

red 0 1 1985



1)	Date: Jar	nuary	7 2	24,		, 1	9 85
2)	Operator's Well No.	1	27	4			
3)	API Well No.	47	-	033	-	3160	Action 1
-/		State		C	our	ity	Permit

# OIL & GAS DIV. DEPT. OF MINES

#### STATE OF WEST VIRGINIA DEPARTMENT OF MINES, OIL AND GAS DIVISION APPLICATION FOR A WELL WORK PERMIT

A WELLTY	DE. A O	.,		Y	,							
4) WELL IY	PE: A O	f "Gas",			X	_/ Underground	I storage	/ Door	/ Shallow X /)			
5) LOCATIO	N. Fle	vation:	1294	"1		Watershed:	Right Fork	of Kincheloe				
3) LOCATIO		strict:				County:	the first of the second	Quadranda	Big Isaac 7.5'			
6) WELL OP				ment	Compar			DAGENT Mr. Ga	ry Nicholas			
						x 15746	Address Crosswind Corporate Park					
Addres	30/ 0 <u>1 u</u>	Pittsb	urah.	PA I	5244	10110	Rt.2Box 698 Bridgeport, WV 26330					
8) OIL & GA				E TO SAVE TO SAVE	<u>UL III</u>	10.	9) DRILLING CONTRACTOR:					
				FIED			Name Sam Jack Drilling Company					
Name Mr. Stephen Casey Address Rt. 2, Box 232-D Jane Lew, WV 26378							Address P. O. Box 48					
							Buckhannon, WV 26201					
10) PROPOST				V					Χ /			
10) PROPOSE	ED WELL	WORK:		1.1000.0002					<u>^</u> /			
							orate new formatio					
11) GEOLOGI	ICAL TAR	CETEOR										
12) Estima				,	400	feet						
13) Appro	wimata trat	o dontha	1 145				t lt,	feet.				
14) Appro	vimate coal	l coom don	the. 584	714	966			ne area? Yes	/ No X /			
15) CASING A				, , , ,	, 500	IS CO	oar being mined in ti	ie area? Tes				
	II TOBI			0		FOOTAGE	INTERVALS	N COLUMN TO THE COLUMN	l			
CASING OR TUBING TYPE			IFICATION: Weight	1 1				CEMENT FILL-UP OR SACKS	PACKERS			
	Size	Grade	per ft.	New	Used	For drilling	Left in well	(Cubic feet)				
Conductor	11-3/4	4 H-40	42	X		12/1/A	175'40	To surface	By Rule 15.05			
Fresh water	11-57	111 10	1-	\ \ \		40	113 40	10 Surface				
Coal	0 5/0	V 10	22	v		1575	1575	To overfood	Sizes			
Intermediate	8-5/8			X		1575	1575	To surface	By Rule 15.05			
Production	4-1/2		10.5	X		5400	5400	200-400 sks	Depths set			
Tubing	1-1/2	CN-55	2.75	X			V2.750 F ( \$750 )		By Rule 15.01			
Liners									Perforations:			
		C107 (107.15	area nguro	19.2.1119.8	77850	Contract do	480 100 014		Top Bottom			
			1.00									
							797 349		II .			
				Market L	0	FFICE USE	ONLV		ME (1987) 1971			
						RILLING PI						
					ъ	KILLING PI	ERIVIII					
Permit number_		47-03	33-316	0				Fe	bruary 22, 19 85			
								Da	te di a company			
This permit cove	ering the we	ell operato	or and wel	l location	shown b	elow is evidence	of permission gran	ted to drill in accordar	nce with the pertinent legal re-			
quirements subje	the constru	onditions of	contained	herein an	d on the	reverse hereof.	Notification must be	given to the District O	oil and Gas Inspector, (Refer to			
			The second secon		The second section is the second	rk has commence		well operator of his con	itractor shall hotrry the proper			
The permitted w	ork is as de	scribed in	the Notic	e and Ar	nlication	plat and reclan	nation plan subject	to any modifications a	and conditions specified on the			
reverse hereof.					piication,	piat, and recian	iation pian, subject	to any modifications a	nd conditions specified on the			
Permit expires _	Feb	ruary	22, 1	987		unless we	ll work is commence	d prior to that date and	prosecuted with due diligence.			
Bond:	Agen		Plat:	Cosino		Zoo.						
	Agen		Plat:	Casing	,	Fee	1.		1			
28	my	) m	14/	11/1	60	73	MI	1 -	) //			
		1 11 11					1/100	garet )	Lasse			
							Adr	ministrator, Office of C	Oil and Gas			
NOTE: Keep o	one copy of	this perm	it posted a	at the dri	lling locat	ion.						
							//		File			

See the reverse side of the APPLICANT'S COPY for instructions to the well operator.

