV Department of
Environmental Protection

07/18/2014

2101023A

usps.com
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ZIP 26330
041110228892

CERTIFIED MAIL™



7013 2630 0001 4239 4632
7013 2630 0001 4239 4632

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

To: **Elizabeth Gaylene Hacker**
93 Butcher Run Rd.
Cedarville, WV 26611-7042
 157071 plugging

PS Form 3811, July 2013 See Reverse for Instructions

Elizabeth Gaylene Hacker
93 Butcher Run Rd.
Cedarville, WV 26611-7042
157071 plugging

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Elizabeth Gaylene Hacker
93 Butcher Run Rd.
Cedarville, WV 26611-7042
 157071 plugging

2. Article Number
 7013 2630 0001 4239 4632
 (Transfer from service label)

3. Service Type
 Certified Mail®
 Registered Mail®
 Return Receipt for Merchandise
 Priority Mail Express™
 Insured Mail
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 Agent
 Addressee

C. Date of Delivery

A. Signature X

COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, July 2013 Domestic Return Receipt

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

07/18/2014

21010239

Metpost®
07/03/2014
\$07.61¹²
ZIP: 26030
0411/0220R02

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7013 2630 0001 4239 4649
7013 2630 0001 4239 4649

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CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here

Dorothy Jones MIDCAP
P.O. Box 163
Friendly, WV 26146-0163
 157071 plugging

Sent To: _____
 Street or PO: _____
 City, S: _____

PS Form 3800, August 2006 See Reverse for Instructions

Dorothy Jones MIDCAP
P.O. Box 163
Friendly, WV 26146-0163
157071 plugging

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: _____
 Attach this card to the back of the mailpiece, so that we can return the card to you.
 Print your name and address on the reverse
 Item 4 if Restricted Delivery is desired.
 Complete items 1, 2, and 3. Also complete or on the front if space permits.

Dorothy Jones MIDCAP
P.O. Box 163
Friendly, WV 26146-0163
 157071 plugging

2. Article Number (Transfer from service label)
 7013 2630 0001 4239 4649

3. Service Type
 Certified Mail®
 Priority Mail Express™
 Registered
 Return Receipt for Merchandise
 Insured Mail
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name) _____
 C. Date of Delivery _____

A. Signature _____
 Addressee
 Agent

COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, July 2013 Domestic Return Receipt

07/18/2014

2101023F

Metropost®
07310/2014
U.S. POSTAGE
\$07.61
ZIP: 26330
0471L1002/0002

CERTIFIED MAIL™



7014 0510 0000 4436 5198
7014 0510 0000 4436 5198

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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here

Sent 1
 Street or PO
 City 3

David & Sherry J. Jones
 261 Joe's Run Rd.
 Burnsville, WV 25335
 157071 plugging

PS Form 3800, August 2006 See Reverse for Instructions

David & Sherry J. Jones
261 Joe's Run Rd.
Burnsville, WV 25335
157071 plugging

PS Form 3811, July 2013
 (Transfer from service label)
 7014 0510 0000 4436 5198

2. Article Number

1. Article Addressed to:
 David & Sherry J. Jones
 261 Joe's Run Rd.
 Burnsville, WV 25335
 157071 plugging

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery
 Restricted Delivery? (Extra Fee) Yes No

4. Is delivery address different from item 1? Yes No If YES, enter delivery address below:

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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Office of Oil and Gas

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Environmental Protection

EOT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

07/18/2014

WW-9
Revised 2/03

Page ____ of ____

2) Operator's Well Number

157071 Aubrey Jones #1

3) API Well No.: 47 021 - 01023

**STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL & GAS
CONSTRUCTION AND RECLAMATION PLAN AND SITE REGISTRATION APPLICATION FORM
GENERAL PERMIT FOR OIL AND GAS PIT WASTE DISCHARGE**

Operator Name: EQT PRODUCTION COMPANY OP ID: _____

Watershed: Stewarts Creek of Little Kanawha River Quadrangle: Gilmer 7.5'

Elevation: 960' County: Gilmer District: Glenville

Description of anticipated Pit Waste: Formation Fluids

Do you anticipate using more than 5,000 bbls of water to complete the proposed well work? Yes__ No X

Will synthetic liner be used in the pit? Yes Is so, what ml.? 10ml 20ml

Proposed Disposal Method for Treated Pit Wastes:

- Land Application
- Underground Injection - UIC Permit Number _____
- Reuse (at API Number) _____
- Offsite Disposal Permit #. _____
- Other: Explain _____

