STATE OF WEST VIRGINIA

DEPARTMENT OF MINES, OIL AND GAS DIVISION

D	ate 12-3	<u>L</u> 19 <u>78</u>
	perator's	5
	PI Well o. <u>47</u> - <u>/03</u> State Count	

WELL CLASSIFICATION FORM

STRIPPER GAS WELL

NGPA Section 108

	DESIGNATED AGENT J. W. Hendrickson ADDRESS 445 West Main Street
	Clarksburg, West Virginia 26301
WELL OPERATOR Cons. Gas Supply Corp.	LOCATION: Elevation
ADDRESS 445 West Main Street	Watershed PINEY FORK
Clarksburg, W. Va.	Dist. GREENE County WETZEL Quad
GAS FURCHASER None; gas is de-	Gas Purchase Contract NoN/A
ADDRESS <u>livered into applicant</u> 's	Meter Chart CodeN/A
interstate pipeline system	Date of ContractN/A

Provide a complete inventory of the lease and production equipment used for the well for the previous 24 months or, if less than 24 months, the period the well has been in production. Include a complete list of equipment or processes used in connection with recognized enhanced recovery techniques during completion or production. (Attach separate sheets, if necessary.)

See attachment; compression, dehydration, or related equipment indicated on the attached inventory, and hydraulic fracturing, shooting, or similar completion processes indicated on the attached well records, are used in connection with recognized enhanced recovery techniques during production or completion.

List all records reasonably available to you which contain information relevant to a determination of eligibility (including production records, B&O Tax Records and royalty payment records) and indicate the location of such records:

Applicant's oil and gas production records (which are largely computerized) constitute its primary and most reliable source of information relevant to a determination of eligibility. From these records Applicant derives information used by it in connection with royalty payments, tax payments, and general statistical uses, and records of these matters are also maintained. All of the above records are located at Applicant's offices at 445 West Main Street, Clarksburg, West Virginia.

B-/ Hope Natural Gas Company Form H 180-25 Bks.-7-27 District ! Pine Grove REPAIR RECORD Well No ._ N 7 S E Farm Name Thomas Cunningham Repairs Completed May 4th, 1937. Repairs Commenced Dec. 21st, 1936 CASING AND TUBING RECORD ; and Tauran Disposition of Amount Pulled Pulled Put in Well After Repairs Before Repairs 5级机场 8-1/4" 691-0 691-0 none none ining was locking 1772-0 6-5/8* 1772-0 none none ished sur elegaing out tools. 2276-4) d 2276-4114 5-3/16" 4-7/8" 4" Tube none 338-7 338-73 none SHOOTING RECORD TEST BEFORE SHOT TEST AFTER SHOT By Whom Shot Bottom of Diameter Quarts Date Reading Liquid Opening Reading Liquid Op Not shot. quion bebuil TOREN & LIBE on tdo of the Time (Days) RECORD OF ANY DEEPER DRILLING orit di uord bas Name of Prillers w 5011ad bas Bottom Formation William H. Martin 35 John H. Calvert Commenced drilling at depth of Names of Tool Dressers Time (Daya) No drilling deeper . Harrison E.Ketzel 66 Frank V. Henderson PACKER RECORD
(ALSO NOTE BELOW IF ANY PACKERS ARE PULLED) Amount Above Anchar Anchor 6-5/8x5-3/16 Comb Wall & 147 7 7 1 8567-11 7467 K. OIL AND GAS DISCOVERIES IN DEEPER DRILLING 2593. Total Depth Cas at VOLUME AND PRESSURE REPORT BEFORE REPAIRS The wife The Rock or Minute Pressure Sands Gas From Reading Liquid Opening Gordon Stray & Gordon 1-1/4" 40/10 Water AFTER REPAIRS **VOLUME TEST** PITOT TUBE OPEN FLOW Sands Gas From Date of Test Lbs Reading Liquid Used me tar Wood Gordon Stray & Gordon Mercury" 44 TubingNo/10 Water In jun PRESSURE TEST

8 Min. 9 Min. 10 Min. 30 Min. 60 Min. Hrs. Roc 1 Min. 2 Min. 3 Min. 4 Min. 5 Min. 6 Min. 7 Min. Date of Test Opening 5-3-37 5-3/16 ing 5 16 19 28 30 15 18 11 13 14

Time Blown Sand 1-5-3/16" Bull Plug on bottom. 1st & 2nd perforation set at OIL: From 2613-10- 3rd, perforation set at 2488-2. Estimated Production_