Reason:



.V	IG	21	10)	8	1	10
23	MI	V	OF	, 1	q	DE

#### OFFICE USE ONLY

PERMIT MODIFICATIONS AND CONDITIONS (IF ANY) TO THE PROPOSED WELL WORK

TOTAL STURY VALUE OF THE STURY V	OFFICE U	SE ONLY	1.7	1.2 108-10 12/1	
This part of Form IV-2(b) is to record	d the dates of certain occ	currences and a	any follow-u	p inspections.	
	Date			<u> </u>	Date(s)
Application received		Follow-up in	spection(s)		
Well work started		ALL HAG	"		
process					
Reclamation completed	u awienem ofen efficielt, is un e e well world's commonent plant				
OTHER INSPECTIONS					
Reason:	- Y Terran	6073	MU	HIM UN	28 7

#### INSTRUCTIONS TO APPLICANT

#### CONCERNING THE LINE ITEMS:

- 1) Date of Notice.
- 2) Your well name and number.
- 3) To be filled out by the Office of Oil & Gas.
- 4) & 5) Use separate sheet if necessary.
  - 4) Surface owner(s) of record to be served with Notice and Application. However, see also Code § 22-4-lb(b) if "more than three tenants in common or other co-owners of interest described in subsection (a) of this section hold interests in such lands".
  - 5(i) "Coal Operator" means any person, firm, partnership, partnership association or corporation that proposes to or does operate a coal mine.
- 5(ii, iii) See Code § 22-4-20.
  - 6) See Code § 22-4-11(c). However, in lieu of filing the lease(s) or other continuing contract(s), the Applicant may fill out the information in the space provided below.
  - 7) See Code § § 22-4-11(d, e).

#### CONCERNING THE REQUIRED COPIES FOR FILING AND SERVICE:

Filing. Code § 22-4-lk and Regulation 7.02 provide that the original and required copies of the Notice and Application must be filed with the Administrator, accompanied by (i) a plat in the form prescribed by Regulation 11, (ii) a bond in one of the forms prescribed by Regulation 12, or in lieu thereof the other security allowed by Code § 22-4-lk(d) and the reclamation required by Code § 22-4-l2b and Regulation 23, (iv) unless previously paid on the same well, the fees required by Code § 22-4-la(c) and 22-3-12a, and (v) if applicable, the consent required by Code § 22-4-8a from the owner of any water well on dwelling within 200 feet of the proposed well.

Service. In addition, service must be made on the surface owner(s) and the person(s) with an interest in the coal. See Code § § 22-4-lm, 22-4-2, 22-4-2a, and 22-4-2b.

# INFORMATION SUPPLIED UNDER CODE § 22-4-11 (d) IN LIEU OF FILLING LEASE (S) AND OTHER CONTINUING CONTRACT (S)

Under the oath required to make the verification on the obverse side of this Notice, I depose and say that I am the person who signed the Notice for the Applicant, and that—

- (1) the tract of land is the same tract described in the Application to which this Notice applies, partly or wholly depicted in the accompanying plat, and described in the Construction and Reclamation Plan;
- (2) the parties and recordation data (if recorded) for lease(s) or other continuing contract(s) by which the Applicant claims the right to extract, produce or market the oil or gas are as follows:

	Grantor, lessor, etc.	Grantee, lessee, etc.	Royalty	Book Page
4/6/71	Paul B. McKinley, etal	Consolidated Gas Supply Corporation	1/8	989 720
			1.40	1106 050

as of 1/1/84 to Consolidated Gas Transmission Corporation 1/8

1/8 1136 250

1) Date: January 24, 19 85

2) Operator's

1274

Well No. 3) API Well No. 47-033-3160 State County Per

#### STATE OF WEST VIRGINIA DEPARIMENT OF MINES, OFFICE OF OIL & GAS

## NOTICE OF APPLICATION FOR A WELL WORK PERMIT

4) SU	RFACE OWNER(S) OF RECORD TO BE SERVED	5(i) COAL OPERATOR
(i)	Name Bryan & Linna B. Utter	Address
	Address 110 Monroe St. Salem, WV 25426	5(ii) COAL OWNER(S) WITH DECLARATION ON RECORD
(ii)	Name	Name Eastern Assoicated Coal Co.
	Address	Address c/o D. R. Gallaghery, Tax Mgr Koppers Bldg., Pittsburgh, PA
(iii)	Name	NameOnita Hutton 15219
	Address	Address 215 28th St.
		Dunbar, WV 25604
		5(iii) COAL LESSEE WITH DECLARATION ON RECORD:
		NameAddress

TO THE PERSON(S) NAMED ABOVE: You should have received this Form and the following documents:

(1) The Application for a Well Work Permit on Form IV-2(B) (or Form IV-4 if the well is to be plugged, which sets out the parties involved in the drilling or other work, and describes the well and its location and, if applicable, the proposed casing and cementing program:

(2) The plat (surveyor's map) showing the well location on Form IV-6; and

(3) The Construction and Reclamation Plan on Form IV-9 )unless the well work is only to plug a well), which sets out the plan for erosion and sediment control and for reclamation for the site and access road.

THE REASON YOU RECEIVED THESE DOCUMENTS IS THAT YOU HAVE RIGHTS REGARDING THE APPLICATION WHICH ARE SUMMARIZED IN THE "INSTRUCTIONS" ON THE REVERSE SIDE OF THE COPY OF THE APPLICATION (FORM IV-2(B) OR FORM 4, DESIGNATED FOR YOU. HOWEVER, YOU ARE NOT REQUIRED TO TAKE ANY ACTION AT ALL

Take notice that under Chapter 22 of the West Virginia Code, the undersigned well operator proposes to file or has filed this Notice and Application and accompanying documents for a Well Work Permit with the Administrator of the Office of Oil and Gas, West Virginia Department of Mines, with respect to a well at the location described on attached Application and depicted on attached Form IV-6. Copies of this Notice, the Application, the plat, and the Construction and Reclamation Plan have been mailed by registered or certified mail or delivered by hand to the terson(s) named above (or by publication in certain circumstances) on or before the day of mailing or delivery to the Administrator.

