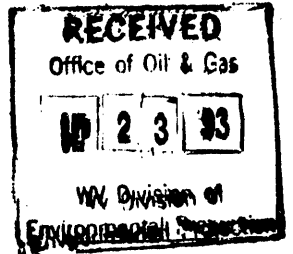
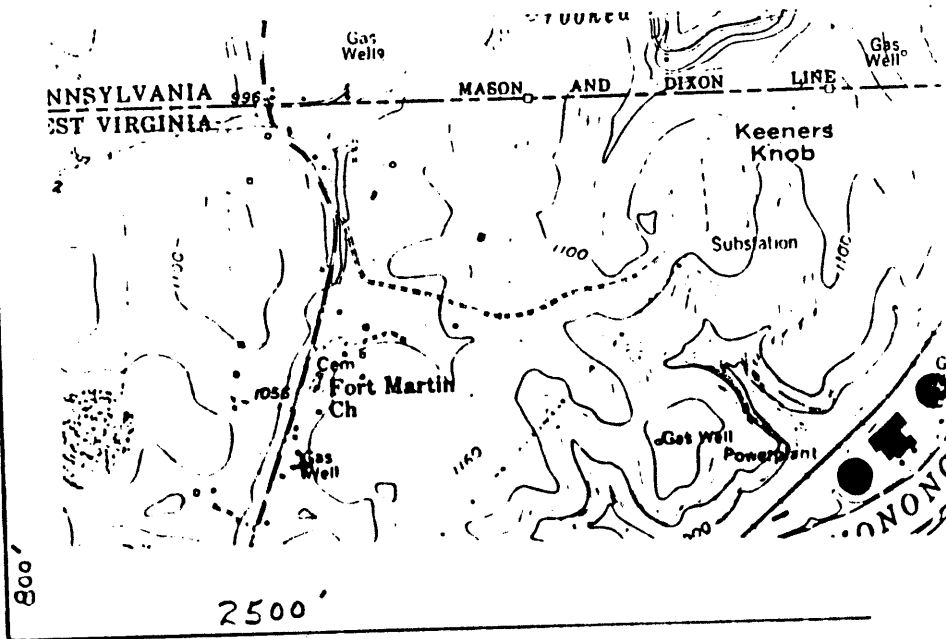


1) Attach a photo copy of the location of the well on a 7.5 minute Quadrangle with the corresponding longitude and latitude.  
 2) Designate the location of the well with the symbol (1).



18012

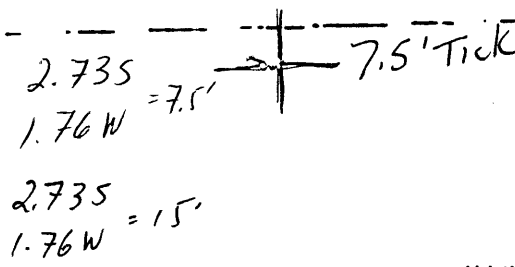


39° 42' 30"  
 79° 57' 30"

79° 55' 00"  
 14400

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

SIGNED



DATE March 2, 1993

OPERATORS WELL NO. \_\_\_\_\_

API WELL NO. 061-1138-N

STATE OF WEST VIRGINIA  
 DEPARTMENT OF ENERGY  
 OIL AND GAS DIVISION

WELL TYPE: OIL \_\_\_\_\_ GAS X LIQUID INJECTION \_\_\_\_\_ WASTE DISPOSAL \_\_\_\_\_  
 (IE "GAS" PRODUCTION \_\_\_\_\_ STORAGE \_\_\_\_\_ DEEP \_\_\_\_\_ SHALLOW X)

LOCATION: ELEVATION 1090 2 WATER SHED Crooked Run  
 DISTRICT Cass COUNTY Monongalia  
 QUADRANGLE Morgantown North 484  
Morgantown (NW) 15'

SURFACE OWNER G. Darley ACREAGE 50

OIL & GAS ROYALTY OWNER \_\_\_\_\_ LEASE ACREAGE 50  
 LEASE NO. \_\_\_\_\_

PRODUCING FORMATION INJUN TOTAL DEPTH 1429

WELL OPERATOR Noumenon Corporation DESIGNATED AGENT Stephen K. Shuman

ADDRESS P.O. Box 116 ADDRESS P.O. Box 116  
Core, WV 26529 Core, WV 26529

0624  
 34710

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

WELL REGISTER ASSIGNMENT

This API Number 47- 61-01138, issued to NOUMENON CORPORATION, a W.VA. 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: T.M. Streit

Title: \_\_\_\_\_

Operator's Well No: 1

Farm Name: DARLEY, G.

API Well Number : 47- 61-01138 N.

Date Issued : 12/07/93