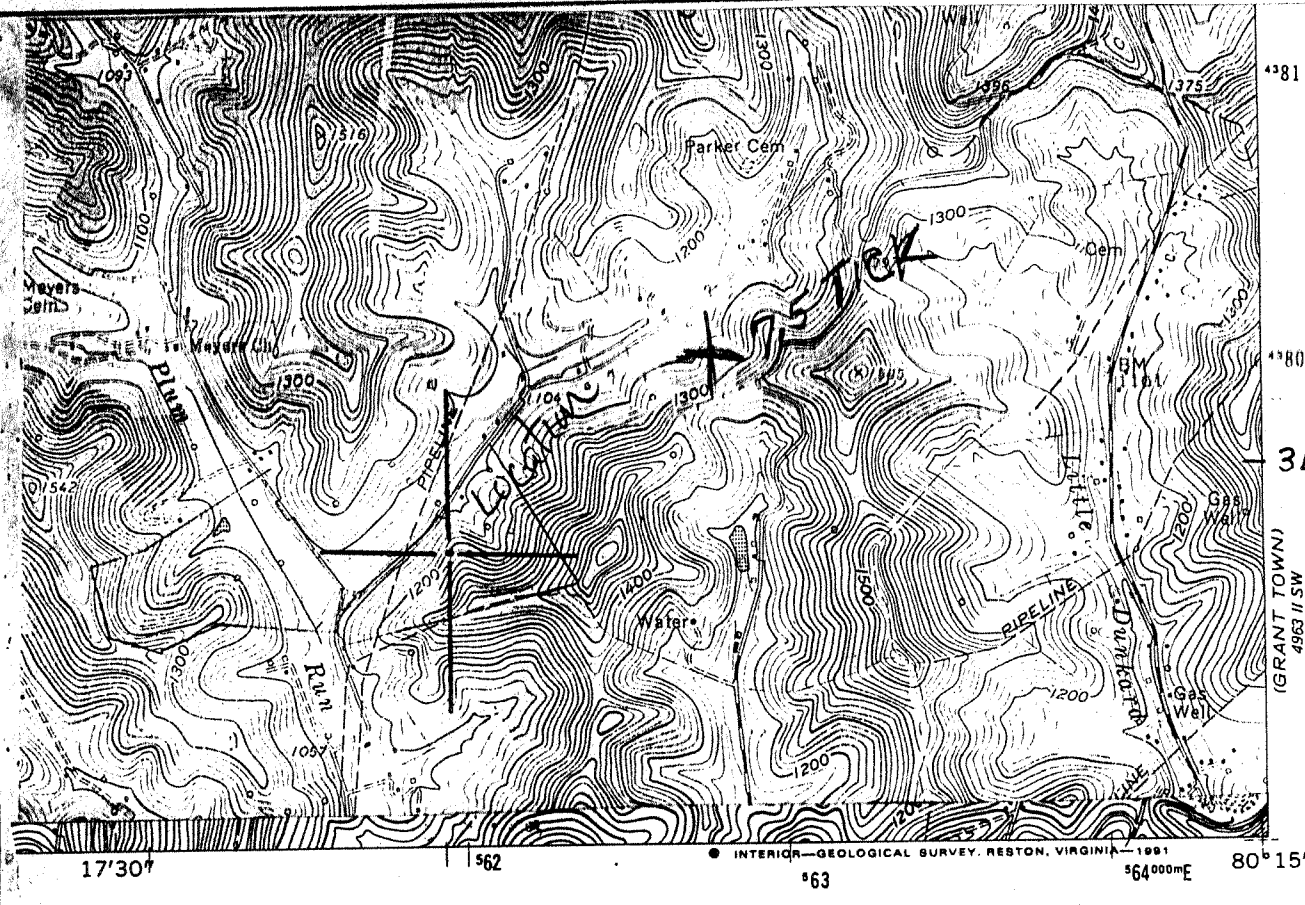


INSTRUCTIONS

1) Attach a photo copy of the location of the well on a 7.5 minute Quadrangle with the corresponding Longitude and Latitude.
 2) Designate the location of the well with the symbol(+).

LONGITUDE W 80° 16' 47"
 LATITUDE N 39° 33' 52"

80° 15' 00"
 1 6900



34' 00"

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

SIGNED Petr S. Winter
 TITLE DIRECTOR

19177

1.365
 1.60w = 7.5'
 1.863
 1.60w = 15'

DATE MAY 9th, 1994
 OPERATORS WELL NO. 1
 API WELL NO. 049-1030-N

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION

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

LOCATION: ELEVATION 1,205 Ft WATER SHED PLUM RUN
 DISTRICT LINCOLN COUNTY MARION
 QUADRANGLE MANNINGTON #15 457 SE

SURFACE OWNER NIMROD MORGAN ACREAGE _____
 OIL & GAS ROYALTY OWNER _____ LEASE ACREAGE _____
 LEASE NO. _____

PRODUCING FORMATION BIG INJUN TOTAL DEPTH _____

WELL OPERATOR COBHAM GAS INDUSTRIES INC DESIGNATED AGENT AL ANDERSON
 ADDRESS P.O. BOX 1293 ADDRESS 231 DAVIS STREET
BRIDGEPORT WV 26330 BRIDGEPORT WV 26330

JUN 8 1994

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

WELL REGISTER ASSIGNMENT

This API Number 47- 49-01030, issued to COBHAM GAS INDUSTRIES, INC. is evidence of permission to operate the well that is referenced at the location described on the attached plat, subject to the provisions of Chapters 22 and 22B of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder. The name and telephone number of the Oil and Gas Inspector for this well is RANDAL MICK
304-986-3324.

Spills or emergency discharges must be reported to 1-800-654-3312.

Failure to abide by all statutory and regulatory provisions governing all duties and operations hereunder may result in suspension or revocation of your permits and in addition may result in civil and/or criminal penalties.

The enclosed WR-35 must be completed by you and returned to this office. In addition annual production reports must be submitted on this well and failure to do so may require you to plug the well.

Theodore M. Streit
Chief

By: 

Title: _____

Operator's Well No: MORGAN #1

Farm Name: MORGAN, NIMROD

API Well Number : 47- 49-01030 N

Date Issued : 05/27/94