#### 6) EXTRACTION RIGHTS

Check and provide one of the following:

☐ Included is the lease or leases or other continuing contract or contracts by which I hold the right to extract oil or gas.

☐ The requirement of Code 22-4-1-(c)(1) through (4). (See reverse side for specifics.)

7) ROYALTY PROVISIONS

Is the right to extract, produce or market the oil or gas based upon a lease or leases or other contract or contracts providing for flat well royalty or any similar provision for compensation to the owner of the oil or gas in place which is not inherently related to the volume of oil or gas so extracted, produced or marketed? Yes ( No)

If the answer above is No, nothing additional is needed. If the answer is Yes, you may use Affidavit Form IV-60.

See the reverse side for line item instructions, and for instructions concerning the required copies of the Notice and Application, plat, and Construction and Reclamation Plan.

The truth of the information on the Notice and Application is verified and sworn to and the Notice is signed on behalf of the Well Operator in my County and State by

Paul W. Garrett			
this 24 day of January	,	19 85	• .
My commission expires 5/25	_,	19 87	•

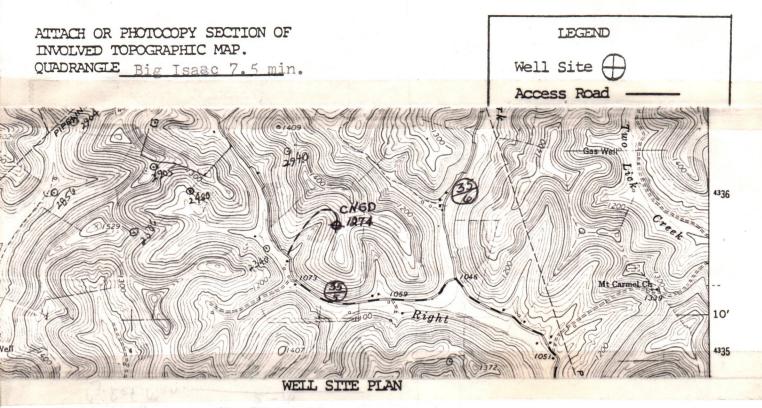
Notary Public, Allegheny County, State of Pennsylvania

Its Manager, Well P.O. Box 15746 15244

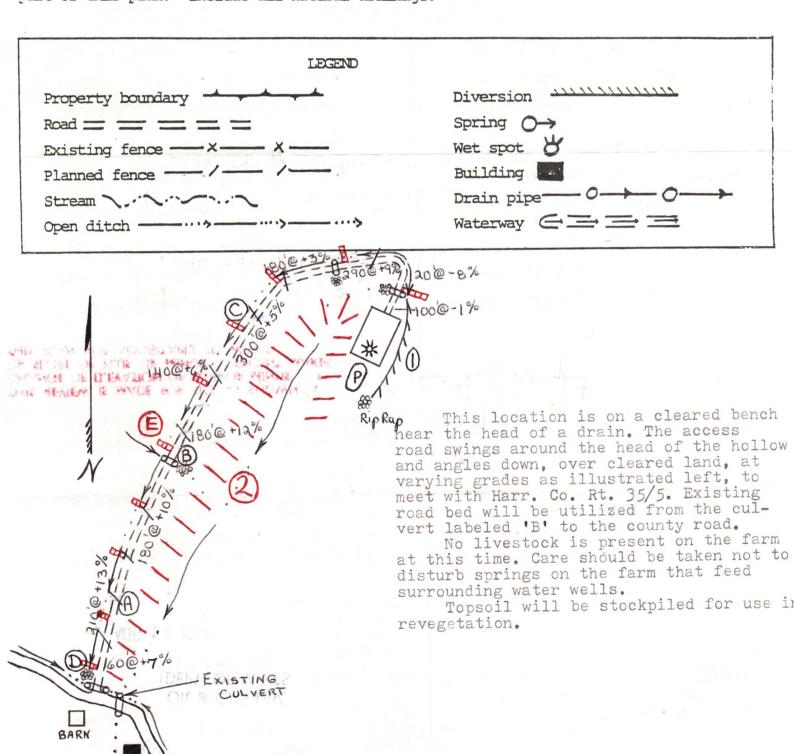
YVONNE T. GREEN, NOTARY PUBLIC PITTSBURGH, ALLEGHENY COUNTY, PA. MY COMMISSION EXPIRES MAY 25, 1987

WELL OPERATOR CNG Development Company Programs Pittsburgh, PA Telephone (412) 787 4090