Remarks:_

FOREMAN 09/15/202

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LOCATION FOR WELL No. Pine Grove DISTRICT On Anthony A Conninghamparm, on waters of Piney Fork Greene District, Wetzell Lasse No. 491. Acres Scale, one inch equals 80 Poles. Sent to Contin to be Geoff Anthony A. Conningham Sprass John Mills Anthony A. Conningham Anthony A. Conningham Figs. Sprass John Mills RESERVE SPECIAL INSTRUCTIONS Location Mills 1. No. C.N. Jones. As per plat, except as noted. On field Returned to Pittsburgh.	HOPE NATURAL GAS COMP	ANY.
Greene District Metzel County, West Virginia Greene District Metzel County, West Virginia Research one inch equals 80 Poles. Sent to Deation to be Sens Sens Sens Sens Sens Sens Sens Sen	LOCATION FOR WELL No.	4
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RESERVE Special Instructions Leation Mail A Area Sole, one inch equals 80 Poles. Sent to	District,	County, West Virginia.
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RESERVE SPECIAL INSTRUCTIONS O9/15/2023 Location Manda 4/11 by C. N. Clones As per plat, except as noted. On field 1. Returned to Pittsburgh.	Anthony A. Cunningham	
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RESERVE SPECIAL INSTRUCTIONS O9/15/2023 Location Manda 4/11 by C. N. Clones As per plat, except as noted. On field 1. Returned to Pittsburgh.	John Mills	
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RESERVE SPECIAL INSTRUCTIONS O9/15/2023 Location Manda 4/11 by C. N. Clones As per plat, except as noted. On field 1. Returned to Pittsburgh.	# 103-069	
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Location made 4/1 11 by C.N. Lones As per plat, except as noted. On field 1 Returned to Pittsburgh.	SPECIAL INSTRUCTIONS	09/15/2023
Returned to Pittsburgh	A - now rolat	, except as noted. On field
Location changed on account of	Returned to Pittsburgh	
Authorized by	Location changed on account of	

1.0 API well number (If not available, leave blank: 14 digits.)		47-	103-	0647	
2.0 Type of determination being sought. (Use the codes found on the front of this form.)		108 Section of NG	PA	Category Code	
3.0 Depth of the repest completion location. (Only needed if sections 103 or 107 in 2.0 above.)				feet	
4.0 Name, address and code number of applicant. (35 letters per line maximum. If code number not available, loave blank.)	Name	est Main St	reet	W. Va. 26301 State Zip Code	OO4228 Seller Code
5.0 Location of this well. (Complete (a) or (b).) (a) For onshore wells (35 letters maximum for field name.)	Field Nam	Virginia ₹ TZEL		A-85772 W. Va.	
(b) For OCS wells	Area Name	Date of Lean		Block Number	
(c) Name and identification number of this well. (35 letters and digits maximum.)	A. A	CUNN	INGHA	im 5	
(d) If code 4 or 5 in 2.0 above, name of the reservoir (35 letters maximum.)					
6.0 (a) Name and code number of the purchaser (35 letters and digits maximum. If code number not available, leave blank,)	Gene	ral System	Purchase	rs	Buye Cco-
(b) Date of the contract			Mo Day	111	-
(c) Estimated annual production			5	MMcf.	
		(S/MMBTU)	(b) Tax	(c) All Other Prices [Indicate (+) or (-).]	(d) Total of (a), (b) and (a)
7.0 Contract price (As of filing date Complete to 3 decimal places.)	1				
8.0 Meximum lawful rate (As of filing date. Complete to 3 decimal places.)		2.224			<u></u>
9.0 Person responsible for this application: Agency Use Only Date Received by Juris. Agency FEB 271979 Date Received by FERC	Signature 12-	Hendricks Hendricks 1 1-78	hubos	V.P. (Title 304-623-3611 Phone Number	Gas Supply

WELL DETERMINATION REPORT .	
PARTICIPANTS: DATE: MAR 071980	BUYER-SELLER CO
WELL OPERATOR: Consolidated Gas Supply Coops	034328
FIRST PURCHASER: GENERAL SUSTEM PURCHASORS	· LOSIZZO
OTHER:	
W. Va. Department of Minos, Oil & Gas Division WELL DETERMINATION FILE NUMBER	fars fel
790227.108.103.0647	•
Use Above File Number on all Communications Relating to Determination of this Well	
CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING	
ITEM NO.	
1 FERC-121 / Items not completed - Line No.	
2 IV-1 - Agent J. W. Kendrickson	
3. IV-2 - Well Permit	
4 IV-6 - Well Plat	
5 IV-35- Well Record Drilling Deepening	
6 IV-36- Gas-Oil Test: Gas Only 15 Was Oil Produced? Ra	itio
7 IV-39- Annual Production 3 years	
8 IV-40- 90 day Production 90-annual Days off Line:	•
9 IV-48- Application for Certification. Complete?	
10 - 17 IV Form #51 - 52 - 53 - 54 - 55 - 56 57 - 58. Complete	Affidavit Signed
18 - 28 Other: Survey Logs Geological Charts Stru	
1:4000 MapWell TabulationsGas Analys	
(5) Date Completed: 12-18-97 Deepened	
(5) Production Depth: 2551-2581-2660	
(5) Production Formation: Stray Sand: Gordon	
(5) Final OPEN FIOW: 250 MCF - MOU 1927	(altic)
(5) OFFE FEAC: FOR 34 - May 193	37 Jemies
(6) Other Gas Test:	
(7) Avg. Daily Gas from Annual Production: 900/365= 25 /	nci.
(8) Avg. Daily Gas from 90-day ending w/1-120 days 93//90=10	MCF
(8) Line Pressure: #6 PSIG	from Daily Report
(5) Oil Production: No From Completion Report	09/15/2023
(10-17) Does lease inventory indicate enhanced recovery being done:	
(10-17) Is affidavit signed? Notarized? Notarized?	
Does official well record with the Department confirm the submitted inf	formation? YES
Additional Information Does computer program confirm?_	
Description Objecte! tol By Whom?	1110

Describe the search made of any records listed above.

