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44 HOPE NATURAL GAS COMPANY.

	LOCATION	FOR WELL	No. 23		
	Pine Gr	ove	DISTRICT		dr.
On P. Ha	ught	Farm, on water	s of Piney For	·K	<u></u>
Gre	eene District,	We	tzel	County, West	Virginia.
Lease No. 435 Ac	res 200 N.	S	— Е. —	w. 4	
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Location to be					
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SPECIAL INSTRUCTIONS	
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Location changed on account of	
Authorized by Date 1	Signed

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

DESIGNATION OF AGENT BY WELL OWNER OR OPERATOR

Well Operator	X_/ Owner X_/ Consolidated Gas Supply Corporation
	Address 445 West Main Street
	Clarksburg, West Virginia 26301
Pursua	ant to the provisions of Code & 22-4-lk, and subject to the requirements of Regulation
	signed hereby designates the following person to be the agent of the undersigned for the
	ving process, notices, orders and other communications which may be issued under Chapter
	of West Virginia:
	Agent J. W. Hendrickson
,	ddress 445 West Main Street
1	Clarksburg, West Virginia 26301
Tele	phone 304-623-3611
The un	dersigned represents that said designated agent is a bona fide resident of the State of
	and has agreed to accept the designation. This designation applies to the following well
	vells owned or operated by the undersigned in West Virginia
	rells listed below (Wha space below or reverse side or attach list)
[COMPLETE AS APP	LICABLE]
	The undersigned is hereby recording an existing designation of agent made prior to
	the initial adoption of Form IV-1.
_	The undersigned is proposing to own or operate wells in West Virginia for the first
	time, so that this designation should also be considered the registration by the
	undersigned with the Deputy Director.
_	\overline{X} The undersigned has owned and operated a well or wells in West Virginia since the
	year 151898 , but has not heretofore appointed a designated agent.
_	This designation substitutes a new designated agent for the undersigned, who has
	owned or operated a well or wells in West Virginia since the year 19 The
	present designated agent of the undersigned, who will continue as such, if he is
	able, until this new designation has been approved, is
	Agent being replaced
	Address
	Consolidated Cas Supply Com
	Well Owner or Operator By: Manual Composition By: Ma
ACCEPTED this	January 17 , 19 79 Its: Vice President, Applograf Supply
7',/	09/15/2023
(Signature	of designated agent)
. /	d and sworn to before me this 17thday of January , 1979 .
Notary Public	\angle $=$ < -1 $= 1$
7	
Well owner or op	erator must be a responsible officer of the corporation trustee individual or 1-02110

Well owner or operator must be a responsible officer of the corporation, trustee, individual or legally qualified representative of owner of the well(s).

1.0 API well number (If not available, leave blank: 14 digits)	47- 103-653
2.0 Type of determination being sought (Use the codes found on the front of this form.)	108
3.0 Depth of the repest completion location. (Only needed if sections 103 or 107 in 2.0 above.)	
4.0 Name, address and code number of applicant (35 letters per line meximum. If code number no available, leave blank.)	Consolidated Gas Supply Corporation 004228 Name 445 West Main Street Clarksburg W. Va. 26301 City State Zip Code
5.0 Location of this well. (Complete (a) or (b)): (a) For onshore wells (35 letters maximum for field name.)	West Virginia Other A-85772 Field Name W. Va. County State
(b) For OCS wells	
(c) Name and identification number of this well. (35 letters and digits	Dote of Lease Mo Day Yr OCS Lease Number
(d) If code 4 or 5 in 2.0 above name of the reservoir (35 letters maximum)	PLEASY HAUGHT 23
6.0 (a) Name and code number of the purchaser (35 letters and digits maximum. If code number not available, leave blank ()	General System Purchasers Name Buye Cco-
(b) Date of the contract	Mo Da, Yı
(c) Estimated annual production	J MMc1.
	(ar Base Price (b) Tax (c) All Other (d) Total c (a). (S/MMBTU) Prices (Indicate (b) and (a). (+) or (-).
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)	2.224
Agency Use Only Date Received by Juris, Agency FEB 2, 71979	J. W. Hendrickson V.P. Gas Supply Nem Wille Title
Date Received by FERC	Dete Application is Completed Phone Number