Drilling medium anticipated for this well? Air, freshwater, oil based, etc. _____

If oil based, what type? Synthetic, petroleum, etc. _____

Additives to be used? _____

Will closed loop system be used? _____

Drill Cuttings disposal method? Leave in pit, landfill, remove offsite, etc. _____

If left in pit and plan to solidify what medium will be used? Cement, Lime, sawdust _____

Landfill or offsite name/permit number? _____

I certify that I understand and agree to the terms and conditions of the GENERAL WATER POLLUTION PERMIT issued on August 1, 2005, by the Office of Oil and Gas of the West Virginia Division of Environmental Protection. I understand that the provisions of the permit are enforceable by law. Violations of any terms or condition of the general permit and/or other applicable law or regulation can lead to enforcement action.

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this application form and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

Company Official Signature _____

Company Official (Typed or Printed) Victoria Roark

Company Official Title Permitting Supervisor-WV

Subscribed and sworn before me this 7 day of JULY

My Commission Expires 7/27/2018

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Office of Oil and Gas
Department of Environmental Protection
JUL 09 2014

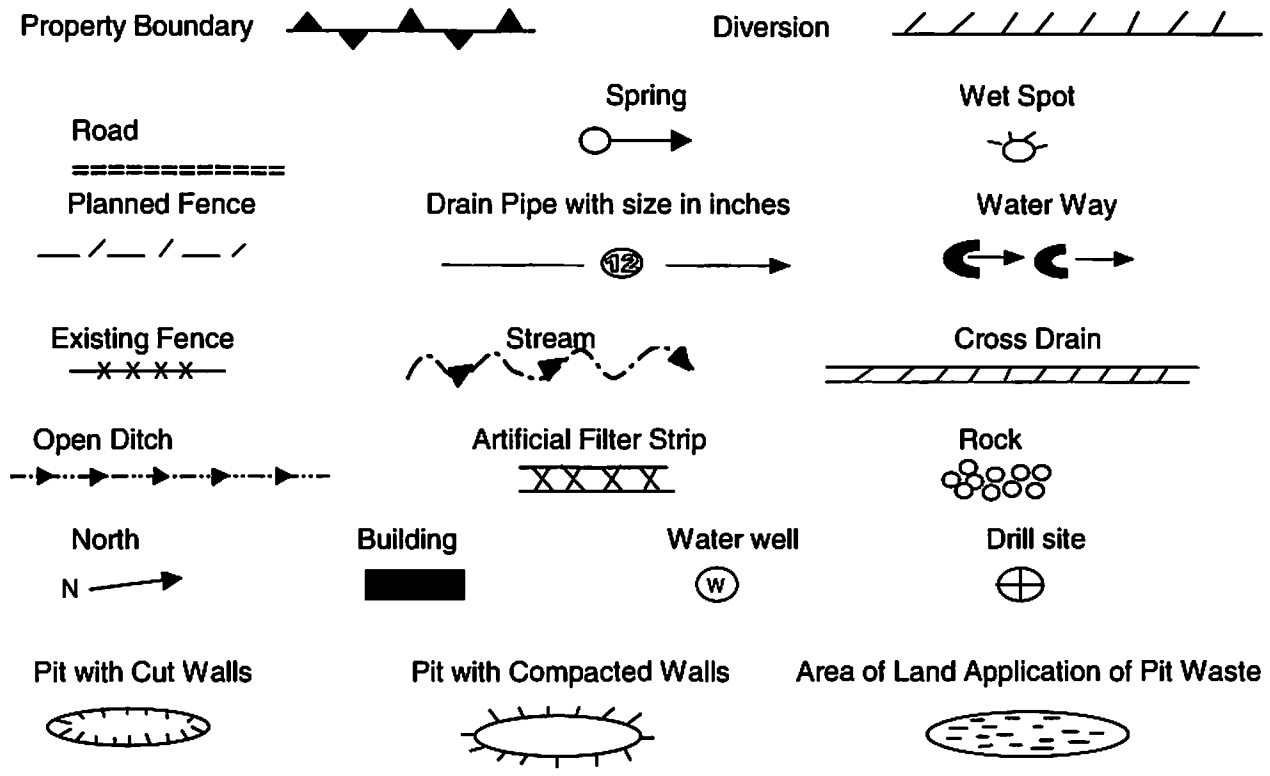
Notary Public



07/18/2014

OPERATOR'S WELL NO.:
157071 Aubrey Jones #1

LEGEND



Proposed Revegetation Treatment: Acres Disturbed: 1± Prevegetation pH 5.8
 Lime 3 Tons/acre or to correct to pH 6.5
 Fertilizer (10-20-20) or equivalent 1/3 ton lbs/acre (500 lbs minimum)
 Mulch 2 Tons/acre or hydroseed.

