



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

April 22, 2014

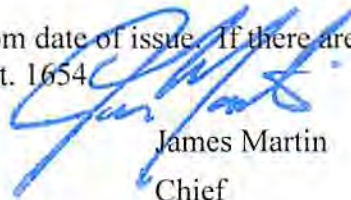
WELL WORK PLUGGING PERMIT

Plugging

This permit, API Well Number: 47-2105107, 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: WV 157171 (Keller Well # W 362 R
Farm Name: KELLAR, A. - HEIRS

API Well Number: 47-2105107

Permit Type: Plugging

Date Issued: 04/22/2014

Promoting a healthy environment.

04/25/2014

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.

Form WW-4 (B)
Permit Copy
(Rev 2/01)

Date: 3-17-14
Operator's Well
Well No. 157171 Keller Well # W 362 R
API Well No.: 47 021 - 05107

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

APPLICATION FOR A PERMIT TO PLUG AND ABANDON *Leading Creek B.O.H.*

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

5) Elevation: 1057' Watershed: Road Run of Tanner Creek of Little Kanawha River
Location: Troy County: Gilmer Quadrangle: Auburn 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 *Bryan D'Arcy* Date 4-9-14

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PLUGGING PROGNOSIS – Weston

Keller, A # W362R (157171)

GILMER, County, WV
 API # 47-021-05107
 Troy District

BY: Craig Duckworth
 DATE: 12/17/13

CURRENT STATUS:

8 5/8" csg @ 829' (c.t.s.)
 4 1/2" csg @ 1747'

TD @ 1799'

Elevation: 1062'

Fresh Water @ None Reported
1st Salt Sand @ 1192'
Gas shows @ 1781' Blue Monday
Oil Shows @ None Reported
Stimulation: Natural

Salt Water @ None reported
Coal @ None reported

1. Notify State Inspector, **Bryan Harris 304-553-6087**, 24 hrs. Prior to commencing operations.
2. TIH w/ tbg @ 1781'; Set 100' CIA Cement Plug @ 1781' to 1681' (gas show @ 1781' & 4 1/2" @ 1747')
3. TOOH w/ tbg, Free Point 4 1/2", cut 4 1/2" @ free point, TOOH w/ 4 1/2" csg
4. Set a 100' CIA Cement Plug 50' In/Out of cut. Perf all FW, Coal, Oil and Gas shows below 4 1/2" cut. Do not omit any plugs.
5. TIH w/ tbg @ 1681'; gel hole @ 1681' to 1192'.
6. TOOH w/ tbg @ 1192'; Set 180' CIA Cement Plug @ 1192' to 1012' (Salt Sand @ 1192' & Elevation @ 1062')
7. TOOH w/ tbg @ 1012'; gel hole @ 1012' to 879'
8. TOOH w/ tbg @ 879'; Set 100' CIA Cement Plug @ 879' to 779' (8 5/8" csg @ 829')
9. Set a 100' CIA Cement Plug 50' In/Out of cut. Perf all FW, Coal, Oil and Gas shows below 8 5/8" cut. Do not omit any plugs.
10. TOOH w/ tbg @ 779'; gel hole @ 779' to 200'
11. TOOH w/ tbg @ 200'; Set 200' CIA 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

Received

MAR 19 2014

Office of Oil and Gas
 WV Dept. of Environmental Protection

04/25/2014

State of West Virginia

DEPARTMENT OF ENERGY
Oil and Gas Division

Date December 15, 1992

Operator's Well No. Waco #362

Farm Keller "B" Natural

API No. 47 - 021 - 5107

WELL OPERATOR'S REPORT
OF
DRILLING, FRACTURING AND/OR STIMULATING, OR PHYSICAL CHANGE

WELL TYPE: Oil ___ / Gas X / Liquid Injection ___ / Waste Disposal ___
(If "Gas," Production ___ / Underground Storage ___ / Deep ___ / Shallow X /)

LOCATION: Elevation: 1062 Watershed _____ Road Run _____
District: Troy (4) County Gilmer Quadrangle Auburn 7.5' (224)

COMPANY Waco Oil and Gas Company, Inc. (51800)

ADDRESS 1297 N. Lewis St., Glenville, WV 26351

DESIGNATED AGENT Stephen E. Holloway

ADDRESS 1297 N. Lewis St., Glenville, WV 26351

SURFACE OWNER A. Keller Hrs.

ADDRESS Burbank, Ohio

GENERAL RIGHTS OWNER A. Keller Hrs.