U.S. DEPARTMENT OF ENERGY Federal Energy Regulatory Commission Washington, D.C. 20426

PRICE UNDER THE NATURAL GAS POLICY ACT (NGPA). (Sections 102, 103, 107 and 108)

PLEASE READ BEFORE COMPLETING THIS FORM:

General Instructions

Complete this form if you are applying for price classification under sections 102, 103, 107 or 108 of the NGPA. A separate application is required for each well. If any reservoir qualifies for a category which differs from the category applicable to the producing well, separate applications must be made for the producing well and the reservoir. Complete each appropriate item on the reverse side of this page. The code numbers used in items 4.0 and 6.0 can be obtained from the Buyer/Seller Code Book. If there is more than one purchaser or contract, identify the additional information in the space below. Enter any additional remarks in the space below.

Submit the completed application to the appropriate Jurisdictional Agency as listed in title 18 of the CFR, part 270 103. If there are any questions, call (202) 275-4539.

Specific Instructions for Item 2.0, Type of Determination.

		그리고 그리고 이 경영하다 사이트 중에 가능한 가능을 하는 것이 얼굴에 가는 사람들이 얼굴하는 것이 하는 것이 되는 것이 되는 것이다.
Section of NGPA	Category Code	Description
102		New OCS Lease
102	2	New onshore well (2.5 mile test)
102	3	New onshore well (1,000 feet deeper test)
102	4	New onshore reservoir
102	5	New reservoir on old OCS Lease
103	-	New onshore production well
107		High cost natural gas
108		Stripper well

Other Purchasers Contracts:

Contract Date	Purchaser	Buyer Code
(Mo. Day Yr.)		

Remarks:

Applicant is an interstate pipeline company. Its production from the subject well is delivered into its pipeline system and is therefore not subject to a field sales contract.

FEB 221980 BUYER-SELLER CODE PARTICIPANTS: DATE: WELL OPERATOR: OTHER: W. Va. Department of Minos, Oil & Gas Division WELL DETERMINATION FILE NUMBER 790227-108-103-6653 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. Items not completed - Line No IV-2 - Well Permit IV-6 - Well Plat Deepening IV-35- Well Record Drilling Was Oil Produced? IV-36- Gas-Oil Test: Gas Only _years - 2 mos. IV-39- Annual Production Days off Line: IV-40- 90 day Production IV-48- Application for Certification. Complete? Affidavit IV Form #51 - 52 - 53 - 54 - 55 -(56 -) 57 - 58. Complete_ 10 - 17Geological Charts Structure Map 18 - 28Other: Survey Logs Well Tabulations_ Gas Analyses 1:4000 Map Date Commenced: Deepened Date Completed: (5)Production Depth: (5) Production Formation: (5)Final Open Flow: (5)R.P. after Frac: (5)Avg. Daily Gas from Annual Production: (7) Avg. Daily Gas from 90-day ending w/1-120 days (8) PSIG from Daily Repor (8) Line Pressure: From Completion Report Oil Production: (5) (10-17)Notarized? Is affidavit signed?_ (10-17)Does official well record with the Department confirm the submitted information? Does computer program confirm? Additional Information Was Determination Objecte: to? _____By Whom?

WELL DETERMINATION REPORT

STATE OF WEST VIRGINIA

DEPARTMENT OF MINES, OIL AND GAS DIVISION

Date	12-31 1978
Operator's Well No	23
API Well No. 47	103 - 65 County Permit

WELL CLASSIFICATION FORM

STRIPPER GAS WELL

NGPA Section 108

	DESIGNATED AGENT J. W. Hendrickson
	ADDRESS445 West Main Street
	Clarksburg, West Virginia 26301
WELL OPERATOR Cons. Gas Supply Corp.	
ADDRESS 445 West Main Street	Watershed PINEY FORK
Clarksburg, W. Va.	Dist. GREENE County WETZEL Quad
GAS PURCHASER None; gas is de-	Gas Purchase Contract No. N/A
ADDRESS <u>livered</u> into applicant'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.

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	t sworn according to law, state that
I have caused to be made a diligent search of those records her	reinbefore indicated in the manner
herein described, that the information contained in this docume	ent is true and accurate and that
on the basis of the records and examinations hereinbefore descri	ribed, 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:

Notary Public

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(NOTORIAL SEAL)

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09/15/2023