A-7

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
Pursuant to the provisions of Code 8 22-4-1k and auto
Pursuant to the provisions of Code @ 22-4-lk, and subject to the requirements of Regulation 7.01, the undersigned hereby designates the following resources to the requirements of Regulation
7.01, the undersigned hereby designates the following person to be the agent of the undersigned for the purpose of receiving process, notices, orders and attended to the contract of the undersigned for the
purpose of receiving process, notices, orders and other communications which may be issued under Chapte 22 of the Code of West Virginia:
Designated Agent J. W. Hendrickson
Address 445 West Main Street
Clarksburg, West Virginia 26301
Telephone 304-623-3611
The undersigned represents that said designated
The undersigned represents that said designated agent is a bona fide resident of the State of West Virginia, and has agreed to accept the designation.
West Virginia, and has agreed to accept the designation. This designation applies to the following well X all wells owned or operated by the undersigned in West Virginia
the wells listed below (Had epace below or reverse side or attach list)
[COMPLETE AS APPLICABLE]
The undersigned is hereby recording an animal and animal and animal anim
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.
The undersigned has owned and operated a well or wells in West Virginia since the
year 191898, 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
nadres.
Consolidated Gas Supply Corp.
well Owner or Operator
ACCEPTED this January 17, 19 79 Its: Vice President, April 09/15/2023
Tits: Vice President, Appl 0941562023
(Signature of designated agent)
Taken, subscribed and Sworn to before me this 17th day of January , 1979.
Notary Public Vac 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
my commission expires September 13 , 19 86
Well owner or operator must be a responsible officer of the corporation, trustee, individual or legally qualified representative of owner of the well(s).

HOPE NATURAL GAS COMPANY. LOCATION FOR WELL No. 30 Fine Grove DISTRICT Geo. H. Un. Jead Farm, on waters of Piney Fork. Greene District, Wetzel County, West Virginia. Lease No. 1517. Acres 22 N. 7 S. E. W. 4 80 70/es Sent to 1 Location to be .. C.P.M°CoyHrs. Location made 4/1. 11. by CN Jones. As per plat, except as noted. On field man Returned to Pittsburgh......1 Location changed on account of

Date 1 Signed

	Form 226 (NH45 *	*		
	B12, 30 V	VELL BE	CORD. 7.9	12907
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	Tota	1 X Epin		3093
14.7				
•	7.0	the open and the second of	Property of the second section with the grade of	43.44
	NOTE:			

A good record must show the formation from top to bottom of well.

09/15/2023

Col

1.0 API well number (If not available, lasve blank 14 digits.)	47- 103-654	
2.0 Type of determination being sought. (Use the codes found on the front of this form.)	108	
3.0 Depth of the "lepest 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, leave blank.)	Consolidated Gas Supply Corporation Name 445 West Main Street Clarksburg W. Va. 26301 City State Zip Code	004228 Seller 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 WETZEL County W. Va. State	
(b) For OCS wells	Area Name Block Number Date of Lease Mo Day Yr OCS Lease Number	
(c) Name and identification number of this well. (35 letters and digits maximum.)	G. H. UMSTEAD 30	
(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.)	General System Purchasers	Buyer Coos
(b) Date of the contract	Mo Day Y	
(c) Estimated annual production	3MMc1.	
	(a) Base Price (b) Tax (c) All Other Prices [Indicate (+) or (-).]	(d) Total ci (a), (b) and (a)
7.0 Contract price (As of filing date Complete to 3 gecimal places.)	CON 1 CON CLE -020 COL -020 CO	
8.0 Maximum lawful rate (As of filing date. Complete to 3 decimal places.)	2.224	Market S. Jan. Sale Lane.
B.0 Person responsible for this application: Agency Use Only Date Received by Juris: Agency FEB 2 7 1979 Date Received by FERC	J. W. Hendrickson Name W.P. G. Fitte 12-31-78 Dete Application is Completed 304-623-3611 Phone Number	as Supply

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

APPLICATION FOR DETERMINATION OF THE MAXIMUM LAWFUL 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

Section of NGPA	Category Code	Description
102	1	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
(Mo Day Yr.)

Purchaser

Buyer Code

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.

DATE: FFB. 2 2 1980
WELL OPERATOR: COUSDIDATED GOS SUPPLY COED. 004228
FIRST PURCHASER: GENERAL System MIRCHASERS : M/A
OTHER:
W Va Department of Minos, Oil & Gas Division Occalifera Section 108, stuppes well
W. Va. Department of Minos, Oil & Gas Division WELL DETERMINATION FILE NUMBER
190227 -108-103 - 0654
Use Above File Number on all Communications
Relating to Determination of this Well
CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING
1 FERC-121 / Items not completed - Line No.
I () Nowainten
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 V Was Oil Produced? Ratio
7 IV-39- Annual Production 2 years - / mo.
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 Signed
18 - 28 Other: Survey Logs Geological Charts Structure Map
1:4000 Map Well Tabulations Gas Analyses /-19-09 //-/0-/0
(5) Date Completed: 6-8-09 Deepened 1-17-11
(5) Production Depth: <u>2245-3033; 3033-3052; 3052-3067</u>
(5) Production Formation: Injun; Straw, Gordon
(5) Final open Flow (5) Final open Flow (6)
(5) Static R.P. Terrac 120
(6) Other Gas Test:
(7) Avg. Daily Gas from Armual Prodzion: 410/365 = 11/100f
(8) Avg. Daily Gas from 90-day endit. 7/1-120 days 86/40= 9.5 MCF
(8) Line Pressure: NA PSIC from Daily Repo
(5) Oil Production: MO Prom Compieton Report 09/15/2023
(10-17) Does lease inventory indicate enhanced recovery being done: No
(10-17) Is affidavit signed? V Notarized? V
Does official well record with the Department confirm the submitted information? Mo Orilled deeper from 3093 70 3123 **Modificial Information** **Does computer program confirm?
Abdit Cibinal Tallet
Was Determination Objected to? By Whom?

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

Date		12-3	/_	19_78
Opera Well	tor's	خ	30	
API W	Vell 47 -	103		(; 5 4)

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.	LOCATION: Elevation
ADDRESS 445 West Main Street	Watershed PINEY FORK
	Dist. GREENE County WETZEL Quad
GAS PURCHASER None; gas is de-	Gas Purchase Contract NoN/A
ADDRESS livered 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 $\underline{\hspace{1cm}}$ No $\underline{\hspace{1cm}}\chi$. 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.
My Jenduck
1 4 00.00.00
STATE OF WEST VIRGINIA,
COUNTY OF HARRISON , TO WIT:

I, Ralph D. Bradley, a Notary Public in and for the state and county aforesaid, do certify that J.W. Hendrickson, whose name is signed to the same before me, in my county aforesaid.

the day of J.W. Hendrickson, whose name is signed to the same before me, in my county aforesaid. Given under my hand and official seal this 2 day of ______ My term of office expires on the 13th day of September

(NOTORIAL SEAL)

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