ADDRESS Burbank, Ohio

OIL AND GAS INSPECTOR FOR THIS WORK Craig

Duckworth ADDRESS Gassaway, WV

PERMIT ISSUED _____

DRILLING COMMENCED 10/18/84

DRILLING COMPLETED 10/20/84

IF APPLICABLE: PLUGGING OF DRY HOLE ON CONTINUOUS PROGRESSION FROM DRILLING OR REWORKING. VERBAL PERMISSION OBTAINED ON _____

Casing & Tubing	Used in Drilling	Left in Well	Cement fill up Cu. ft.
Size 20-16 Cond.			
13-10"			
9 5/8			
8 5/8	829	829	C.T.S.
7			
5 1/2			
4 1/2		1747	None
3			
2			
Liners used			

Received

MAR 10 2014

GEOLOGICAL TARGET FORMATION Elk Depth 5200 feet

Depth of completed well 1799 feet Rotary X / Cable Tools

Water strata depth: Fresh None feet; Salt None feet

Coal seam depths: None Is coal being mined in the area? _____

OPEN FLOW DATA

Producing formation Blue Monday Pay zone depth 1781-1799 feet

Gas: Initial open flow NA Mcf/d Oil: Initial open flow NA Bbl/d

Final open flow 75 Mcf/d Final open flow show Bbl/d

Time of open flow between initial and final tests 4 hours

Static rock pressure 315 psig (surface measurement) after 48 hours shut in

(If applicable due to multiple completion--)

04/25/2014

WELL LOG

FORMATION	COLOR	HARD OR SOFT	TOP FEET	BOTTOM FEET	REMARKS Including indication of all fresh and salt water, coal, oil and gas
Sand, Shale			0	418	No Water Reported
Sand, Shale, Red Rock			418	910	
Sand, Shale			910	1771	
Little Lime			1771	1781	
Blue Monday			1781	1799	T. D.

Received

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental Protection

(Attach separate sheets as necessary)

Waco Oil and Gas Company, Inc.