SEED MIXTURES

Area I		Area II	
Seed Type	lbs/acre	Seed Type	lbs/acre
KY-31	40	Orchard Grass	15
Alsike Clover	5	Alsike Clover	5
Annual Rye	15		

ATTACH:

Drawing(s) of road, location, pit and proposed area for land application.
 Photocopies section of involved 7.5' topographic sheet.

Plan approved by: _____

Comments: _____

Title: _____ Date: _____
 Field Reviewed? Yes No

WW-7
8-30-06



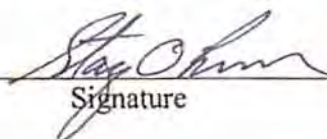
West Virginia Department of Environmental Protection
Office of Oil and Gas
WELL LOCATION FORM: GPS

API: 47-021-01023 WELL NO.: WV 157071 (Aubrey Jones #1)
FARM NAME: Aubrey E. Jones, et. al.
RESPONSIBLE PARTY NAME: EQT Production Company
COUNTY: Gilmer DISTRICT: Glenville 3
QUADRANGLE: Gilmer 7.5' 305
SURFACE OWNER: David Lynn Jones & Sherry Jean Jones
ROYALTY OWNER: Edith Lurton, Brenda Ferguson and Harold Ferguson, et al.
UTM GPS NORTHING: 4315306
UTM GPS EASTING: 523104 GPS ELEVATION: 293 m (960 ft)

The Responsible Party named above has chosen to submit GPS coordinates in lieu of preparing a new well location plat for a plugging permit or assigned API number on the above well. The Office of Oil and Gas will not accept GPS coordinates that do not meet the following requirements:

1. Datum: NAD 1983, Zone: 17 North, Coordinate Units: meters, Altitude: height above mean sea level (MSL) – meters.
2. Accuracy to Datum – 3.05 meters
3. Data Collection Method:
Survey grade GPS : Post Processed Differential
Real-Time Differential
Mapping Grade GPS : Post Processed Differential
Real-Time Differential
4. Letter size copy of the topography map showing the well location.

I the undersigned, hereby certify this data 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 Office of Oil and Gas.


Signature

PS # 2180
Title

6/13/14
Date

2101023P

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ZIP 26330
041110328892

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

Bryan Harris
P.O. Box 157
Volga, WV 26238

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07/18/2014



POTENTIAL WATER SAMPLE DATA SHEET

CLIENT: EQT PRODUCTION COMPANY

LEASE NAME AND WELL No. Aubrey Jones #1 WV 157071 (47-021-01023)

The initial mapping review of the area surrounding the proposed well site revealed the below listed surface owner(s) that were potentially utilizing groundwater (potable) for Human Consumption or other purposes within 1000' of the existing well site. The following landowners will be notified of the opportunity to request a water sample.

*Please note that the following information is subject to change upon field inspection.

POTENTIAL SAMPLE LOCATIONS

Site: 1 Spacing: 602' +/- Owner: Ellen J. Adams

Address: P.O. Box 131, Glenville, WV 26351 Phone No. _____

Comments:

Site: 2 Spacing: 325' +/- Owner: David Lynn Jones & Sherry Jean Jones

Address: 261 Joes Run Road, Burnsville, WV 26335 Phone No. _____

Comments:

Site: 3 Spacing: 558' +/- Owner: David Lynn Jones & Sherry Jean Jones

Address: 261 Joes Run Road, Burnsville, WV 26335 Phone No. _____

Comments:

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Office of Oil and Gas

JUL 09 2014

BIRCH RIVER OFFICE
237 Birch River Road
Birch River, WV 26610
phone: 304-649-8606
fax: 304-649-8608

BRIDGEPORT OFFICE
172 Thompson Drive
Bridgeport, WV 26330
phone: 304-848-5035
fax: 304-848-5037

CALDWELL OFFICE
212 Cumberland Street
Caldwell, OH 43724
phone: 740-305-5007
fax: 740-305-5126

