

1)	Date:	January	30,	, 19 85
	The second			

2) Operator's Well No. 1091

3) API Well No. 47 - 091 - 0482

47 - 091 - 0482

State County Permit

STATE OF WEST VIRGINIA DEPARTMENT OF MINES, OIL AND GAS DIVISION

	011 0	AC DU		DEP	AKIME	INI OF MINES, C	JIL AND GAS DIV	ISIUN	
DI	OIL & C	AS DIV	ISION	A	PPLIC	ATION FOR A W	ELL WORK PERM	<u>IT</u>	
4) WELL TY	DE: A	OF N	INE	5	X				
4) WELLIT	PE: A U	f "C"	/ G	as	v	NSTIF SIXY	ордемор дь	ARTOTA DETICA	_/ ShallowX/)
5) LOCATIO	B (I	uation.	Productio				Corbin Bra		_/ ShallowX_/)
3) LOCATIO									Rosemont 7.5
6) WELLOP	EDATOD	CNG	Develo	nmer	t Co	mnany lour	7 DEGICALATI	Quadrangle: _ ED AGENTGary	Nicheles
Addres	c/o Pa	aul W.	Garre	ett.	P.O.	Box 15746			Corporate park
ridares			rgh, E						dgeport, WV 2633
8) OIL & GA		State Title All And State	SALE OF TAXABLE PARTY				9) DRILLING		tageport, wv 2033
	Donald							Sam Jack Dril	ling Co
	20			ole L	ane			P.O. Box	
	Fa	airmon	t, WV	265	54	Name of the last	radi coo		n, WV 26201
10) PROPOSE						ll deener	/ Pedrill	/ Stimulate}	7
							forate new formation		<u> </u>
						in well (specify)		"	
11) GEOLOGI	CAL TAR	GET FOR							
12) Estima							et		
13) Appro	ximate trata	depths:	Fresh.	10	, 170	246 feet: s	alt,	feet	
14) Appro	ximate coal	seam dep	ths: 5	,310	,600	700		he area? Yes	/ No X /
15) CASING A							and doing initial in the	icurca: Tes	
CASING OR	II .	SPEC	IFICATIONS	3		FOOTAG	E INTERVALS	CEMENT FILL-UP	PACKERS
TUBING TYPE	Size	Grade	Weight per ft.	New	Used	For drilling	Left in well	OR SACKS	PACKERS
Conductor	137.30	36	per re-	THE W	Oseu	Por urning	Left in well	(Cubic feet)	
Fresh water	13-3/8	H-4	48	X		492300	119700	m 0 c	Kinds
Coal	13 3/1	, 11 4	40	Λ		Rever	49300		By Rule 15.05
Intermediate	8-5/8	K-55	24	X		1900	1900		shoping Records
Production	4-1/2	J-55		X		3140	3140	To Surface 200-400 sks	By Rule 15.05
Tubing	1-1/2	CN-5	5 2.7	5 X				200 400 SKS	By Rule 15.01
Liners									Perforations:
									Top Bottom
			44-74-2-3	COMO	4	6 RESpect No. au	B Altog to 2016 U	a Labrupar rugs (r)	Top Bottom
							一种一种		• 4
						18.0	188 L. P. B. B.		
•									
				Store.	STATE.	OFFICE USE	ONLY		· Movinos consoligos
						DRILLING P	ERMIT		
		47-09	1-048	2				A	ril 11, 19 85
ermit number_		1, 0,	1 010.						
his permit cove	ring the wel	l operator	and well	locatio	n chow	n balow is suidense	of	Date	
uirements subje	ct to the con	iditions co	ontained h	nerein a	nd on th	ne reverse hereof.	Notification must be	ted to drill in accordance	ce with the pertinent legal re-
No. 8) Prior to	the construc	tion of ro	ads, locat	ions an	d pits fo	or any permitted w	ork In addition, the v	vell operator or his cont	il and Gas Inspector, (Refer to ractor shall notify the proper
he permitted wo	ork is as des	cribed in	the Notice	and A	pplication	on, plat, and reclar	nation plan, subject	to any modifications an	d conditions specified on the
everse hereof.	Apr	il 11,	1987						Pedamuuo complete
ermit expires _		,				unless we	ell work is commence	d prior to that date and p	prosecuted with due diligence.
						•			de la
Bond:	Agent:	P	lat:	Casin	STREET, DESCRIPTION	Fee			THE STATE OF THE S
28	514	V	2/1/	mi	1 6	985	100		
-	JW	1/1	TAI	11	,		V / lon	and ?	Abri.
						-	1 1000	wu J.	- Salvac

12/08/2023

NOTE: Keep one copy of this permit posted at the drilling location.

E.F. Indiagos Tolyst

0		TIC	TE	II	SE	0	V	IV
U	TILL	. 1		U		V	A	

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

DELTA DESCRIPTION OF STATE OF STATE OF STATE OF STATES O

OFFICE USE ONLY		1 4 7	ALCOHOL: NO			
OFFICE USE UNLI			200		ICE ONI V	OFFICE LIST
					USE ONLI	OFFICE USI

This part of Form IV-2(b) is to record the	ne dates of certain occurrences and	d any follow-up hispections.	
	Date		Date(s)
Application received	Follow-up	inspection(s)	
Well work started	TEMATE MATHRE	., 47-091-0482	
Completion of the drilling process	ed bel (* 12 sovidence of permission ergo ed	the similarity beninting authorities at	
Well Record received	and best numbers 1. June	Refriction of rough, forestoness and rought to pay the second of a rought of a	
Reclamation completed		" FROTE STEETER	
OTHER INSPECTIONS		Agency Plans Corne	Bone .
Reason:	586.	3 WHALL M	5 82
Reason:			





DATE July 9, 1984
WELL NO. CNGD #1091

State of Mest Mirginia Department of Mines Gil and Gas Division API NO. 047 - 091 -0482