Well Operator

By: Daniel R. Chapman, Geologist

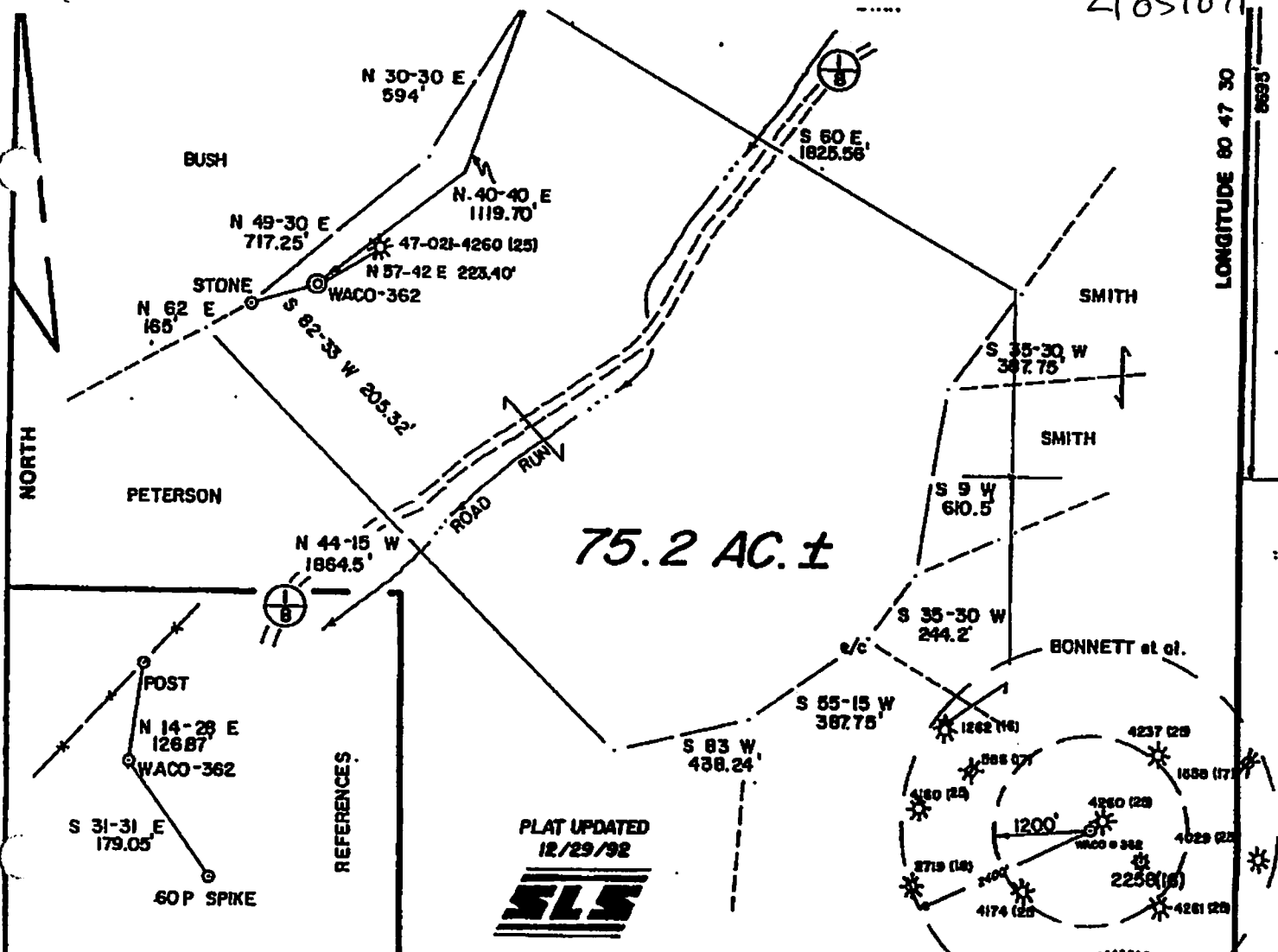


Date: December 15, 1992

04/25/2014

2105107A

LONGITUDE 80 47 30



75.2 AC. ±

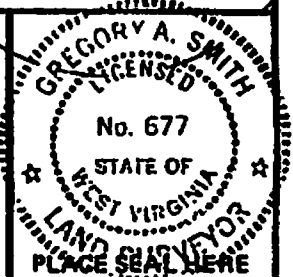
PLAT UPDATED
12/29/92



REFERENCES

FILE NO. 16-12
 DRAWING NO. _____
 SCALE 1" = 500'
 MINIMUM DEGREE OF ACCURACY 1 / 200
 PROVEN SOURCE OF ELEVATION TOP OF KNOB
1138'

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 MINES.
 (SIGNED) Gregory A. Smith
 R.P.E. _____ L.L.S. 677



(+) DENOTES LOCATION OF WELL ON UNITED STATES TOPOGRAPHIC MAPS
 FORM IV-6
 (8-78)



STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION

DATE SEPTEMBER 18, 19 84
 OPERATOR'S WELL NO. WACO-KELLER 'B'
 API WELL NO. NO. 362
47 - 021 - 5107
 STATE COUNTY PERMIT

Received

MAR 19 2014

WELL TYPE: OIL ___ GAS X LIQUID INJECTION ___ WASTE DISPOSAL ___
 (IF "GAS,") PRODUCTION X STORAGE ___ DEEP ___ SHALLOW X
 LOCATION: ELEVATION 1062' WATER SHED ___ ROAD RUN
 DISTRICT TROY COUNTY GILMER
 QUADRANGLE AUBURN 75'

Office of Oil and Gas
 WV Dept. of Environmental Protection

SURFACE OWNER A. KELLAR HRS. ACREAGE 75.2
 OIL & GAS ROYALTY OWNER A. KELLAR HRS. LEASE ACREAGE 75.2
 LEASE NO. _____

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) _____

04/25/2014

WW-4-A
Revised 6/07

- 1) Date: 3-17-14
- 2) Operator's Well Number
157171 Keller Well # W 362 R
- 3) API Well No.: 47 021 - 05107
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**

<p>4) Surface Owner(s) to be served:</p> <p>(a) Name <u>Michael R. & Gregory A. Keller</u> Address <u>6550 Ravine View Road</u> <u>Caledonia, MI 49316</u></p> <p>(b) Name _____ Address _____</p> <p>(c) Name _____ Address _____</p> <p>6) Inspector <u>Bryan Harris</u> Address <u>P.O. Box 157</u> <u>Volga, WV 26238</u> Telephone <u>304-553-6087</u></p>	<p>5) (a) Coal Operator: Name <u>None</u> Address _____</p> <p>(b) Coal Owner(s) with Declaration Name <u>Diane James</u> <u>123 Balch St. Apt. 2</u> Address <u>Akron, OH 44302-1537</u></p> <p>Name <u>Gregory A. Keller</u> Address <u>621 Madison Ave.</u> <u>Barbarton, OH 44203-1916</u> <u>(see attached)</u></p> <p>(c) Coal Lessee with Declaration Name <u>None</u> Address _____</p>
---	---

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:	<u>EQT Production Company</u>
By:	<u>Victoria J. Roark</u>
Its:	<u>Permitting Supervisor</u>
Address:	<u>PO Box 280</u> <u>Bridgeport, WV 26330</u>
Telephone:	<u>(304) 848-0076</u>

Subscribed and sworn before me this 17 day of MARCH, 2014

My Commission Expires: 6/27/2018

Notary Public

Received

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.