As indicated, Applicant's primary oil and gas production records have been largely computerized. In preparing this application, Applicant, by use of its computers, generated a listing of those of its wells which produced non-associated natural gas at a rate not exceeding an average of 60 Mcf per production day (at maximum efficient rates of flow) during the 90 day production period indicated on the attachment. These listings were checked and verified manually by two or more Applicant's employees. The results of this diligent search and examination indicated that the well which is the subject of this application qualifies as a stripper well; see attached data submitted in compliance with applicable regulations of this agency and the Federal Energy Regulatory Commission.

Are you aware of any other information which would tend to be inconsistent with the information specified above? Yes No χ . If yes, indicate the type and source of the information.

AFFIDAVIT

I, J. W. Hendrickson , having been first sworn according to law, state that I have caused to be made a diligent search of those records hereinbefore indicated in the manner herein described, that the information contained in this document is true and accurate and that on the basis of the records and examinations hereinbefore described, and to the best of my information, knowledge and belief, the well for which this certification is sought qualifies as a stripper well.

STATE OF WEST VIRGINIA,

COUNTY OF HARRISON, TO WIT:

(NOTORIAL SEAL)

09/15/2023

		I JOS NOO	CONSOLIDATED GAS SU	SUPPLY CORPORAT	I-NOI	SOUTHERN R	REGION		ORIG	OPEN	
Z -	0			LIN	12/18/1897 E 10/24/ 3 0/ 0/ 0				+ HS	ROCK INTER SHIP 30/0	76.5 F.S. 5.0000 EASE b
RE B	0/66 MAR	A A PR	GROSS MONTHLY	LY PRODUCTION JUN JUN	TION IN MCF	AUG	SEP	DOCT.	AON	DEC	TOTAL
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STATE OF WEST VIRGINIA DEPARTMENT OF MINES, OIL AND GAS DIVISION

DESIGNATION OF AGENT BY WELL OWNER OR OPERATOR

Well Operator X	Owner X / Consolida	ted Gas Supply Corporation	
	Address 445 W	est Main Street	
		sburg, West Virginia 26301	
		20,001	
Pursuant t	o the provisions of Code ß 22-	4-lk, and subject to the requirement	
7.01, the undersigne	d hereby designates the follow	ring person to be the agent of the	ints of Regulation
purpose of receiving	process notices orders and	ather research to be the agent of the	undersigned for the
22 of the Code of Wes		other communications which may be	issued under Chapte
	J. W. Hendrickson		
Address	s 445 West Main Street		
1000	Clarksburg, West Vii	rginia 26301	
Telephone	304-623-3611	_	
		ignated agent is a bona fide resid	
West Virginia, and ha	is agreed to accept the design	ation. This designation applies t	o the following wel
	owned or operated by the under		
the wells	listed below (Wee space below	or reverse side or attach list)	
	*		
COMPLETE AS APPLICAB	LE]		
	The undersigned is hereby reco	ording an existing designation of a	agent made phice to
	the initial adoption of Form 1		igent made prior to
	The undersigned is proposing t	co own or operate wells in West Vir	ginia for the first
	time, so that this designation	should also be considered the rec	gistration by the
	undersigned with the Deputy Di	rector.	
**			
		operated a well or wells in West \	
	year 191898 , but has not heret	ofore appointed a designated agent	•
	This designation substitutes a	new designated agent for the unde	ersigned, who has
		ells in West Virginia since the year	
		e undersigned, who will continue a	
	able, until this new designati		
	able, until this new designati	on has been approved, 15	
	Agent being replaced		1
	Address		
	*		
		and the Committee	r Com
		Consolidated Gas Supply Well Owner or O	perator
		By: Mentalmition	_
	70	Its: Vice President, App.	1. Gas Supply
ACCEPTED this Janu	uary 17 . 19 79	The state of the s	09/15/2023
. Tichter	clin lone		
(Signature of de	esignated agent)	Tonue 10 70	
Taken, subscribed and	sworn to before me this 17th	hday of January , 1979	13 , 19 86
Notary Public	Drodley My	commission expires September	
7	Ø		
Well owner or operat	or must be a responsible offic	cer of the corporation, trustee, i	ndividual or legali
lifted representa	tive of owner of the well(s).	THE RESIDENCE OF THE PARTY OF T	

on Anthony A Cunn	DIST District, Wetzel.	Piney Fork County, West Virginia
Scale, one inch equals 80.	Poles, Sent to	E
Bros	Geo H Umstead 575 150 Anthrony A. Cunningham	hn Mills
	VOHN MITTS # 103-0647	
SPECIAL INSTRUCTIONS		09/15/2023
Location changed on account of	by C.N. lones As posteriored to Pittsburgh. Date 1 Sig	1A

HOPE NATURAL GAS COMPANY.

LOCATION FOR WELL No. 5