WV

CONSTRUCTION AND RECLAMATION PLAN

COMPANY NAME CNG Development Company	ny DE	SIGNATED AGENT Gary A. Nicholas
Address Pittsburgh, Pa 15244	_	Crosswind Corporate Park Address Rt. 2, Box 698 Bridgepor
Telephone 412-429-2390		Telephone 304-623-8134 26330
LANDOWNER Stanley Talago	SE S	SOIL CONS. DISTRICT Tygart Valley
Revegetation to be carried out by	Gary A.	Nicholas (Agent)
This plan has been reviewed by Tys	gart Val	lley SCD. All corrections
and additions become a part of this plan		7-17-84
	Car	(Date)
	fur	(SO) Agent)
ACCESS ROAD		
		LOCATION
Structure Cross Drain From 7% grade (every 11)	(A)	Structure Diversion Ditch (1
Spacing 11% (every 76')		Material Earthen
Page Ref. Manual 2-1		Page Ref. Manual 2-12
Charles and the same of the sa		Structure AR
Structure Culvert As illustrated	(B)	
spacing According to 0 & G Manua	11	Material T AS 10
Page Ref. Manual 2-7		Page Ref. Manual
Straightune		2.9
As illustrated		Structure Drainage Ditch
Spacing according to 0 & G Manua	1	Material On Upper Road Cuts
Page Ref. Manual 2-3		Page Ref. Manual 2-12
All structures should be inspected a	22-7-7-7-	1
cut and removed from the site before a	urt work	begins.
REV	EGETATION	
	TALL TON	
imeAs determined by pH Tons/acre		Treatment Area II
or correct to pH 6.5		Lime As determined by pH Tons/acre or correct to pH 6.5
Pertilizer 600 lbs/acre]	Fertilizer 600 lbs/acre
(10-20-20 or equivalent) hulch Hay or Straw 2 Tons/acre		(10-20-20 or equivalent)
eed*Kentucky 31 Fescue 3 9bs/acre		Mulch Hay or Straw 2 Tons/acre
Birdsfoot Trefoil 10 lbs/acre	S	Seed* Kentucky 31 Fescue 1bs/acre
Domestic Rye 10 lbs/acre		Birdsfoot Trefoil 1bs/acre
		Domestic Rye 10 lbs/acre
*Inoculate all legumes such as vetch, to noculate with 3X recommended amount.	trefoil an	nd clovers with the proper bacterium.

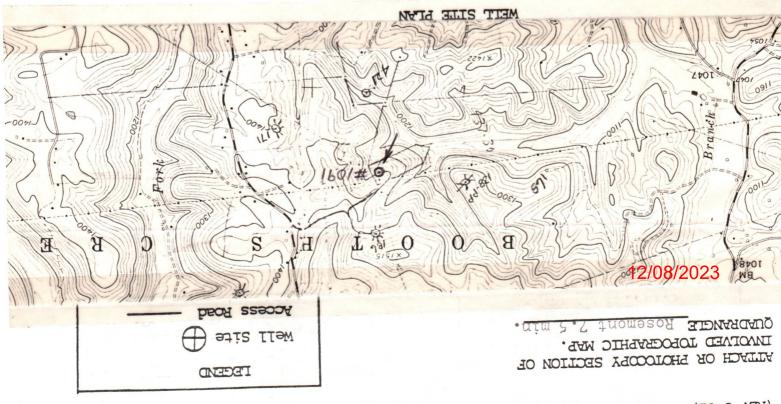
CCTES: Please request landowners' cooperation to protect new seedling for one growing season. Attach separate sheets as necessary for comments.

FLAN PREPARED BY LAND SURVEYING SEPONO8/2023

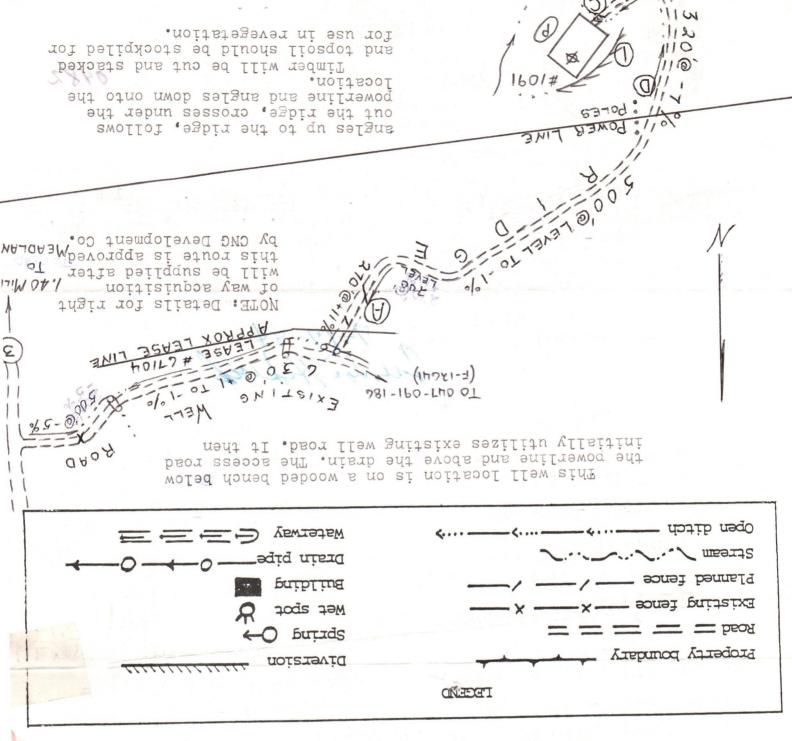
ADDRESS Route 2, Box 215E

Jane Lew. WV 26378

FHONE NO. 304-745-4426



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.



1) Date: January 15,

2) Operator's Well No.

1091

47-081-04

State County

3) API Well No.

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

NOTICE OF APPLICATION FOR A WELL WORK PERMIT

4) SU.	rface own	JER (S) OF RECORD TO BE SERVED	5(i)	
(i)	Name	Stanley Talago		Address
	Address	Box 164 B	5(ii)	COAL OWNER(S) WITH DECLARATION ON RECORD
(ii)	Name -	Flemington, WV 26347 Trustees of the Harmony Grove	, (,	COAL OWNER(S) WITH DECLARATION ON RECORD Name See Attached Sheet
	Address_	Baptist Church		Address
	_	Route 2		Name
(111)	Name Address	Grafton, WV 26354		Address
	-		5 (iii)	COAL LESSEE WITH DECLARATION ON RECORD:
				Address
		TO THE PERSON(S) NAMED ABOVE: You should have		is Form and the following documents:

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

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 person(s) named above (or by publication in certain circumstances) on or before the day of mailing or delivery to the Administrator.

6) ECTRACTION 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 them instructions, and for instructions concerning the required copies of the Notice and Application, plat, and Construction and

WELL

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

		1 W. Garrett			,
his_	day of	January 30,	,	19	85.
My	commissi	on expires _	12/19	19	88

Notary Public, Allegheny

State of Pennsylvania

CNG Development Company OPERATOR Its Manager, Well Programs P.O. Box 15746 Pittsburgh, PA 15244 Telephone (412) 787-4090

CARL G. MOUROVIC, NOTARY PUBLIC PITTSBURGH, ALLEGHENY COUNTY, PA - MY COMMISSION EXPIRES DECEMBER 19, 1988

M

[17

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-l2a, 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 ∞ al. 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 FILING LEASE(S) AND OTHER CONTINUING CONTRACT(S)

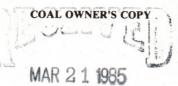
Under the cath required to make the verification on the obverse side of this Notice, I depose and say that I am the person who signed the Notice for the Applicant, and that—