	PLICATION (To Be Completed By Company)	
1.	Company Name J & J Enterprises Hawking Co.	
	Mailing Address P.O. Box 48, Buckhannon, W.V. Telephone 472-9403	
	•	
2.	Name of stream that may be discharged to:	
3	Treatment and method of pit disposal most likely to be utilized (method i	not
€ •	necessarily restricted to this):	• .
	land application	
4.	Name of person supervising discharge: Charles T. Krushansky Telephone 291-5960 Date Approved	
5.	that participation the interim experimental general permit system. I under that participation in the program does not prohibit enforcement action for the terms of this general permit or some other applicable law on	regu
	· (Vitu) 1. Null time ()	W.E.
•	OIL & GAS DIVISION Signature	Date
	PRE TRAC. DISCHART	
	Type of disposal method selected handeve	
	Type of disposal method selected hand Fig.  Volume of waste 100,000 Discharge rate 1000/4 CF:  Time projected for discharge 2 24 75 DAY  Receiving Stream flow rate N/2 CF:	YS
	Volume of waste 100,000 Discharge rate 100014 CF: Time projected for discharge 2 04 75 DAY Receiving Stream flow rate N/2 CF:	rs
2.	Volume of waste 100,000 Discharge rate 100014 CF: Time projected for discharge 2 0475 Maceiving Stream flow rate V/2  Objection No Objection  Final Company contact: (48 hours required notice)	YS
2.	Volume of waste 100,000 Discharge rate 100014 CF: Time projected for discharge 20115  Maceiving Stream flow rate No Objection No Objection  Final Company contact: (48 hours required notice)  Date: 5-30-85. Individual Vice Leo-	rs
2.	Volume of waste 100,000 Discharge rate 100014 CF: Time projected for discharge 2 0475 Maceiving Stream flow rate V/2  Objection No Objection  Final Company contact: (48 hours required notice)	rs
2.	Volume of waste 100,000 Discharge rate 100014 CF: Time projected for discharge 20115  Maceiving Stream flow rate No Objection No Objection  Final Company contact: (48 hours required notice)  Date: 5-30-85. Individual Vice Leo-	rs
2.	Volume of waste 180,000 Discharge rate 100073 CF: Time projected for discharge 2 0475  Receiving Stream flow rate N/2 CF: Objection No Objection  Final Company contact: (48 hours required notice)  Date 5-30-85 Individual Victor  Final discharge date 5-3(-85  Objection No Objection  PECTION (To Be Completed By DNR)	rs
Z. Insp	Volume of waste 100,000 Discharge rate 10007% CF:  Time projected for discharge 2 Days  Receiving Stream flow rate	rs
2. Insp	Volume of waste 180,000 Discharge rate 100073 CF: Time projected for discharge 2 0475  Receiving Stream flow rate N/2 CF: Objection No Objection  Final Company contact: (48 hours required notice)  Date 5-30-85 Individual Victor  Final discharge date 5-3(-85  Objection No Objection  PECTION (To Be Completed By DNR)	rs
2. Insp	Volume of waste 100,000 Discharge rate 10007% CF:  Time projected for discharge 2 Days  Receiving Stream flow rate	rs
Z. IMSP	Volume of waste 180,000 Discharge rate 1807 & CF: Time projected for discharge 2 027 & DATE Receiving Stream flow rate  Discharge rate 1807 & DATE  Discharge rate 1807 & DATE  No Objection  Final Company contact: (48 hours required notice)  Date 5-30-8 Individual Victor  Final discharge date 5-3(-85  Objection  PECTION (To Be Completed By DWR)  208 Practices - Acceptable Not Acceptable  Comments:	YS S
IMSP	Volume of waste 100,000 Discharge rate 100073 CF:  Time projected for discharge 20478 DAT  Receiving Stream flow rate	YS S
IMSP	Volume of waste 180,000 Discharge rate 1807 & CF: Time projected for discharge 2 027 & DATE Receiving Stream flow rate  Discharge rate 1807 & DATE  Discharge rate 1807 & DATE  No Objection  Final Company contact: (48 hours required notice)  Date 5-30-8 Individual Victor  Final discharge date 5-3(-85  Objection  PECTION (To Be Completed By DWR)  208 Practices - Acceptable Not Acceptable  Comments:	YS S
IMSP	Volume of waste 180 000 Discharge rate 70007% CF.  Time projected for discharge 2 77.75 DATE Company contact: (48 hours required notice)  Pinal Company contact: (48 hours required notice)  Date: 5-30.85 Individual Victor  Final discharge date 37-31.85  Objection No Objection  PECTION (To Be Completed By DWR)  208 Practices - Acceptable Not Acceptable  Comments:  Comments:	rtab
IMSP	Volume of waste 100.000 Discharge rate 10007% CF.  Time projected for discharge 2.04.5 DAT S.  Receiving Stream flow rate M. CF.  Objection No Objection  Final Company contact: (48 hours required notice)  Date 5-30-85. Individual W. C.	rs s
IMSP	Volume of waste 180 000 Discharge rate 70007% CF.  Time projected for discharge 2 77.75 DATE Company contact: (48 hours required notice)  Pinal Company contact: (48 hours required notice)  Date: 5-30.85 Individual Victor  Final discharge date 37-31.85  Objection No Objection  PECTION (To Be Completed By DWR)  208 Practices - Acceptable Not Acceptable  Comments:  Comments:	rs S
2. IMSP	Volume of waste 100,000 Discharge rate 70007% CF. Time projected for discharge 2 D778 DA. Receiving Stream flow rate	rs S
2. IMSP	Volume of waste 100.000 Discharge rate 10007% CF.  Time projected for discharge 2.04.5 DAT S.  Receiving Stream flow rate M. CF.  Objection No Objection  Final Company contact: (48 hours required notice)  Date 5-30-85. Individual W. C.	rs s



ketch to include well location, existing access road, roads to be constructed, wellsite, drilling pits and necessary structures numbered or lettered to correspond with the first part of this plan. Include all natural drainage.



TO MILE TO

JUNC. 35/6 (STUTLER)



9861 T J 9:

singuist tasst in state

API NO. 047 - 033 - 3160

4861 .21 JausuA

MEIT NO CNGD # 1527

### mieitig aud dem lie esnifft, du bramtraque

(Rev 8-81) OIL & GAS DIV.

