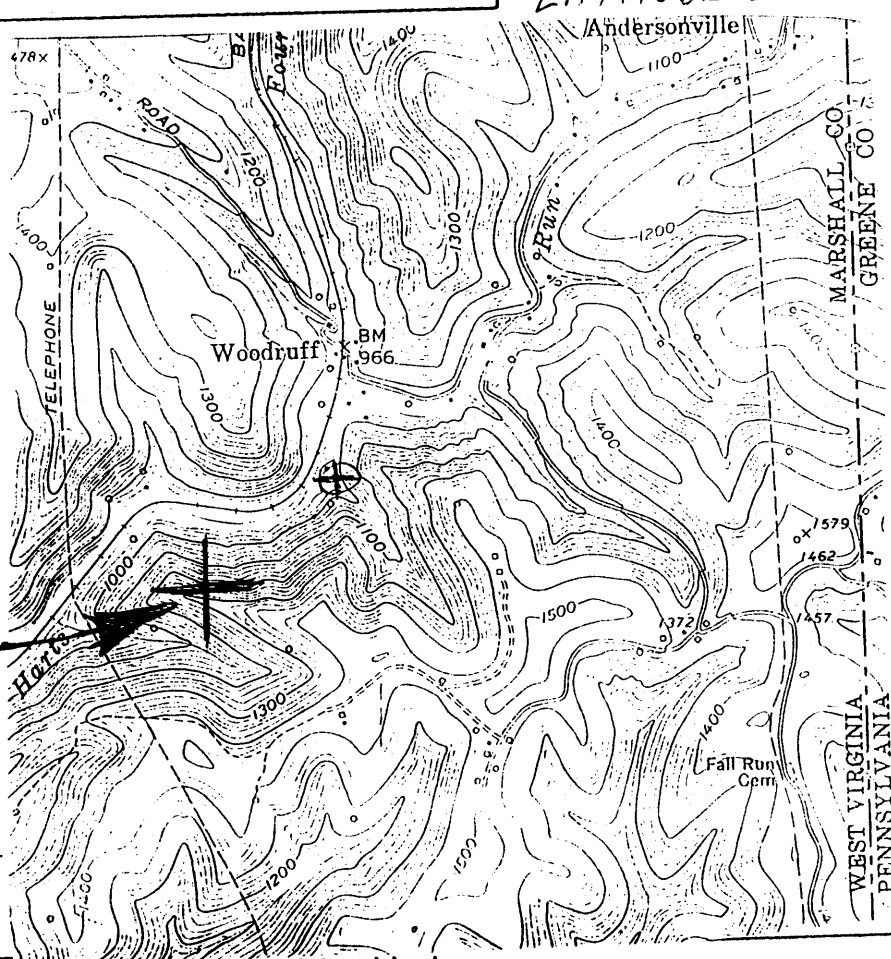


INSTRUCTIONS

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(+).

10880' 39°47'30"
 2.05 W
 1.625
 80°30'00" 8600'



LATITUDE 39°46'5 1/2"

LONGITUDE 80°32'19 1/2"

1.625
 2.05

7.5' Tick

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

Cameron SE
 4.51S
 2.05W

SIGNED De D. Col
 TITLE VICE-PRESIDENT
 DATE MARCH 15, 1993
 OPERATORS WELL NO. 2464
 API WELL NO. 051-0793-N

16973

Give #
 Close to
 WSH 113

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION

WELL TYPE: OIL GAS LIQUID INJECTION WASTE DISPOSAL
 (IE "GAS" PRODUCTION STORAGE DEEP SHALLOW
 LOCATION: ELEVATION 960 WATER SHED FISH CREEK
 DISTRICT LIBERTY COUNTY MARSHALL
 QUADRANGLE CAMERON
 SURFACE OWNER L. STEWART ACREAGE _____
 OIL & GAS ROYALTY OWNER _____ LEASE ACREAGE _____
 LEASE NO. _____
 PRODUCING FORMATION 4th SAND TOTAL DEPTH 2846
 WELL OPERATOR CHELSEA OIL & GAS CO. INC. DESIGNATED AGENT AL ANDERSON
 ADDRESS Box 1145 ADDRESS 901 WEST MAIN ST
BRIDGEPORT WV 26330 BRIDGEPORT WV 26330

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

WELL REGISTER ASSIGNMENT

This API Number 47- 51-00793, issued to CHELSEA OIL & GAS, 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: 2464

Farm Name: STEWART, L.

API Well Number : 47- 51-00793 N

Date Issued : 01/27/94