- (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, lesson	, etc. Grantee,	lessee, etc.	Royalty	Book Page
Dorsey Cropp	Hope Na	tural Gas Co.	1/8	13 249
Mary Cropp	HILITA ON	1.0 Valley		

modification 6/14/1956

Stanley Talago etal





2)	Operator's	1001		
2)	Well NoAPI Well No.			
3)	API Well No.	State	Country	D'4

STATE OF WEST VIRGINIA OIL & GAS DIVISION DEPARTMENT OF MINES, OIL AND GAS DIVISION

	PE: A O	f "Gas", I	Productio	n	7	Underground s	torage	/ Deep	_/ Shallow/)
) LOCATIO	N: Ele	vation: _	731	2	1		Corbin Bran		
					reek		Taylor	, , ,	Resement 7.5
	The second secon	and the second of the second o			t Compan	The state of the s		DAGENT Gary	
Addres		ittsbu				<u>c 1</u> 5746	Address		Corporate park
					.3 1964				dgeport, WV 263
OIL & GA	Donald			FIED			9) DRILLING C		31 0-
Addres		604 Cm		To T	ane			P.O. Box	ling Co.
Addres		airmon						Buckhannor	
PROPOSE				2.8		4		The state of the s	
I KOI OSI	D WELL V	VOKK.					ate new formation	/ Stimulate?	
GFOI OG	ICAI TARO	SET FOR	MATION	niysicai	Speech	lev			
				1.4.4	555				
13) Appro	oximate trata	depths:	Fresh	10	, 170 ,600,780	feet: salt		feet	
14) Appro	ximate coal	seam dent	ths:	,310	,600,780	Is cos			/ No
CASING						13 COL	in being innied in th	carca: res	/ 140
SING OR	11	SPECI	IFICATION	S	Ħ	FOOTAGE IN	NTERVALS	CEMENT FILL-UP	PACKERS
JBING TYPE	Size	Grade	Weight per ft.	New	Used	For drilling	Left in well	OR SACKS	I ACKERS
ductor	Size	Grade	per it.	INCH	Oseu	roi drining	Dert in wen	(Cubic feet)	Vinde
water	13-3/	H-4	48	**		300	300	To Surface	By Rule 15.05
							3,46	O DELLEGE	Sizes
mediate	8-5/8	K-55	24	77		1,900	1900	To Surface	By Rule 15.05
luction	4-1/2	3-55	10.5	1		3140	3140	200-400 sks	Depths set
ng	1-1/2	CN-5	2.7	3					By Rule 15.01
rs						10			Perforations:
- Control of							~	i	Top Bottom
								1	
			ING	TPIIC	TIONS TO C	OAL OBERAT	OR, OWNER, OR	LESSER	
	The n	amed coal	operator	, coal o	wner(s), and	coal lessee are	ereby notified that	any objection they wis	h to make or
	of this Ap	o to make	by Code	944-4-3	must be thed	with the Depart	ment of Mines wit	hin fifteen (15) days aft	er the receipt
	01 11110 711	prication 6	, the be	PERMA	A .				
		The follow	ving waiv	er must	be completes	d by the coal op	erator and by any	coal owner or coal less	iee
						ode §22-4-20, if	the permit is to be	issued within fifteen (15)
		days of the	e filing of	t the A	optication.				
						WAIVER			
ha undaraisme									
	ed coal oper				owner	vers the area of t	/ lessee	of the c	oal under this well location h
mined this pr	ed coal oper	location.	If a mine	map ex	ists which co	vers the area of t	he well location, the	ne well location has bee	n added to the mine man Ti
mined this prersigned has	ed coal oper oposed well no objection	location. n to the w	If a mine ork prope	map ex	ists which co	vers the area of t is location, provi	he well location, the	ne well location has bee	n added to the mine man T
mined this preersigned has	ed coal oper oposed well no objection	location. n to the w	If a mine ork prope	map ex	ists which co	vers the area of t	he well location, the	ne well location has bee	oal under this well location h n added to the mine map. T all applicable requirements
The undersign mined this pr lersigned has West Virgini	ed coal oper oposed well no objection	location. n to the w	If a mine ork prope	map ex	ists which co	is location, provi	he well location, the ded, the well oper	ne well location has bee	n added to the mine map. T all applicable requirements

CNGD Well No. 1091 Dorsey Crop, et al Taylor County, WV

COAL OWNERS

INTEREST

Hillman Coal Co. Grant Building Pittsburgh, PA 15219

1/2 Kittaning Seams

Stanley Talago
Box 164 B
Flemington, WV 26347

1/2 Remainder of other than Kittaning seams.

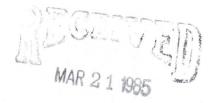
Trustees of the Harmony Grove Baptist Church Route 2 Grafton, WV 26354 1/2 all seams.