EHONE NO. 304-623-1214	sandmino tol funessoon
Clarksburg, WV 26301	se espane standas hoptik
teents dist .N Sitt seeder	" organization recurser sapata (SETC);
STYN SEESVED BY LAND SURVEYING SERVICES	
	Inoculate with 3X recommended anount.
trefoil and clouers with the proper bacterium.	inotev an hour semmes 110 ethlusonI*
Alsike Clover 4 1bs/acre	Alaike Glover 4 lbs/ace
Bed Glover 12 lbs/acre	Red Clover 12 lbs/acre
Seed* Olaska Grassa 10 lbs/acre	Seed* Orchard Grass 10 lbs/acre
Mulch Hay or Straw 2 Tons/acre	Mulch Hay or Straw
Fertilizer 600 lbs/acre (10-20-20 or equivalent)	Fertilizer 600 lbs/acre (10-20-20 or equivalent)
Lime As determined by pH Tons/acre or A physical Acres of the contract of the	A de termined by HT Line As amile or source to pa distribution or correct to pa distribution or
II serA InemiserT	I serA Area I
NECETIATION	Pa, Ret. Man. 2-16
()	Structure Sediment Barrier )
lirt work begins.	out and removed from the site before a
regularly and repaired if necessary. All school and all brush and small timber to be	commercial timber is to be cut and sta
Page Ref. Manual 2-9	Page Ref. Manual
Material Stone or Timber	Spacing Accord. To 0 & G Man.
(C) Structure Rip-Rap (D)	Structure Drainage Ditch
Access Road	
Page Ref. Mamual 2-16	Page Ref. Manual 2-7 ripropped outlet
Material undisturbed native lastress	Specing Accord, to 0 & G Man.
(B) structure Filter Strip (2)	
Page Ref. Manual 2-12	Page Ref. Manual 2-11 Then correct
	Spacing To 13% grade (Every 68'
(I) Structure Diversion Ditch (I)	From 3% grade (Every 200
LOCATION	GACESS FOAD
Hand Blens (DS)	IIS PLAN NOT ACCEPTABLE TO WESCD.  IIS PLAN NOT ACCEPTABLE TO WESCD.
18 668	and additions become a part of this plan
San All corrections	This plan has been reviewed by Wes
Development Co. Gary Wicholas (Agent)	
Son cons, bismer west fork	LANDOWNER Bryan Utter
Telephone 304_623_833	Telephone 412-429-2390
Address Rt. 2, Box 698, Bridgeport	TYTEST VA 'USANGSIITA
2	COMPANY NAME CNG Development Compar
NAIG NOITAMAIDER ONA N	NOLIDOHISNOO
unioned spe mu	100 J 0 1004

EHONE NO. 304-623-1214

-		AN PORTOLEN TO THE SPOND	EMIL				
	S	SENDER: Complete items 1, 2, 3 and 4.					
and the	Form 3811, July 1983 447-845	Put your address in the "RETURN TO" space on the					
	3	reverse side. Failure to do this will prevent this card from					
	38	being returned to you. The return receipt fee will provide					
	=	you the name of the person delivered to and the date of					
	-	delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es)					
	₹	for service(s) requested.					
	19	a Doi					
	83	1. Show to whom, date and address of delivery.					
	44	2. Restricted Delivery.	X				
	17	- Houristed Belivery.	86				
	845	3. Article Addressed to:	4				
		Mr. & This Bryan atter	16				
		The Man I le Ut					
		110 9101000	1				
		Valen Lh & 30794	01				
		) Control of the cont	W				
			13				
		4. Type of Service: Article Number	X				
		Registered Insured					
		Certified COD VS-8061747					
		LI Express Mail					
	t	Almana	1				
		Always obtain signature of addressee or agent and DATE DELIVERED.	16				
	H						
5	31	5. Signature – Addressee					
		XI Jayan Elle					
d	2	6. Signature - Agent					
-	51	X					
DOMESTIC DE	2	7. Date of Delivery	1				
		1/20/85					
5	5	8. Addressee's Address (ONLY if requested and fee paid)					
2	4	c. Addressed's Address (OIVLI if requested and fee paid)					
	0 1						
-	2	SENDER: Complete items 1, 2, 3 and 4.	1				
0 701	DO E	Put your address in the "RETURN TO" space on the					
o Follis	De Earn 3	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from					
o Form sol	00 E 201	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide					
o FOIII 3011, 4	DC E 2011	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are					
יווור לו וסכ ווויסים כ	OC E 2011	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es)					
o Form Sort, July 1	OC E 2011	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are					
13 FORTH 3611, JULY 1983	OC Ecr 2011 1-1- 1000	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	0				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1.   Show to whom, date and address of delivery.	22				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	ca				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.	Chr				
3 FOITH 3011, JUIY 1983 447-845		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.	case				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:	anxi				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:  **Lasturn Assicuated Cost Corp.**  **Lasturn Assicuated Cost Cost Corp.**  **Lasturn Assicuated Cost Cost Cost Cost Cost Cost Cost Cost	case				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:	ensie				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:  **Lasturn Assicuated Cost Corp.**  **Lasturn Assicuated Cost Cost Corp.**  **Lasturn Assicuated Cost Cost Cost Cost Cost Cost Cost Cost	carre				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:  **Lastern Assertated Cost Cost Cost Cost Cost Cost Cost Cost	carre 1				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:  **Lastern Assertated Cost Cost Cost Cost Cost Cost Cost Cost	care 12				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery. 2. Restricted Delivery.  3. Article Addressed to:    Show to Whom, date and address of delivery.	care 121				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery. 2. Restricted Delivery.  3. Article Addressed to:    Sastern Assertate Cost for fees and check box(es) for service(s) requested.  4. Type of Service:   Article Number   Registered   Insured   Registered   Insured   COD   CO	Ch & 12 1277				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested.    Article Addressed to:   Consult postmaster for fees and check box(es) for service(s) requested fees and check box(es) fees and che	CARIC 1274				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Castlery assurated of the provided part of the	CARIC 1274				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Show to Whom, date and address of delivery.	CAR 12 1274				
•		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Show to Whom, date and address of delivery.	CAR 12 1274				
\$ 447-845		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Show to Whom, date and address of delivery.	CAR 12 1374				
\$ 447-845		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Show to Whom, date and address of delivery.	Chare 1374 c				
\$ 447-845		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Show to Whom, date and address of delivery.	Chare 1374 c				
5 447-845 DOMESTIC		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Show to Whom, date and address of delivery.	Chare 1374 c				
5 447-845 DOMESTIC		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Show to Whom, date and address of delivery.	Chare 1374 c				
5 447-845 DOMESTIC		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Show to Whom, date and address of delivery.	Chare 1374 c				
5 447-845 DOMESTIC		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Sattrn assunated Cost of the Sattrn assunated Park Sattrn ass	Chare 1374 c				
5 447-845 DOMESTIC RETURN		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Show to Whom, date and address of delivery.	case 1374 c				
5 447-845 DOMESTIC		Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:    Sattrn assunated Cost of the Sattrn assunated Park Sattrn ass	case 1874 c				