WW2-A

Additional Coal Owners

Georgian M Gibbons ✓
14557 Fosnight Rd.
Orrville, OH 44667-9065

David W. Gipp ✓
3574 Melrose Dr. Unit 57
Woorster, OH 44691-1857

Susan Yergin ✓
600 Highland Ave.
Lodi, OH 44254-1218

Michael R. Keller ✓
6550 Ravine View Rd.
Caledonia, MI 49316-8130

Michael G. Gipp ✓
4026 Rock Hollow Dr.
Loganville, GA 30052-6739

Eugene J. Reynolds ✓
5589 Camp Rd.
West Salem, OH 44287-9031

Received

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental

04/25/2014

2105107P

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Michael R. & Gregory A. Keller 6550 Ravine View Rd. Caledonia, MI 49316 157171 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7013 2630 0001 4239 4069</p>
PS Form 3811, July 2013	Domestic Return Receipt

PS Form 3811, July 2013

Sent To: Street, Apt. or PO Box City, State

Michael R. & Gregory A. Keller
6550 Ravine View Rd.
Caledonia, MI 49316
157171 plugging

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

Postmark Here

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U.S. Postal Service™

7013 2630 0001 4239 4069



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Michael R. & Gregory A. Keller
6550 Ravine View Rd.
Caledonia, MI 49316
157171 plugging

Received

MAR 10 2014

Office of Oil and Gas
WV Dept of F...



04/25/2014
2105107P
04113226892

2105107A

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Diane James 123 Balch St. Apt 2 Akron, OH 44302-1537 157171 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail[®] <input type="checkbox"/> Priority Mail Express[™]</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7013 2630 0001 4239 4076</p>
PS Form 3811, July 2013	Domestic Return Receipt

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7013 2630 0001 4239 4076

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

Sent to: **Diane James**
Street A: **123 Balch St. Apt 2**
City/State: **Akron, OH 44302-1537**
PS Form 3800, August 2009

Diane James
123 Balch St. Apt 2
Akron, OH 44302-1537
157171 plugging

Received

MAR 19 2014

US POSTAGE
03/17/2014

Office of Oil and Gas
WV Dept

04/25/2014
\$06.19
04110229662

2105107A

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Gregory A. Keller 621 Madison Ave. Barbarton, OH 44203-1916 157171 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 2630 0001 4239 4063</p>	
PS Form 3811, July 2013	Domestic Return Receipt

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7013 2630 0001 4239 4063
7013 2630 0001 4239 4063



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

Postmark Here

Sent To: Gregory A. Keller
621 Madison Ave.
Barbarton, OH 44203-1916

City, State or PO Box: Barbarton, OH 44203-1916
City, State or ZIP: 157171 plugging

PS Form 3811, July 2013 See Reverse for Instructions

Gregory A. Keller
621 Madison Ave.
Barbarton, OH 44203-1916
157171 plugging

Received

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental Protection

03/17/2014
US POSTAGE
\$0.51
041112028892

04/25/2014

2105107P

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to:</p> <p style="text-align: center;">Georgan M. Gibbons 14557 Fosnight Rd. Orrville, OH 44667-9065 157171 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, July 2013</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7013 2630 0001 4239 4090</p> <p style="text-align: center;">Domestic Return Receipt</p>

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

Sent 7013 2630 0001 4239 4090

Street or PO Box: 14557 Fosnight Rd.
City, State, ZIP+4: Orrville, OH 44667-9065
157171 plugging

PS Form 3800, August 2006 See Reverse for Instructions

Georgan M. Gibbons
14557 Fosnight Rd.
Orrville, OH 44667-9065
157171 plugging

Received

MAR 19 2014

USPS
03/17/2014
US POSTAGE
\$07.19
ZIP 2610
0411070692

04/25/2014

2105107P

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">David W. Gipp 3574 Melrose Dr. Unit 57 Wooster, OH 44691-1857 157171 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, July 2013</p>	<p>9014 4239 0001 2630 7013</p> <p>Domestic Return Receipt</p>

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7013 2630 0001 4239 4106
7013 2630 0001 4239 4106

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Postage	5
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: David W. Gipp
3574 Melrose Dr. Unit 57
Wooster, OH 44691-1857
157171 plugging
City, State, ZIP or PO Box No.