DEPT. OF MINES

10000		
3	CENDED: Complete it	7
ğ	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from	
8	being returned to you. The return receipt fee will provide	
E	you the name of the person delivered to and the date of delivery. For additional fees the following services are	
5	available. Consult postmaster for fees and check box(es)	
3	for service(s) requested.	
98	1. Show to whom, date and address of delivery.	1
3	and address of derivery.	1.
147	2. Restricted Delivery.	1
Form 3811, July 1983 447-845	3. Article Addressed to:	12
01	Atellman Coal Ca.	12
	Freeman Coac Ca.	>
	Grant Building	6
	Deteslingh Ha 15319	
	0 10	
	4. Type of Service: Article Number	/
	Begistered Insured	9
	□ Certified □ COD / 780 6/3 436	1
	☐ Express Mail	
	Always obtain signature of addressee or agent and	
	DATE DELIVERED.	
0	5. Signature – Addressee	
DOMESTIC RETURN RECEIF	X GRANTST	
NES	6. Signature - Agent //	
H	x (in lalleto 1 50 6	
R	7. Date of Delivery	
	71-8-	
UR	8. Addressee's Address (ONLY if requested and fee paid)	P
Z	o. Addressee's Address VIVI I frequested and job gally	1
350	3	
Ë		
PS	SENDED: Complete Home & C. Complete	7
PS Fo	SENDER: Complete items 1, 2, 3 and 4.	7
Form	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from	1
Form	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	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	
Form 3811,	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)	1
Form 3811,	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.	
Form 3811,	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)	
Form 3811,	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.	
Form 3811,	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.	
Form	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.	
Form 3811,	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.	
Form 3811,	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:	
Form 3811, July 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. 3. Article Addressed to:	
Form 3811, July 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. 3. Article Addressed to: And Shappy Auroscry Alaga Clo Josephy Auroscry Alaga Clo Josephy Auroscry Alaga Clo Josephy Auroscry Alaga Alaga Clo Josephy Auroscry Alaga Company Auroscry Clo Josephy Auroscry Alaga Company Auroscry Alaga Alaga Company Auroscry Alaga Alaga Alaga Alaga Alaga Alaga Alag	
Form 3811, July 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. 3. Article Addressed to: And Shappy Hundry Alaga And Jasephy Lundry And Jasephy L	
Form 3811, July 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. 3. Article Addressed to: And Stanley Yalagar Clo Yasiphy Mundery Alagar Clo Yasiphy Mundery Alagar Andrews of Service: Article Number	
Form 3811, July 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. 3. Article Addressed to: Clo Justiphia Turnstry All 3 9 A Bridgeput Ah 3 9 A Chargeput Ah 3 6 3 30 4. Type of Service: Article Number Registered Insured D 173 820 437	
Form 3811, July 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. 3. Article Addressed to: Starly Jalaga Clo Josephy Jalaga All J 9 A Dudgepart Dhy 36330 4. Type of Service: Article Number	
Form 3811, July 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. 3. Article Addressed to: And Shape Jaga A Shape Jaga A Article Privice: Article Number Registered Insured Plass 810 437 Certified COD	
Form 3811, July 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. 3. Article Addressed to: Starly Jalaga Clo Josephy Jalaga Always obtain signature of addressee or agent and	
Form 3811, July 1983 447-845 1601 NAWO	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: Article Addressed to: Article Addressed to: Article Addressed to: Article Number Registered Insured P/33 870 437 Always obtain signature of addressee or agent and DATE DELIVERED.	
Form 3811, July 1983 447-845 1601 NAWO	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: And Harry Halagh Co Justify Halagh Co Justify Halagh Co Justify Halagh Article Number Registered Insured Plots 870 437 Article Addressed Insured Plots 870 437 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature Addressee	
Form 3811, July 1983 447-845 1601 NAWO	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: Article Addressed to: Article Addressed to: Article Addressed to: Article Number Registered Insured P/33 870 437 Always obtain signature of addressee or agent and DATE DELIVERED.	
Form 3811, July 1983 447-845 1601 NAWO	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: And Harry Halagh Co Justify Halagh Co Justify Halagh Co Justify Halagh Article Number Registered Insured Plots 870 437 Article Addressed Insured Plots 870 437 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature Addressee	
Form 3811, July 1983 447-845 1601 NAWO	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: Clo Gusphy Jalagh Clo Gusphy Jalagh All 3 9 A Brugeput Dhy 36330 4. Type of Service: Registered Insured Plots 870 437 Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature Addressee X. Helew Feel	
Form 3811, July 1983 447-845 1601 NAWO	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: Starly Jalaga Clo Justified Jaga Clo Justified Jaga Article Number Begistered Insured Dio3 870 437 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee X. Hulley Jest 6. Signature — Agent	
Form 3811, July 1983 447-845 1601 NAWO	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: Starly Falaga Clo Gasphy Jalaga Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee X Hulew Fees 6. Signature — Agent X 7. Date of Delivery 3. Article to do this will prevent this card from being returned to and the date of delivery. 2. Signature — Agent X 7. Date of Delivery 3. Article Addressee on the fees and check box(es) for services are available. The fees and check box(es) for services are available. The fees and check box(es) for services are available. Addressee on agent and being returned and part of Delivery 3. Article Addressee 4. Type of Service: Article Number Addressee or agent and bate of Delivery 3. Article Addressee 4. Type of Delivery 3. Article Addressee 4. Type of Service: Article Number 4. Type of Service: Article Number 4. Type of Service: Article Number 5. Signature — Addressee 7. Date of Delivery 8. Signature — Agent	
Form 3811, July 1983 447-845 1601 NAWO	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: Starly Jalaga Clo Jasaphy Halaga Article Number Begistered Insured Con Plo3 870 437 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee X. Halaga 6. Signature — Agent X.	
Form 3811, July 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. 3. Article Addressed to: Starly Falaga Clo Gasphy Jalaga Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee X Hulew Fees 6. Signature — Agent X 7. Date of Delivery 3. Article to do this will prevent this card from being returned to and the date of delivery. 2. Signature — Agent X 7. Date of Delivery 3. Article Addressee on the fees and check box(es) for services are available. The fees and check box(es) for services are available. The fees and check box(es) for services are available. Addressee on agent and being returned and part of Delivery 3. Article Addressee 4. Type of Service: Article Number Addressee or agent and bate of Delivery 3. Article Addressee 4. Type of Delivery 3. Article Addressee 4. Type of Service: Article Number 4. Type of Service: Article Number 4. Type of Service: Article Number 5. Signature — Addressee 7. Date of Delivery 8. Signature — Agent	

PS Form 3811, July 1983 447-845	SENDER: Complete items 1, 2, 3 and 4, Put your address in the "PETURN 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.	0
845	3. Article Addressed to: Structure of the Harmony Grace Baptist Church Ot 3 Grafton, Shl 36354	nare
	4. Type of Service: Registered Insured Certified COD Express Mail Article Number	10
DON	Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature – Addressee X	9/
DOMESTIC RETURN RECEIPT	6. Signature Agent X 7. Date of Delivery FEB 4 1985 8. Addressee's Address (ONLY if requested and fee paid)	CPP



DEPT. OF MINIT

FERC

OCT 10 OC IV-35 (Rev 8-81)



Date_	September 18, 1985
Operat	or's
Well N	O. CNGD WN 1091
Farm_	Stanley Talago, et al
API No	0 47 - 091 - 0482

WELL OPERATOR'S REPORT

DRILLING, FRACTURING AND/OR STIMULATING, OR PHYSICAL CHANGE

WEIL TYPE: Oil / Gas X / Liquid Injecti (If "Gas," Production X / Undergr	on_/Wast	e Disposa e/ Deep	l/ p/ Sha	illow/)
LOCATION: Elevation: 1312 Watershed	Corbin B	ranch		
District: Booths Creek County T		Carlotte Control of the Control of t	e Rosemo	nt 7.5
COMPANY CNG Development Company		,		_
ADDRESS Pittsburgh, PA 15244	Casing	Used in	Left	Cement fill up
DESIGNATED AGENT Gary A. Nicholas	Tubing	Drilling	in Well	Cu. ft.
ADDRESS Rt. 2 Box 698 Bridgeport. WV 26330	Size			
SURFACE OWNER Stanley Talago, et al	20-16 Cond.			
ADDRESS Route 3 Bridgeport, WV 26330	13-10"	4,88	488	To Surf
MINERAL RIGHTS OWNER Stanley Talago, et al	9 5/8	1,00	400	TO Sull
ADDRESS Route 3 Bridgeport, WV 26330	8 5/8	2003	2002	
OIL AND GAS INSPECTOR FOR THIS WORK	7	2003	2003	To Surf
Donald Ellis ADDRESS 2604 Crab Apple Lane Fairmont. WV 26554	5 1/2			-
PERMIT ISSUED April 11, 1985		2007	2007	ļ
DRILLING COMMENCED Aug. 23, 1985	4 1/2	3087	3087	300 sks
DRILLING COMPLETED Sept. 4, 1985				
IF APPLICABLE: PLUGGING OF DRY HOLE ON CONTINUOUS PROGRESSION FROM DRILLING OR REWORKING. VERBAL PERMISSION OBTAINED ON	XX1-1/2 Liners used	2929	2929	
GEOLOGICAL TARGET FORMATION Speechley		Dept	h 3140	feet
Depth of completed well 3159 feet	Rotary X			The state of the s
Water strata depth: Fresh 188 feet;		feet	_	
Coal seam depths: 280 - 283 600 - 603		ceing mine	d in the	area? No
OPEN FLOW DATA 785 - 790 Speechley			2935 -	2040
Producing formation 4th Sand	Pay	zone dept	h ₂₁₅₉ -	2201 feet
Gas: Initial open flowMcf/d	Oil: Init	ial open	flow	Bbl/d
Final open flow 581 Mcf/d	Fina	al open fl	.cw	Bb1/d
Time of open flow between init	ial and fir	al tests_	4 ho	irs
Static rock pressure 720 psig(surface	e measureme	ent) after	24 hou	rs shut in
(If applicable due to multiple completion				
Second producing formation	Pay	zone dept	h 12/0	8/2023 _{eet}
Gas: Initial open flow Mcf/d				
Final open flowMcf/d				
Time of open flow between init				
Static rock pressurepsig(surface	measuremen	t) after	hou	s shut in
			· 医生产性	lerse sidel