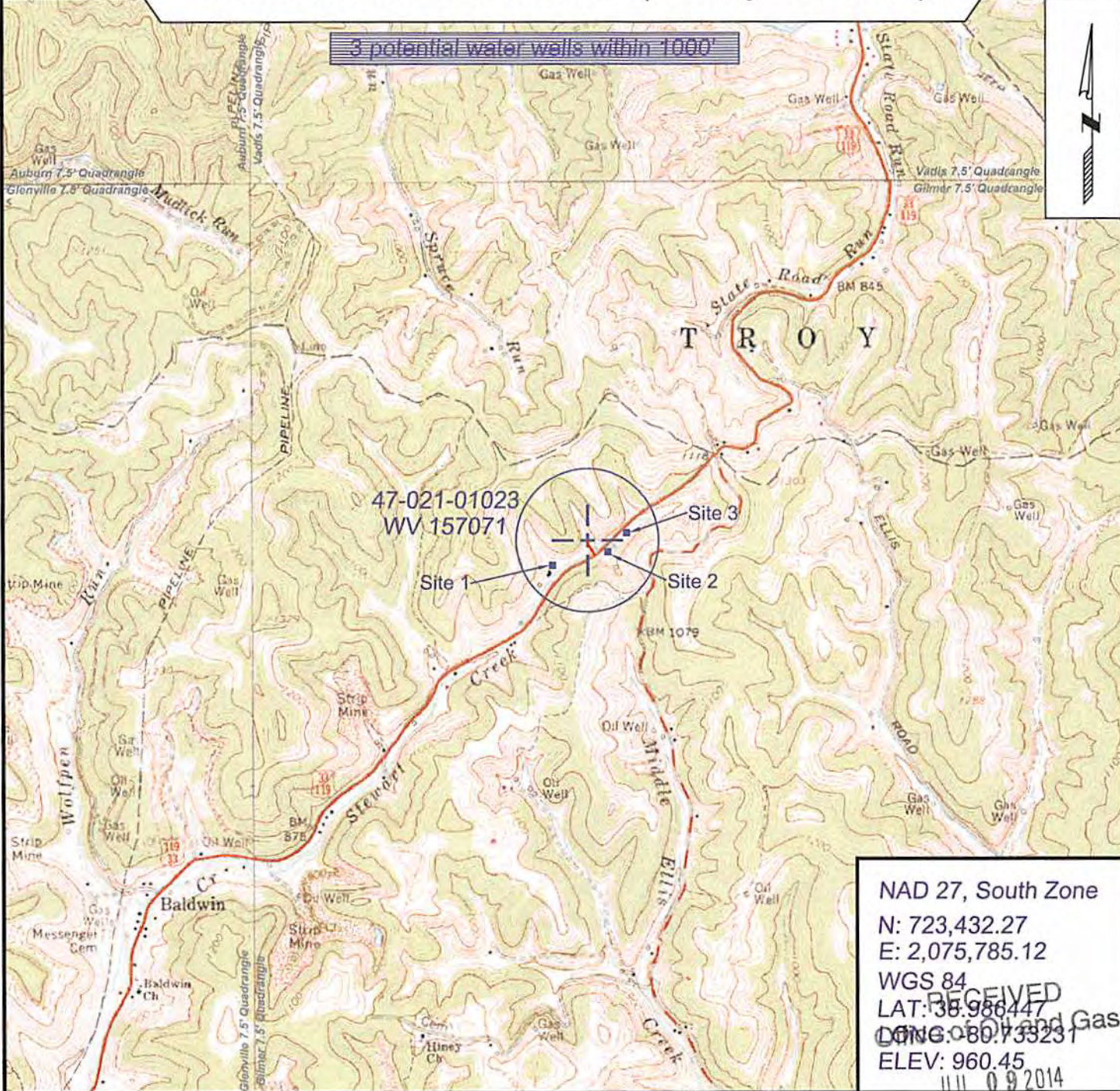
ALUM CREEK OFFICE
P.O. Box 108 - 1415 Childress Road
Alum Creek, WV 26005
phone: 304-756-2949
fax: 304-756-2948

WV Department of
Environmental Protection

Topo Quad: Gilmer 7.5' Scale: 1" = 2000'
 County: Gilmer Date: April 24, 2014
 District: Glenville Project No: 25-19-00-07

Water

47-021-01023 WV 157071 (Aubrey Jones #1)



SURVEYING AND MAPPING SERVICES PERFORMED BY:
ALLEGHENY SURVEYS, INC.
 1-800-482-8606
 237 Birch River Road
 Birch River, WV 26610
 PH: (304) 649-8606
 FAX: (304) 649-8608

PREPARED FOR:
EQT Production Company
 WV Department of Environmental Protection
 P.O. Box 280
 Bridgeport, WV 26330

07/18/2014