PS Form 3800, August 2006 See Reverse for Instructions

David W. Gipp
3574 Melrose Dr. Unit 57
Wooster, OH 44691-1857
157171 plugging

Received

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental Protection

repostable
03/17/2014
US POSTAGE

POSTNET US MAIL
\$0612
210 0330
0411 25892

04/25/2014

2105107P

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Susan Yergin ✓ 600 Highland Ave. Lodi, OH 44254-1218 157171 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail* <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from serv.)</p> <p style="text-align: center;">7013 2630 0001 4239 4113</p>	
PS Form 3811, July 2013	Domestic Return Receipt

CERTIFIED MAIL™



7013 2630 0001 4239 4113
7013 2630 0001 4239 4113

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

Sent to
Susan Yergin
600 Highland Ave.
Lodi, OH 44254-1218
City, State, or PO Box
157171 plugging

PS Form 3800, August 2008 See Reverse for Instructions

Susan Yergin
600 Highland Ave.
Lodi, OH 44254-1218
157171 plugging

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\$7.61

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WV Dept

2105107P

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

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Michael R. Keller 6550 Ravine View Rd. Caledonia, MI 49316-8130 15P171 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7013 2630 0001 4239 4120</p>	
PS Form 3811, July 2013 Domestic Return Receipt	

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<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Postmark Here</p>	<p>To: Michael R. Keller 6550 Ravine View Rd. Caledonia, MI 49316-8130</p> <p>City, State or P.O. Box, ZIP+4®</p> <p>15P171 plugging</p>
--	---

7013 2630 0001 4239 4120

7013 2630 0001 4239 4120

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Michael R. Keller
6550 Ravine View Rd.
Caledonia, MI 49316-8130
15P171 plugging

Received

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental Protection

03/17/2014
U.S. POSTAGE
\$6.61

04152200102

04/25/2014

2105107P

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Eugene J. Reynolds 5589 Camp Rd. West Salem, OH 44287-9031 157171 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, July 2013</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7013 2630 0001 4239 4144

Domestic Return Receipt

PS Form 3800, August 2006 See Reverse for Instructions

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total _____

7013 2630 0001 4239 4144

7013 2630 0001 4239 4144

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Send to
Street or PO Box
City, State, ZIP+4®
Eugene J. Reynolds
5589 Camp Rd.
West Salem, OH 44287-9031
157171 plugging



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Eugene J. Reynolds
5589 Camp Rd.
West Salem, OH 44287-9031
157171 plugging

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WV Dept. of Environmental Protection

Accepted
03/17/2014
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POSTAGE MAIL
\$0619
ZIP 26330
0411L 26892

04/25/2014

2105107A

WW-9
Revised 2/03

Page _____ of _____
2) Operator's Well Number
157171 Keller Well # W 362 R
3) API Well No.: 47 021 - 05107

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: Road Run of Tanner Creek of Little Kanawha River Quadrangle: Auburn 7.5'

Elevation: 1057' County: Gilmer District: Troy

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.? 30 ml

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.