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

Perfco ran Corrlog and Perforated Speechley 2935 - 2940, 10 holes, .39 HSC Halliburton Water Frac Speechley 20# Gel - Break 1150, Avg TPSI 2200, Ave Rate 25 BPM, HHP used 1348, ISI 900, 5 min 800, used 50,000# 20/40 Sand 2-1/2# Max. Sand Conc. & 500 gals 15% FE Acid

Perfco Perforated 4th Sand - 2159, 2163, 2165, 2179, 2180, 2196, 2197, 2199, 2201 9 holes, .39 HSC

Halliburton Water Frac 4th Sand 20# Gel - Break 1400, Avg TPSI 2900, Avg Rate 29 BPM, HHP used 2061, ISI 1600, 5 min 1300, Used 60,000# 20/40 Sand, 3# Max. Sand Conc. & 750 gals 15% FE Acid.

WELL LOG

FORMATION COLOR HARD OR SOFT	TOP FEET	BOTTOM FEET	REMARKS Including indication of all free and salt water, coal, oil and ga
KB - GL	0	10	W-1- D 0 001
Sand & Shale & RR	10	280	Hole Damp @ 80' 1" stream @ 160'
Coal	280	283	1/2" stream @ 650'
Sand & Shale	283	600	1/2 Stream @ 650
Coal	600	603	0-1 000 000
Sand & Shale	603	785	Coal 280 - 283 600 - 603
Coal	785	790	785 - 790
Sand & Shale & RR	790	1135	763 - 790
Lime	1135	1160	
Sand & Shale	1160	1165	
Big Lime & Injun	1165	1330	
Sand, Shale & RR	1330	3159	
		W 200 20	
			The second secon
		and the substitute of the	
		1	
			And the second s
		AND ALMOST TOP	
		100000000000000000000000000000000000000	
			and the same of
	1		Maria Maria Maria Maria Maria
	S . S		
			ALCOHOL THE CO.

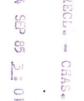
(Attach separate sheets as necessary)

CNG	DEVELOPMENT COMPANY	
Wel	1 Operator	
By:	Sen Whillen	4040000
-1.	Vivig 1	12/08/2023
Date:_	September 18, 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 wal, encountered in the drilling of a well."

DEPARTMENT OF MINES



INSPECTOR'S WELL REPORT

Permit No. <u>091-098</u> 2	Miller C. L.		Oil o	r Gas Well
Company C. N.S.	CASING AND TUBING	USED IN DRILLING	LEFT IN	PACKERS
Address Deidzegort WIV	Size		A Company of the Company	
Farm TALAGO	16			Kind of Packer
Well No. 18.9/	13			Open of the state
District Booth Ch County taylor	81/4			Size of
Orilling commenced 8-23-85	65%			Depth set
Orilling completedTotal depth	5 3/16			
Depth of shot	2			Perf. top
nitial open flow/10ths Water inInch	Liners Used			Perf. top
pen flow after tubing/10ths Merc. inInch			E _x F	Perf. bottom
cu. Ft.	CASING CEMEN	TED	_SIZE	No. FTDate
ock pressurelbshrs.				Date
bbls., 1st 24 hrs.	COAL WAS ENC	COUNTERED	AT280	FEET 283 ANCHES
esh waterfeetfeet	600 FEET	6 03 ANCHI	285	FEET 780 INCHES
lt waterfeetfeet				FEETINCHES
illers' Names & W. Jock #2/				
marks: Will 860ff West,				
Hat 1'6 16 off 1 @ 608 ft				
1 @ 608 ft				

8-26-85 BATE

DEPARTMENT OF MINES

OIL AND GAS WELLS DIVISION

INSPECTOR'S PLUGGING REPORT

Permit No				We	II No	
OMPANY			ADDRESS			order or periods
ARM		DISTRICT		COUNTY		16
illing Material Used	-				(200)	
iner Loc	eation	Amount	Packer	Location		
PLUGS USED A	ND DEPTH PLACED		BRIDGES	CASIN	G AND TU	BING
CEMENT-THICKNESS	WOOD-SIZE	LEAD	CONSTRUCTION-LOCATION	RECOVERED	SIZE	LOST
				Elm thous		a top to the
	and the second control of the second					
						www.garitate
	· · · · · · · · · · · · · · · · · · ·					
g e signi i see mannisele mi						
	agent over some West					
illers' Names						
				ne deserva AS of Section	to the second second	g i si sa a masiri
marks:						
T	hereby certify I v	isited the show	e well on this date.			
DATE	Conving 1 v	the anove	wen on this gate.			

DEPARTMENT OF MINES OIL AND GAS WELLS DIVISION

INSPECTOR'S WELL REPORT

y Cin. &		CASING AND TUBING	USED IN DRILLING	LEFT IN	PACKERS
Budgen	of wivi	Size			
Talogo	195g	16	to 3.1.A		Kind of Packer
1091	64.3	13			
Booth-Ck	- County Toylor	8156	C A.S. 8	1990	Size of
commenced 8,2		6%			Depth set
completed	Total denth	5 3/16			
t		3		Comment of the commen	Perf. top
		2			Perf. bottom
en flow	/10ths Water inInch	Liners Used			Perf. top
v after tubing	/10ths Merc. inInch	and the second			Perf. bottom
	Cu. Ft.	CASING CEMEN	TED 85	_SIZE/89	No. FT. 8-29-8
sure	hrs.				libertain
	bbls., 1st 24 hrs.				FEETINCHES
	leetfeet				
			INCHI	ES	FEETINCHES
	eetfeet	FEET_	INCHE	ESI	FEETINCHES
	Joch #21				
James Sn	Jock #2/ Cent 2% 84				

DEPARTMENT OF MINES

OIL AND GAS WELLS DIVISION

INSPECTOR'S PLUGGING REPORT

OMPANY ARM illing Material Used iner Local PLUGS USED ANI CEMENT-THICKNESS	don D DEPTH PLACED WOOD-SIZE	DISTRIC	ADDRESSC	COUNTY		
illing Material Usediner Local	D DEPTH PLACED					
iner Local	D DEPTH PLACED					
iner Local	D DEPTH PLACED	Amount	Packer	Location		
PLUGS USED ANI	D DEPTH PLACED	Amount	Packer	Location		
			I acres	Location		
		and the second of			and of the	and the same
CEMENI-INICANESS	MOOD-BIZE	I T	BRIDGES	CASIN	G AND T	UBING
		LEAD	CONSTRUCTION-LUCATION	RECOVERED	SIZE	LOST
	1887		in the same of a	1 2 3 6 7 3 7 1		and constraint
A Comment of the Comment						EASTERN ST
and the second second						J. 1743 (7), 3
	Annual Computer of protection of the Annual Computer of the Annual C			1 1 30 1 m 4 2	Mary or the second	
				g Carlotte	e particular a	_ water
				. 1.1. Aug. 10.		
	to the principle of the public beautiful to the public			1		
			A STATE OF THE STA		aget or write	A
		I Barrer 1 P. C.	Company and the Company		a contractor of	
2,14					110000	and the second of the second
		370				
llers' Names						
narks:	A STATE OF THE STA		Will be the second of the same of the second	and the second second second	ad Product 1999	6
			and the second of the second of the second of			

I hereby certify I visited the above well on this date.