PS Form 3811, July 1983 447-845	Put your address in the "HETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.  1. Show to whom, date and address of delivery.  2. Restricted Delivery.  3. Article Addressed to:		
	3. Article Addressed to:  Aus Unita Afultan  3.15 38 th St.  Alunian Qh V 3560 4  4. Type of Service:  Article Number  Régistered Insured Certified COD Express Mail	7874	
DOMESTIC RETURN RECEIP	Always obtain signature of addressee or agent and DATE DELIVERED.  5. Signature – Addressee X  6. Signature – Agent X  7. Date of Delivery  8. Addressee's Address (ONLY if requested and fee paid)	0	

OIL & GAS DIV. DEPT. OF MINES



SAME OF MINES

(

### DETAILS OF PERFORATED INTERVALS, FRACTURING OR STIMULATING, PHYSICAL CHANGE, ETC.

Superior Wireline Perforated Alexander - 5178 - 85, 10 holes, .39 Benson - 4834 - 41, 10 holes, .39 Balltown - 3661 - 3800, 12 holes, .

Halliburton 75Q Foam 1st Stage - Break 2400, Avg HHP (# pumps) 2, Avg Rate (BPM) 16, Avg psi 3600, 500 Gal 15% HCL, 30,000# 20/40 Sand, 392 BBL Fluid, 2620 ISIP, Total Nitrogen (SCF) 360,000.

2nd Stage - Break 3400, Avg HHP (# pumps) 2, Avg Rate (BPM) 16, Avg psi 3300, 500 gal 15% HCL, 60,000# 20/40 Sand, 688 BBL Fluid, ISIP 2350, Total Nitrogen (SCF) 615,000

3rd Stage - Break 2100, Avg HHP (# pumps) 2, Avg Rate (BPM) 20, Avg psi 2700, 500 gal 15% HCL, 50,000# 20/40 Sand, 665 BBl Total Fluid, ISIP 1310, Total Nitrogen 465,000 WELL LOG

FORMATION COLOR HARD OR SOFT	TOP FEET	BOTTOM FEET	REMARKS Including indication of all fresh and salt water, coal, oil and gas
Clay	0	3	1/2" stream water @ 20'
Sand, Shale & RR	3	202	525'
Coal	202	205	Hole Damp @ 1920'
Sand, Shale & RR	205	1920	1/4" stream water @ 2005'
Lime & Injun	1920	2120	-,
Sand & Shale	2120	5450	
			her through the section of the secti
LOG TOPS			
B. Lime/B. injun	1945	2110	
Berea	2302	2326	
Gord. St./Gordon	2503	2612	
4th	2618	2664	
5th/L. 5th	2814	2858	
U. Speechley/Speechley	3510	3558	
Balltown	3648	3809	
Bradford	4140	4316	
Riley	4480	4722	
Benson	4830	4844	
Alexander	5110	5247	
· · · · · · · · · · · · · · · · · · ·			
	ex-o		
		A contract of	
		7 702 -	
	1		

(Attach separate sheets as necessary)

CNG	DEVELOPMENT COMPANY	
We:	ll Operator / //	
	4 18/1/1/	
By:	Jan Mulotur	
Date:	June 17, 1985	

Note: Regulation 2.02(i) provides as follows:

"The term 'log' or 'well log' shall mean a systematic detailed geological record of all formations, including coal, encountered in the drilling of a well."