Received

MAR 19 2014


Company Official Signature 

Company Official (Typed or Printed) Victoria Roark

Company Official Title Permitting Supervisor-WV

Office of Oil and Gas
WV Dept. of Environmental Protection

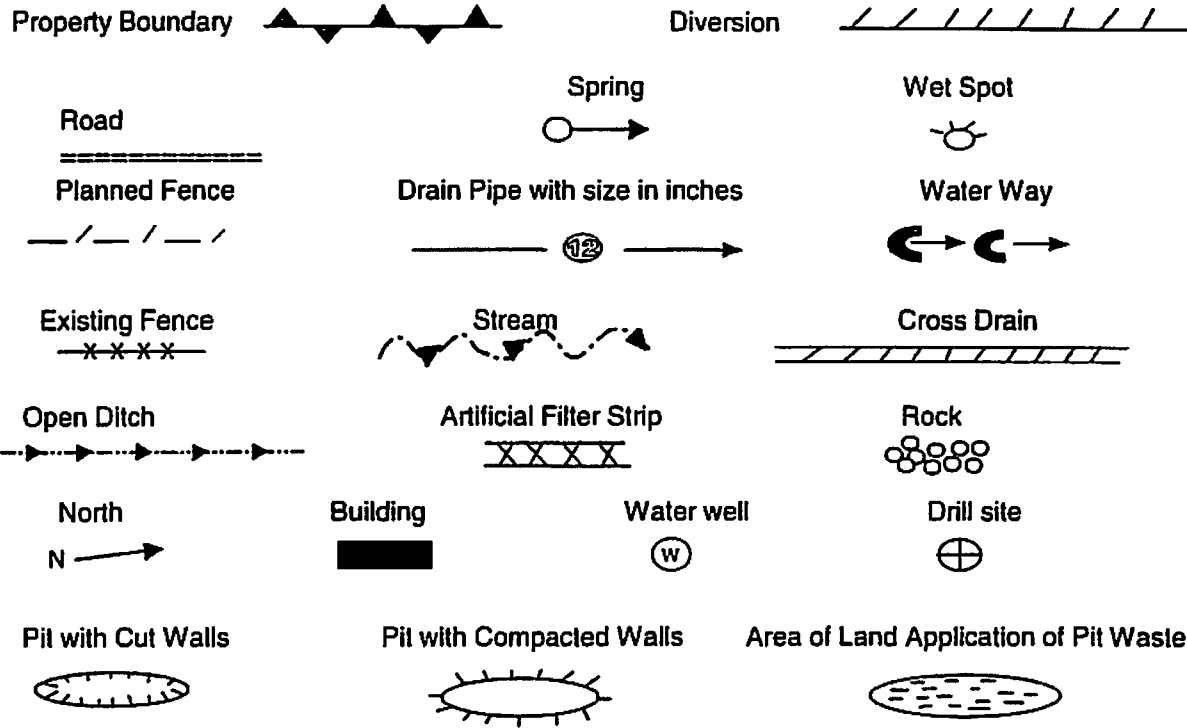
Subscribed and sworn before me this 17 day of MARCH, 2014

 Notary Public
My Commission Expires 6/27/2018

04/25/2014

OPERATOR'S WELL NO.:
157171 Keller Well # W 362 R

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: [Signature]

Comments: _____

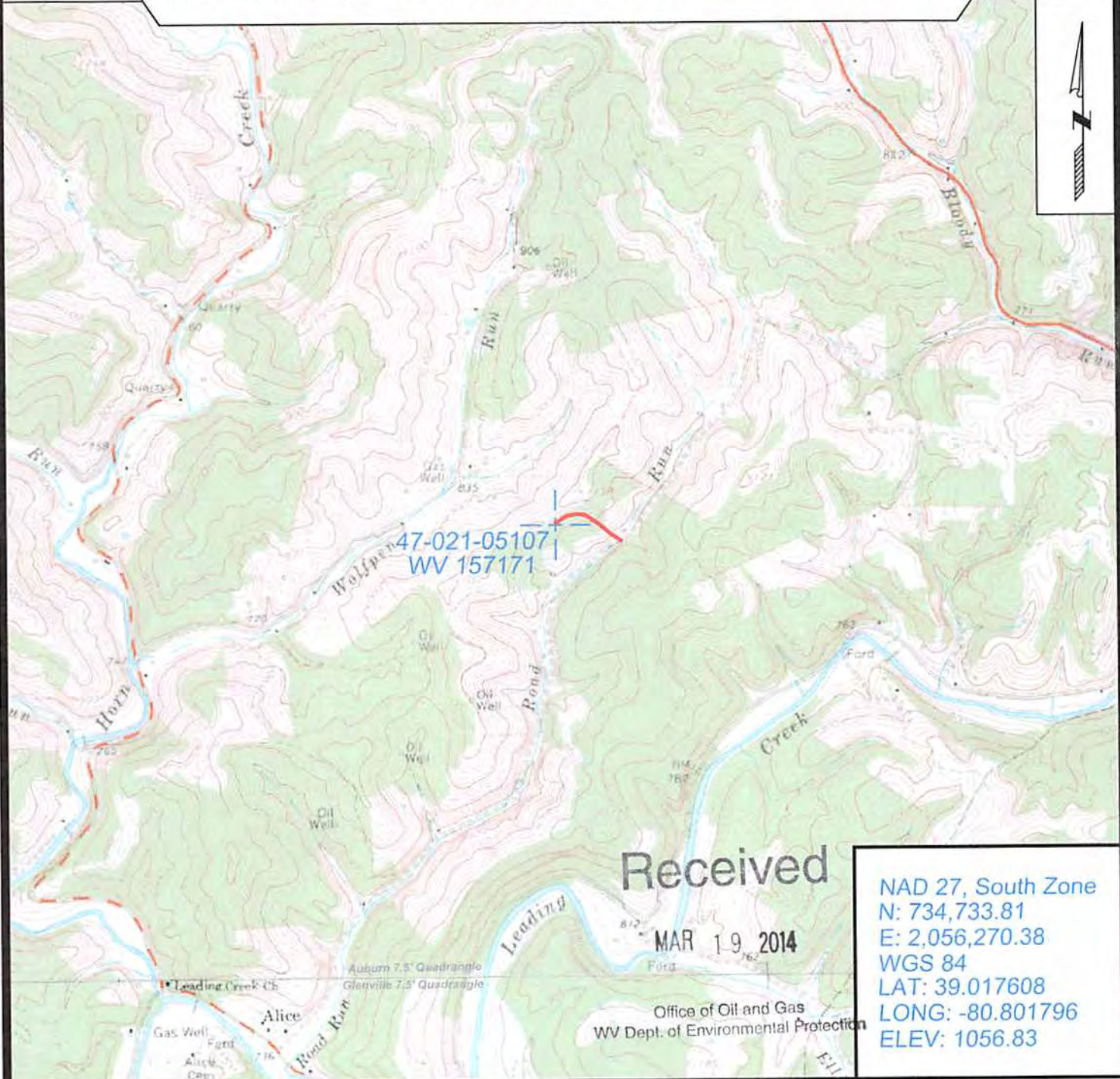
Title: Inspec. for Date: 4-9-14
 Field Reviewed? X Yes No