INSPECTOR'S PERMIT SUMMARY FORM

OPERATOR TELEPHON FARM YA WELL #_A COMMENTS DATE APPLICA	C, 71. 2, E 21. A 60 1091	
TELEPHON FARM WELL # COMMENTS DATE APPLICA	EE	
FARM YAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	1091 T	
COMMENTS DATE APPLICA	<i>1091</i> T	
COMMENTSDATE APPLICA	Т	
DATE APPLICA		
7.	TION RECEIV	
		ED
CHAIL CO.		8:22-2
OTIFIED yes	_ DRILLING	COMMENCED
-10		7000
·-603 , 785-7	20	
CACTNO		
CASING	Je with	975HART
"pipe on 8	25-85 with	385/64:11 up
"pipe on	with	
		OIL AND GAS
-85		
		MAY 2 9 198
PLUGGING		MAY 2 9 100
F	To	Pipe Removed
From	10	Pipe Removed
The second secon		
//		
	GT	
	CASING "pipe on 8" "pipe on 8" "pipe on 9"	"pipe on 8-25-85 with "pipe on with "pipe on with "pipe on with "pipe on To PLUGGING From To Type fe cl

Inspector's signature

API# 47 091 - 048 3

LIST ALL VISITS FOR THIS PERMIT

DATE	TIME	PURPOSE	COMMENTS	
		11.01		40
400-			0000	× .
8.8.85			Buld Fora	lien
8-22-85			Reup	
8.25-85		11-	3 Det Super	Corole
8.25-85			Ron 85"	in
5-21-86			Release	
		126 264	60 May 236 65 6	
	1.7			
Also and the	253	5727	25	- C. C. C.
	286	2223	in the things of the	1796
				8. 8.
	1			
	, 8		32 12 12	
And a company				
				7
				7

Notes

APPLICATION FOR DETERMINATION OF THE MAXIMUM LAWFUL PRICE UNDER THE NATURAL GAS POLICY ACT (NGPA)

1.0 API well number:				
(If not assigned, leave blank, 14 digits.)		47 - 091- 0	00482 -	
2.0 Type of determination being sought:			100	
	i		IDIE	1 P 1 P 1 P 1 P 1 P 1 P 1 P 1
(Use the codes found on the front	1	103		WAS IN THE
of this form.)	1.	Section of NGPA	Category Code	
3.0 Depth of the deepest completion	1		63	UCT 1 6 1985
location: (Only needed if sections 103	1	2 (16 1995
or 107 in 2.0 above.)	1			
			140 feet DIVISI	ON OF OIL & GAS MENT OF ENERGY
4.0 Name, address and code number of	1		DEPART	MENT OF GAS
applicant: (35 letters per line	CNG Deve	elopment Company		ENERGY
meximum. If code number not	Name One Pari	k Ridge Center		Seller Code
aveilable, leave blank,)		ox 15746		Serie Code
	Street	52 13740	THE RESIDENCE OF THE MARKET COMPANY OF THE PROPERTY OF THE PRO	TO AND THE PROPERTY OF THE PRO
	Pittsbu	rgn	PA 15244	
	City		State Zip C	Code
5.0 Location of this well: [Complete (a)	i			
or (b).)	Booths	Creek		
(a) For onshore wells	Field Name			Contract to the Contract to th
(35 letters maximum for field			1717	
	Taylor		WV	
name.)	County		State	
(b) For OCS wells:				
	1			
	Area Name		Block No	umber
	1		Olock III	Simber
,	1	_		
	1	Date of Lease:		
· ·	1			
	1	Mo. Day Yr.	OCS Lease Number	_
(c) Name and identification number	1			
of this well: (35 letters and digits	I Stanley T	alago, et al	CN	GD #1091
meximum.)	1 Deanied	drugo, et dr	OI.	00 #1001
(d) If code 4 or 5 in 2.0 above, name				
	1			
of the reservoir: (35 letters	!			
meximum,)				
6.0 (a) Name and code number of the				
The second secon				
purchaser: (35 letters and digits	Hadatana			5
purchaser: (35 letters and digits maximum, If code number not	Undetermi	ned		3
purchaser: (35 letters and digits maximum, If code number not available, leave blank.)	Undetermi Name	ned		Buyer Code
purchaser: (35 letters and digits maximum, If code number not	A RESIDENCE OF THE PARTY OF THE	ned		Buyer Code
purchaser: (35 letters and digits maximum, If code number not available, leave blank.)	A RESIDENCE OF THE PARTY OF THE			Buyer Code
purchaser: (35 letters and digits maximum, If code number not available, leave blank.)	A RESIDENCE OF THE PARTY OF THE	LLL		Buyer Code
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract:	A RESIDENCE OF THE PARTY OF THE	LLL	Day Yr.	Buyer Code
purchaser: (35 letters and digits maximum, If code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production	A RESIDENCE OF THE PARTY OF THE	Mo. 0	Day Yr.	
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract:	A RESIDENCE OF THE PARTY OF THE	LLL	Commence of the commence of th	
purchaser: (35 letters and digits maximum, If code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production	A RESIDENCE OF THE PARTY OF THE	Mo. 0	Day Yr.	
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production	A RESIDENCE OF THE PARTY OF THE	Mo. 0	Day Yr.	ubic Feet
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production	Name	21	Million Co	ubic Feet (d) Total of (a),
purchaser: (35 letters and digits maximum, If code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production	A RESIDENCE OF THE PARTY OF THE	21	Million Co	ubic Feet
purchaser: (35 letters and digits maximum. If code number not available, leave blank.) (b) Date of the contract: (c) Estimeted total annual production from the well:	Name	21	Million Co	ubic Feet (d) Total of (a),
purchaser: (35 letters and digits maximum. If code number not available, leave blank.) (b) Date of the contract: (c) Estimeted total annual production from the well:	Name I I I I I I I I I I I I I I I I I I I	21	Million Co	ubic Feet (d) Total of (a),
purchaser: (35 letters and digits maximum. If code number not available, laeve blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3	Name	21	Million Co	ubic Feet (d) Total of (a),
purchaser: (35 letters and digits maximum. If code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.)	Name I I I I I I I I I I I I I I I I I I I	21	Million Co	ubic Feet (d) Total of (a),
purchaser: (35 letters and digits maximum. If code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.)	Name I I I I I I I I I I I I I I I I I I I	21	Million Co	ubic Feet (d) Total of (a),
purchaser: (35 letters and digits maximum. If code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.)	Name (a) Base P	2 1 Price (b) Tax	Million Co	ubic Feet (d) Total of (a),
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract: (c) Estimeted total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 8.0 Maximum lawful rate: (As of filing date. Complete to 3	Name I I I I I I I I I I I I I I I I I I I	2 1 Price (b) Tax	Million Co	ubic Feet (d) Total of (a),
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.)	Name (a) Base P	2 1 Price (b) Tax	Million Co	ubic Feet (d) Total of (a),
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.)	Name (a) Base P I S/MMBTU 3 5	2 1 Price (b) Tex	Million Co	(d) Total of (a), (b) and (c)
purchaser: (35 letters and digits maximum. If code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.) 9.0 Person responsible for this application:	Name (a) Base P	2 1 Price (b) Tex	Million Co	(d) Total of (a), (b) and (c)
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.) 9.0 Person responsible for this application: Agency Use Only	Name (a) Base P I S/MMBTU 3 5	2 1 Price (b) Tex	Million Co (c) All Other Prices [Indicate (+) or (-).]	ubic Feet (d) Total of (a),
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.) 9.0 Person responsible for this application: Agency Use Only	S/MMBTU 3 5	2 1 Price (b) Tex	Million Co	(d) Total of (a), (b) and (c)
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.) 9.0 Person responsible for this application: Agency Use Only	I S/MMBTU 3 5	2 1 Price (b) Tex	Million Co (c) All Other Prices [Indicate (+) or (-).]	(d) Total of (a), (b) and (c)
purchaser: (35 letters and digits maximum. If code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.) 9.0 Person responsible for this application: Agency Use Only Date Received by Juris. Agency 1 1 1 1985	Name (a) Base P I S/MMBTU Signature	2 1 Price (b) Tex	Million Co (c) All Other Prices [Indicate (+) or (-).] Manage Title	(d) Total of (a), (b) and (c)
purchaser: (35 letters and digits maximum, if code number not available, leave blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.) 9.0 Person responsible for this application: Agency Use Only	I S/MMBTU 3 5 R. N. Me Name Signature 10/10/85	2 1 Price (b) Tax	Million Co (c) All Other Prices [Indicate (+) or (-).] Manage Title	(d) Total of (a), (b) and (c)
purchaser: (35 letters and digits maximum. If code number not available, laeve blank.) (b) Date of the contract: (c) Estimated total annual production from the well: 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.) 9.0 Person responsible for this application: Agency Use Only Date Received by Juris. Agency 0 T 1 6 1985	Name (a) Base P I S/MMBTU Signature	2 1 Price (b) Tax	Million Co (c) All Other Prices [Indicate (+) or (-).] Manage Title	(d) Total of (a), (b) and (c)

