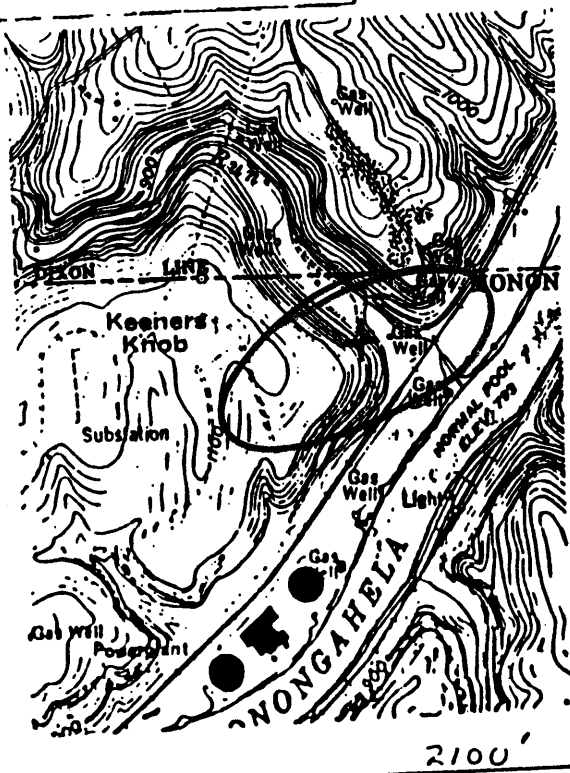


1) Attach a photocopy of location of the well on a 7.5 minute quadrangle with the corresponding longitude and latitude.  
 2) Designate the location of the well with the symbol (1).

2100' 39° 45' 00"



20811

2100' 39° 42' 30" 79° 55'

2.165  
0.40w

79° 55' 00"  
11,400'

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

SIGNED

7.5  
bc

DATE March 2, 1993  
 OPERATORS WELL NO. 65  
 API WELL NO. 47-061-1199-M

STATE OF WEST VIRGINIA  
 DEPARTMENT OF ENERGY  
 OIL AND GAS DIVISION

301627

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

LOCATION: ELEVATION 1000  WATER BIRED Crooked Run  
 DISTRICT Cass COUNTY Monongalia  
 QUADRANGLE Morgantown North

SURFACE OWNER Lavernie F. & M.B. Johnson ACREAGE \_\_\_\_\_

OIL & GAS ROYALTY OWNER Monongahela Power LEASE ACREAGE \_\_\_\_\_  
 LEASE NO. 226-1

PRODUCING FORMATION Squaw TOTAL DEPTH 1214

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

JUL 1 1995

34710

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

WELL REGISTER ASSIGNMENT

This API Number 47- 61-01199, 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 -  
304-759-0579.

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: *THM*

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

Operator's Well No: 65

Farm Name: JOHNSON, LAVERNIE & M.B.

API Well Number : 47- 61-01199 N

Date Issued : 07/12/95

30162?