2105107P

Topo Quad: Auburn 7.5' Scale: 1" = 2000'
 County: Gilmer Date: February 26, 2014
 District: Troy Project No: 25-19-00-07

47-021-05107 WV 157171 (Keller Well # W 362 R)

Topo



Received
 MAR 19 2014
 Office of Oil and Gas
 WV Dept. of Environmental Protection

NAD 27, South Zone
 N: 734,733.81
 E: 2,056,270.38
 WGS 84
 LAT: 39.017608
 LONG: -80.801796
 ELEV: 1056.83



SURVEYING AND MAPPING SERVICES PERFORMED BY:
ALLEGHENY SURVEYS, INC.
 1-800-482-8606
 P.O. BOX 438
 BIRCH RIVER, WV 26610
 PH: (304) 649-8606
 FAX: (304) 649-8608

PREPARED FOR:
EQT Production Company
 P.O. Box 280
 Bridgeport, WV 26330

04/25/2014

WW-7
8-30-06



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

API: 47-021-05107 WELL NO.: WV 157171 (Keller Well # W 362 R)

FARM NAME: A. Keller Heirs

RESPONSIBLE PARTY NAME: EQT Production Company

COUNTY: Gilmer DISTRICT: Troy ⁴

QUADRANGLE: Auburn 7.5' ²²⁴

SURFACE OWNER: Michael R. Keller & Gregory A. Keller

ROYALTY OWNER: Michael R. Keller & Gregory A. Keller, et al.

UTM GPS NORTHING: 4318749

UTM GPS EASTING: 517159 GPS ELEVATION: 322 m (1057 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 X: Post Processed Differential X
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 *Stephan*
Date 3/4/14

Title PS# 2180

Received

MAR 19 2014



POTENTIAL WATER SAMPLE DATA SHEET

CLIENT: EQT PRODUCTION COMPANY
LEASE NAME AND WELL No. Keller Well # W 362 R - WV 157171 - API No. 47-021-05107

POTENTIAL SAMPLE LOCATIONS

There appears to be no known water samples within the required 1000' of the existing well WV 157171.

Received

MAR 19 2014

Office of Oil and Gas
Protection

BIRCH RIVER OFFICE
P.O. Box 438 • 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 • 1413 Childress Road
Alum Creek, WV 25003
phone: 304-756-2949
fax: 304-756-2948

2105107P

Topo Quad: Auburn 7.5'

Scale: 1" = 2000'