STATE OF WEST VIRGINIA 11451-51 DEPARTMENT OF MINES, OIL AND GAS DIVISION

NOV 15 1985

COVER SHEET, STATE APPLICATION FOR WELL CLASSIFICATION

Designated Agent: Gery A. Nicholas First Purchaser:	Date: 10/10 ,19 85 10/10	AGENCY USE ONLY
Address: Pitsburgh, PA 15244 Attn: Carl G. Mourovic Gas Purchaser Contract No. N/A Date of Contract (Month, day and year) First Purchaser: (Street or P.O. Box) (City) FERC Seller Code NAME AND TITLE OF PERSON TO MHOM QUESTIONS CONCERNING THIS APPLICATION SHALL BE ADORESSED: Name: Signature: Address: One Perk Rigge Code(er - P.O. Box) Pitsburgh, PA 15244 (City) (State) (Zip Code) FERC Buyer Code NAME AND TITLE OF PERSON TO WHOM QUESTIONS CONCERNING THIS APPLICATION SHALL Signature: Address: One Perk Rigge Code(er - P.O. Box) Pitsburgh, PA 15244 (City) (State) (Zip Code) (Certificate of Proof of Service to Purchaser) (Certificate of Proof of Service to Purchaser) NGPA Catagory Applied For NGPA SECTION/SUBSECTION 102 New Natural Gas 102-2 2.5 Mile Test 102-3 1000 Foot Deeper Test 102-4 New Onshore Reservoir 103 New Onshore Production Well 107-10 Geopressured Brine 107-5 Production enhancement 107-6 New Tight Formation 107-7 Recompletion Tight Formation DIVISION OF CDL A DAG DIVISION OF CDL A		WELL DETERMINATION FILE NUMBER
Date of Contract M/A	Address: P.O. Box 15746 Pittsburgh, PA 15244	851016 -1030-091-0482
First Purchaser:	Gas Purchaser Contract No. N/A	Use Above File Number on all Communications Relating to This Well
Address: (Street or P.O. Box) (Gity) (State) (State) (City) (State) (Street or P.O. Box) MAME AND TITLE OF PERSON TO WHOM QUESTIONS CONCERNING THIS APPLICATION SHALL BE ADDRESSED: Name: Name: Name: Noper N. Metzle) (Signature: (City) (State) (Street or P.O. Box) (Signature: Address: One Perk Ridge Cepter - P.O. Box) (Street or P.O. B	Date of Contract N/A (Month, day and year)	
City Signature: Print	Address:	Address: CNG Development Company Crosswind Corporate Park Route 2 Box 698
NAME AND TITLE OF PERSON TO WHOM QUESTIONS CONCERNING THIS APPLICATION SHALL BE ADDRESSED: Name: Robert N. Metzlaf Manager of Reserves Signature: (Fint) Manager of Reserves Address: One Park Ridge Coofer - P.O. Box 15746 (Street or P.O. Box) Pittsburgh, PA		Bridgeport, WV 26330
Name: Robert N. Metzley Signature: Address: One Park Ridge Ceoter - P.O. Box 15746 (Street or P.O. Box) Pittsburgh, PA 15244 (City) (State) (Zip Code) (Area Code) (Phone Number) (Certificate of Proof of Service to Purchaser) NGPA Catagory Applied For NGPA SECTION/SUBSECTION 102 New Natural Gas 102-2 2.5 Mile Test 102-3 1000 Foot Deeper Test 102-4 New Onshore Reservoir 103 New Onshore Production Well X 103 New Onshore Production Well 107 High Cost Natural Gas 107-0 Deep (more than 15,000 feet) 107-1 Geopressured Brine 107-2 Coal Seams 107-3 Devonian Shale 107-7 Recompletion Tight Formation OCT 16 1985 DIVISION OF ON A GAS	FERC Seller Code	FERC Buyer Code
Name: Robert N. Metzler Signature: Address: One Park Ridge Ceoter - P.O. Box 15746 (Street or P.O. Box) Pittsburgh. PA 15244 (City) (State) (Zip Code) (Area Code) (Phone Number) (Certificate of Proof of Service to Purchaser) NGPA Catagory Applied For NGPA SECTION/SUBSECTION 102 New Natural Gas 108-2 2.5 Mile Test 102-3 1000 Foot Deeper Test 108-1 Seasonally Affected 102-4 New Onshore Reservoir 108-9 Inhanced Recovery 103 New Onshore Production Well x 103 New Onshore Production Well x 103 New Onshore Production Well 107-10 Geopressured Brine 107-2 Coal Seams 107-3 Devonian Shale 107-3 Devonian Shale 107-6 New Tight Formation 107-7 Recompletion Tight Formation DUXISION OF ONLY A 645	NAME AND TITLE OF PERSON TO WHOM QUESTIONS CONCER BE ADDRESSED:	RNING THIS APPLICATION SHALL
Signature: Address: One Park Ridge Center - P.O. Box 15746 (Street or P.O. Box) Pittsburgh, PA 15244 (City) (State) (Zip Code) (Area Code) (Phone Number) (Certificate of Proof of Service to Purchaser) NGPA Catagory Applied For NGPA SECTION/SUBSECTION 102 New Natural Gas 102-2 2.5 Mile Test 102-3 1000 Foot Deeper Test 102-4 New Onshore Reservoir 103 New Onshore Production Well X 103 New Onshore Production Well 107 Hich Cost Natural Gas 107-2 Coal Seams 107-3 Devonian Shale 107-6 New Tight Formation 107-7 Recompletion Tight Formation 107-7 Recompletion Tight Formation OCT 1 6 1985 DIVISION OF Other Gas.	Name: Robert N. Metzler	Manager of Reserves
Street or P.O. Box Pittsburgh, PA 1524		(Title)