# State of Mest Airginia Pepartment of Mines Gil und Gas Bivision

Date	June 17,	1985	
Operator'	S		
Well No	CNGD WN	1274	
Farm McI	Kinley		
API No. 4	7 - 033		3160

WELL OPERATOR'S REPORT

OF

### DRILLING, FRACTURING AND/OR STIMULATING, OR PHYSICAL CHANGE

OCATION: Elevation: 1294' Watershed_	Right Fork	of Kinche	loe Creek	
District: Union County Harr	ison	Quadrangle	Big Isa	aac 7.5'
DDRESS Pittsburgh, PA 15244	Cooling	Used in	Toft	Cement
PESIGNATED AGENT Gary A. Nicholas	Casing	Drilling	Left	fill up Cu. ft.
DDRESS Rt. 2 Box 698 Bridgeport, WV 26330	Tubing	DITTITIG	TII WELL	Cu. It.
SURFACE OWNER Bryan Utter	Size 20-16			
ADDRESS 110 Monroe Street Salem, WV 26426	Cond.			
	11-3/4 13-XXX	167	167	To Surf
MINERAL RIGHTS OWNER Eugene Rex Currey	9 5/8			An 43 (C.)
ADDRESS	8 5/8	1608	1608	To Surf
OIL AND GAS INSPECTOR FOR THIS WORK	7			
phen Casey ADDRESS Jane Lew, WV 26378	5 1/2			
PERMIT ISSUED February 22, 1985	4 1/2	5385	5385	490 sks
DRILLING COMMENCED May 16, 1985	3	3303		
DRILLING COMPLETED May 24, 1985	2			
IF APPLICABLE: PLUGGING OF DRY HOLE ON CONTINUOUS PROGRESSION FROM DRILLING OR REWORKING. VERBAL PERMISSION OBTAINED ON	Liners used			
GEOLOGICAL TARGET FORMATION Alexander		Dep	th 5400	o fee
Depth of completed well 5450 feet	Rotary x	_/ Cabl	e Tools_	
Water strata depth: Fresh 20 feet;	Salt 288	g feet		
Coal seam depths: 202 - 205	Is coal	being min	ed in the	e area? No
OPEN FF CLI DAMA Alexander			5178	- 85
OPEN FLOW DATA  Benson	Des	don	4834	
Producing formation Balltown				- 3800 fee
Gas: Initial open flow Mcf/d				
Final open flow 855 Mcf/d				
Time of open flow between ini				
Static rock pressure 1200 psig(surfa	ce measure	ment) afte	r 24 ho	urs shut i
(If applicable due to multiple completio	n)			
Second producing formation	Pa	y zone dep	oth	fee
Gas: Initial open flowMcf/d	Oil: In	itial open	flow	Bb1/
Final open flow Mcf/d	Oil: Fi	nal open f	low	Bbl/
rifat open flowrit/u				

#### STATE OF WEST VIRGINIA

# DEPARTMENT OF MINES

OIL AND GAS WELLS DIVISION



OIL & GAS DIVISION

# INSPECTOR'S WELL REPORT DEPT. OF MINES

Permit No. 33~3/60			Oil or	Gas Well	
Company CN G Devel.	CASING AND TUBING	USED IN DRILLING	LEFT IN	PAC	CKERS
Address	Size				
Farm B. Utter	16			Kind of Pa	icker
Well No. 1274	13			1	
District Chioso County Harre	81/4			_ Size of	
Drilling commenced 5-16-85	65%			_ Depth set_	
Drilling completedTotal depth	5 3/16			D. C.	
Date shotDepth of shot	2				nı
Initial open flow/10ths Water inInch	Liners Used				
Open flow after tubing/10ths Merc. inInch				Perf. botto	m
VolumeCu. Ft.	CASING CEMEN	NTED 11 3/4		/ 120 No. FT_	
lock pressurelbshrs.	NAME OF SER		1 1	Wiben	ton
bbls., 1st 24 hrs.	COAL WAS EN	COUNTERED	AT	FEET	INCHES
Fresh water 20 feet feet					
Salt water feet feet				FEET	
Orillers' Names 5 W J 15					
Remarks:					

5-17-85

Steve Casey

#### STATE OF WEST VIRGINIA

#### DEPARTMENT OF MINES

OIL AND GAS WELLS DIVISION

### INSPECTOR'S PLUGGING REPORT

MPANY	2.2.0						
RM		DISTRIC	Γ	OUNTY	30		
ing Material Used					1/1/		
er Loc	ation	Amount	Packer	Location			
	ND DEPTH PLACED		BRIDGES	CASING AND TUBING			
CEMENT-THICKNESS	WOOD-SIZE	LEAD	CONSTRUCTION-LUCATION	RECOVERED	SIZE	LOS	
			15 66 1				
3							
			and the same and t				
	7.7						
		a management of the second of					
lers' Names						letini mili digula ili agriculta giranzi di successi d	
		,		the control of the co			
narks:					,		
	I herehu vartifu I wi	sited the ab-	ve well on this date.				
DATE	" weren's ceruity I Al	sited the abo	we well on this date.				

#### STATE OF WEST VIRGINIA

# DEPARTMENT OF MINES

OIL AND GAS WELLS DIVISION



# INSPECTOR'S WELL REPORTE & GAS DIVISION

Permit No. 33-3/60

DEPT. OF MINES

Oil or Gas Well\_

			(KIN	D)
Company CMG Devel.	CASING AND TUBING	USED IN DRILLING	LEFT IN WELL	PACKERS
Address	Size			
Farm alter	16			Kind of Packer
Well No. 1274	13			Size of
District County Havi	81/4			5.20
Drilling commenced	65%			Depth set
Drilling completedTotal depth	5 3/16			
Ziming completedTotal depth	3		***************************************	Perf. top
Date shotDepth of shot	2			Perf. bottom
Initial open flow/10ths Water inInch	Liners Used			Perf. top
Open flow after tubing/10ths Merc. inInch				Perf. bottom
VolumeCu. Ft.	CASING CEME	NTED 878	SIZE 16	08 385 5K3
Rock pressure lbs hrs.	NAME OF SER	,		elleberton
Oilbbls., 1st 24 hrs.	COAL WAS EN	COUNTERED	505 TA	FEET 36 INCHES
Fresh water 525 feet 628 feet	FEET	INCE	IES	FEETINCHES
Salt water 1975 feet 2005 feet	FEET.	INCH	IES	FEETINCHES
Drillers' Names 5 W J 15				
Remarks: dul. at 2440				