County: Gilmer

Date: February 26, 2014

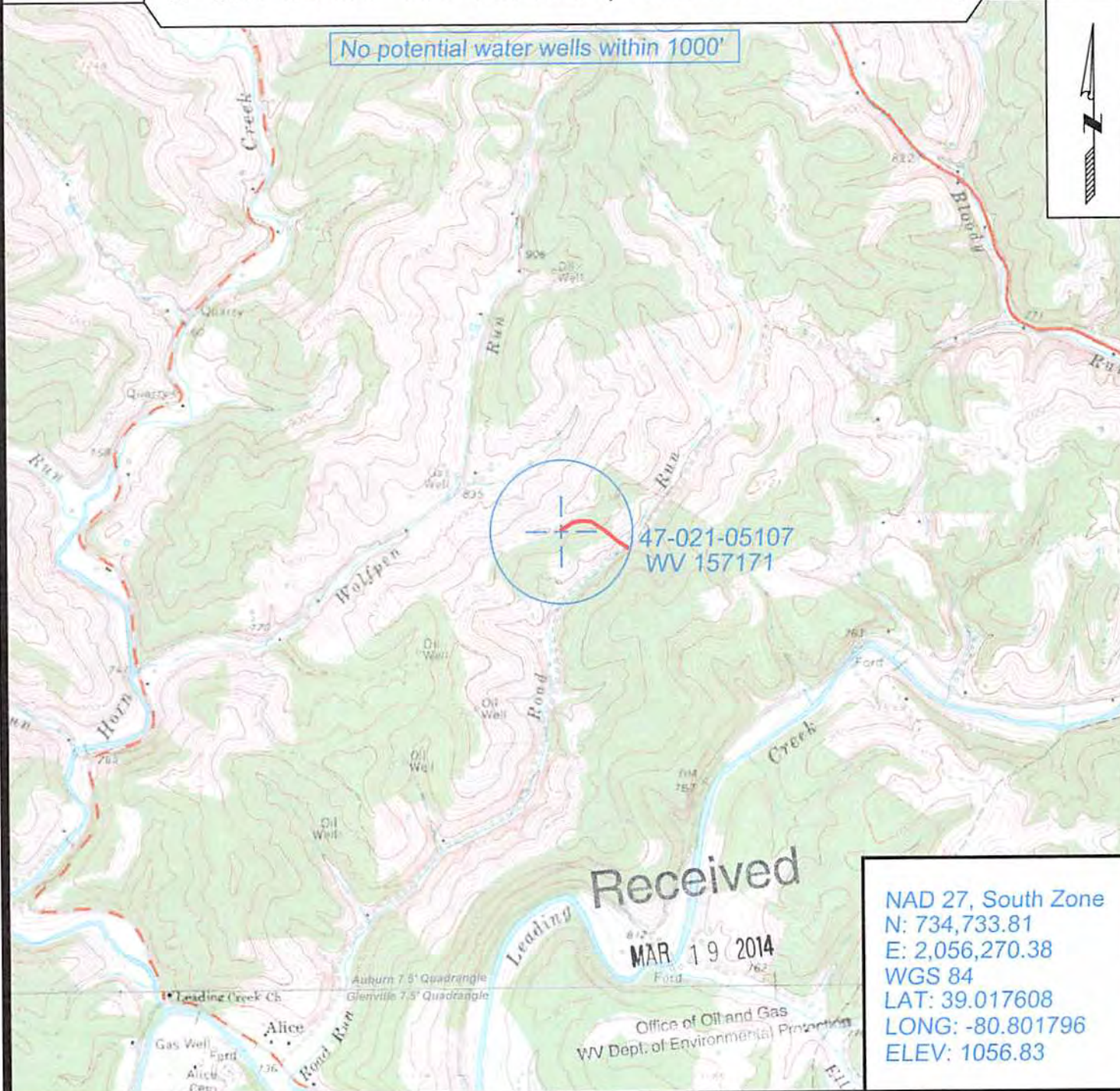
District: Troy

Project No: 25-19-00-07

Water

47-021-05107 WV 157171 (Keller Well # W 362 R)

No potential water wells within 1000'



NAD 27, South Zone
 N: 734,733.81
 E: 2,056,270.38
 WGS 84
 LAT: 39.017608
 LONG: -80.801796
 ELEV: 1056.83

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 PH: (304) 649-8606
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PREPARED FOR:
EQT Production Company
 P.O. Box 280
 Bridgeport, WV 26330

04/25/2014

Date: 3-17-14
Operator's Well
Well No. 157171 Keller Well # W 362 R
API Well No.: 47 021 - 05107

2105107P

CK 1213
10000

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

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: 1057' Watershed: Road Run of Tanner Creek of Little Kanawha River
Location: Troy County: Gilmer Quadrangle: Auburn 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

Received

MAR 19 2014