NGPA Catagory Applied For HGPA SECTION/SUBSECTION 102 Hew Natural Gas	(Street or P.O. Box) Pittsburgh, PA 1524 (City) (State) Telephone: (412) 787-4092	(Zip Code)
102 New Natural Gas 102-2 2.5 Mile Test 108-3 Stripper Well Natural Gas 102-3 1000 Foot Deeper Test 108-1 Seasonally Affected 108-2 Enhanced Recovery 103 New Onshore Production Well 103 New Onshore Production Well 107-0 Deep (more than 15,000 feet) 107-1 Geopressured Brine 107-2 Coal Seams 107-5 Production enhancement 107-6 New Tight Formation 107-7 Recompletion Tight Formation 107-7 Recompletion Tight Formation 107-8 Production Enhancement 107-6 New Tight Formation 107-7 Recompletion Tight Formation 107-8 Production Enhancement 107-9 Production Enhancement 107-6 New Tight Formation 107-7 Recompletion Tight Formation 107-8 Production Enhancement 107-9 Produ	(Certificate of Proof of Service to Purc	haser)
102 New Natural Gas	NGPA Catagory A	pplied For
102-2 2.5 Mile Test 108- Stripper Well 108-1 Seasonally Affected 102-4 New Onshore Reservoir 108-1 Seasonally Affected 108-2 Enhanced Recovery 108-3 Temporary Pressure Builds 107-0 New Onshore Production Well 107-1 Geopressured Brine 107-2 Coal Seams 107-3 Devonian Shale 107-5 Production enhancement 107-6 New Tight Formation 107-7 Recompletion Tight Formation 107-7 Recompletion Tight Formation 107-7 Recompletion Tight Formation 107-8 New Tight Formation 107-8 New Tight Formation 107-8 New Tight Formation 107-9 New Ti	NGPA SECTION/SUBSECTION	
107-0 Deep (more than 15,000 feet) 107-1 Geopressured Brine 107-2 Coal Seams 107-3 Devonian Shale 107-5 Production enhancement 107-6 New Tight Formation 107-7 Recompletion Tight Formation OUT 1 6 1985 DIVISION OF THE A GAS	102-2 2.5 Mile Test 102-3 1000 Foot Deeper Test 102-4 New Onshore Reservoir 103 New Onshore Production Well	108- Stripper Well 108-1 Seasonally Affected
107-1 Geopressured Brine 107-2 Coal Seams 107-3 Devonian Shale 107-5 Production enhancement 107-6 New Tight Formation 107-7 Recompletion Tight Formation OUT 1 6 1985 DIVISION OF OIL & GAS	107 High Cost Natural Gas	AGENCY USE ONLY
107-5 Production enhancement 107-6 New Tight Formation 107-7 Recompletion Tight Formation OCT 16 1985 DIVISION OF OIL & GAS	107-1 Geopressured Brine	(
DIVISION OF OIL & GAS	107-5 Production enhancement 107-6 New Tight Formation	QUALIFIED
DIVISION OF OIL & GAS	DECISIVE 1985	,
The state of the s	DIVISION OF OIL & GAS	

STATE OF WEST VIRGINIA DEPARTMENT OF MINES, OIL AND CAS DIVISION

Date Oct	ot	er 10)	,	19	85
Operator	5					
Well No.	_	#10	91			
API Well	No.					
47	-	091	-		00	48
State		County	_	Pe	rm	it

WELL CLASSIFICATION FORM

NEW ONSHORE PRODUCTION WELL NGPA Section 103

ADDRESS

DESIGNATED AGENT Gary A. Nicholas

CNG Development Company

Notary Public

Crosswind Corporate Park Route 2 Box 698

			Bridgeport, WV 26330	
WELL OPERATOR	CNG Development Company	LOCATION:	Elevation 1,312'	
	One Park Ridge Center	2001110111		
ADDRESS	P.O. Box 15746		Watershed Corbin Branch	
	Pittsburgh, PA 15244		Booths District Creek County Taylo	
GAS PURCHASER	undetermined		Gas Purchase Contract No. N	
ADDRESS			Meter Chart CodeN	/A
			Date of Contract N	/A
* * *	* * * * * *	* * * * *	* * * * * *	* * *
Date surface of	drilling was begun: Augus	st 23, 1985	_	
Indicate the b	oottom hole pressure of the wel	l and explain how this	was calculated:	
BHP = 77	6#			
BHP = P-1 +	P-1 (e GL 53.34 T-1)			
		AFFIDAVIT		
applicable sta the time surfa which applied after February I have conclud is sought is a	te or federal well spacing requested or federal well spacing which was a to any other well producing garden, 1977, and which was capabled, to the best of my informat	quirements and the well applicable to the reservant in commercial quantities of producing gas in tion, knowledge and belighed that I am not aware	after February 19, 1977; the is not within a proration unit voir from which gas is or will bities or on which surface drillicommercial quantities. I state ef, that the well for which this of any information not described	in existence at be produced and ng began on or , further, that s determination
Penns STATE OF MESAX	ylvania XXXXXX X			
COUNTY OF _All	egheny , TO WIT:			
1, _	Carl G. Mourovic , a	Notary Public in and f	or the state and county aforesa	id. do certify
			riting above, bearing date the	
			n my county aforesaid. 12/08/	
	n under my hand and official se			
	erm of office expires on the 1			
			$\gamma \sim \gamma_{\alpha i}$	
[NOTARIAL SEAL]	•	Land	La. Mon	aurie