5-22-85

Stave Cased

#### DEPARTMENT OF MINES





# INSPECTOR'S PLUGGING REPORT

Permit No. NOISIVIO	DEPT. OF				II No			
COMPANY			ADDRESS					
PARM	DISTRICTCOUNTY							
Filling Material Used			\\ \\\\\	100				
Liner Lo	ocation	Amount	Packer	Location				
PLUGS USED	AND DEPTH PLACED		BRIDGES	CASIN	CASING AND TUBING			
CEMENT-THICKNESS	WOOD-SIZE	LEAD	CONSTRUCTION-LUCATION	RECOVERED	SIZE	Los		
			- Aniste					
						<del></del>		
and websites								
200								
illers' Names			<u> </u>					
					The same of the sa			
emarks:								
				1				
DATE								

DISTRICT WELL INSPECTOR



# State of West Virginia

### Department of Mines Gil and Gas Division Charleston 25305

FINAL INSPECTION REPORT
INSPECTORS COMPLIANCE REPORT

	INSPECTORS COMPLIANC	JE KEFUKI
COMPANY	CNG Devel	PERMIT NO 33-3/60 (2-22-85)
		FARM & WELL NO atter - 1274
		DIST. & COUNTY Union Harr
RULE	DESCRIPTION	YES NO
23.06	Notification Prior to Starting Work	
25.04	Prepared before Drilling to Prevent W	Vaste
25.03	High-Pressure Drilling	
16.01	Required Permits at Wellsite	
15.03	Adequate Fresh Water Casing	
15.02	Adequate Coal Casing	
15.01	Adequate Production Casing	
15.04	Adequate Cement Strenght	
15.05	Cement Type	
23.02	Maintained Access Roads	
25.01	Necessary Equipment to Prevent Waste	
23.04	Reclaimed Drilling Pits	
23.05	No Surface or Underground Pollution	
23.07	Requirements for Production & Gatheri	ng Pipelines
16.01	Well Records on Site	
16.02	Well Records Filed	
7.05	Identification Markings	
I HAVE	INSPECTED THE ABOVE CAPTIONED WELL AND	RECOMMEND THAT IT SE RELEASED:
		SIGNED Steve (Casa)
		DATE 9-24-85
with Ch	ll record was received and reclamation apter 22, Article 4, Section 2, the about the life of the well.	
		Administrator-Oil & Gas Division
		October 3, 1985
		DATE

Address.

Well No

Date shot

Volume\_

Fresh water\_

Salt water\_

Remarks:

Drilling commenced\_

#### STATE OF WEST VIRGINIA

#### DEPARTMENT OF MINES OIL AND GAS WELLS DIVISION



INSPECTOR'S WELL REPORT

OIL & GAS DIVISION DEPT. OF MINES

Permit No 33-3160

CNG Deve

Drilling completed\_\_\_\_\_Total depth\_

Depth of shot

Initial open flow\_\_\_\_\_/10ths Water in\_\_\_Inch

Open flow after tubing\_\_\_\_\_/10ths Merc. in\_\_\_\_Inch

\_lbs\_\_

feet

feet

Drillers' Names 540 J 15

\_\_\_\_Cu. Ft.

feet

feet

\_bbls., 1st 24 hrs.

Oil or Gas Well\_ KIND CASING AND USED IN LEFT IN PACKERS Size Kind of Packer\_\_\_ Size of\_\_\_\_ Depth set\_\_\_ 5 3/16 Perf. top\_ Perf. bottom\_ Liners Used Perf. top\_\_\_ Perf. bottom\_ CASING CEMENTED\_\_\_\_ \_SIZE\_\_\_\_No. FT.\_\_\_\_Date NAME OF SERVICE COMPANY COAL WAS ENCOUNTERED AT\_\_\_\_\_FEET\_\_\_INCHES FEET\_ INCHES FEET \_\_\_INCHES FEET\_ INCHES FEET\_ INCHES Called out on comp. by B. Coffindaffer of pit of Water resources had OK ed release - no spiel considerable soap suds in Stream

7:00 PM

Stale Casey

#### DEPARTMENT OF MINES

OIL AND GAS WELLS DIVISION

# INSPECTOR'S PLUGGING REPORT

Permit No.	and he			0.115	00			
COMPANY			ADDRESS	ADDRESS				
FARM		(						
Filling Material Used			·\	1 (f Dec	45			
Liner Loc	eation	Packer	Location					
and and state of the state of t		Amount		7				
The Marie Control	ND DEPTH PLACED	1.515	BRIDGES	1 - 1 - 1	G AND TU			
CEMENT-THICKNESS	WOOD-SIZE	LEAD	CONSTRUCTION-LOCATION	RECOVERED	SIZE	Los		
			13.74	5	assit!			
	, , , , , , , , , , , , , , , , , , , ,					-		
						Estate and the second		
Orillers' Names			n A communiques particular de contracte de la granda quanta de la completa en constituir de contracte de cont		the desired of the spinor and the second of			
Remarks:				-		•		

DISTRICT WELL INSPECTOR

