A.7

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

DESIGNATION OF AGENT BY WELL OWNER OR OPERATOR

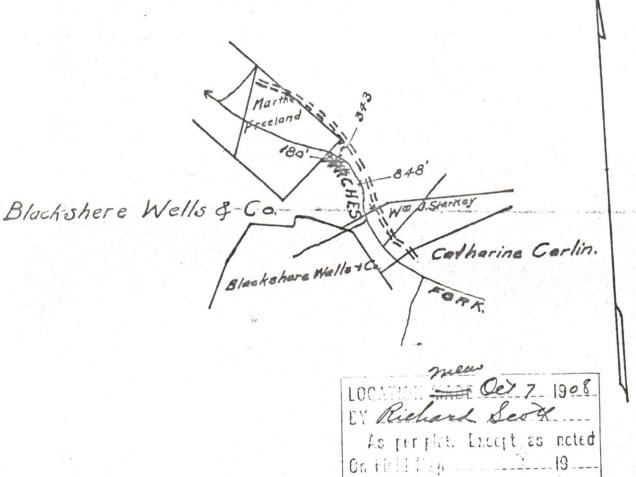
Well Operator X / Owner X / Consolidated Gas Supply Corporation
Address 445 West Main Street
Clarksburg, West Virginia 26301
Pursuant to the provisions of Code & 22-4-lk, and subject to the requirements of Regulation
7.01, the undersigned hereby designates the following person to be the agent of the undersigned for the
purpose of receiving process, notices, orders and other communications which may be issued under Chapter
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 agent is a bona fide resident of the State of
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 (Wea space below or reverse side or attack list)
[COMPLETE AS APPLICABLE]
The undersigned is hereby recording an existing designation of agent made prior to the initial adoption of Form IV-1.
ene 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.
X The undersigned has owned and operated a well or wells in West Virginia since the
year 181898, 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 as wells is the wells in
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 Gas Supply Corp. Well Owner or Operator
By: Restriction
ACCEPTED AND ADDRESS OF THE ACCEPTED ADDRESS OF THE ACCEPTED AND ADDRESS OF THE ACCEPTED ADDRESS OF THE ACCEPTED AND ADDRESS OF THE ACCEPTED ADDRESS OF THE ACCEPTED AND ADDRESS OF THE ACCEPTED ADDRE
Accepted this January 17, 19 79 Its: Vice President, Apply Cas Supply Og/15/2023
to depend to the
(Signature of designated agent)
Taken, subscribed and sworn to before me this 17th day of January , 1979.
Notary Public Jacob 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).

A.3

LOCATION FOR WELL No. /0/

Wetzel DISTRICT.

On Blackshere Y	Vells & CoFarm, on waters of A.	chers for	4
Grant	District, Wetzel	County,	West Virginia
Lease No. 739 . Acre	es 3800 Range: N. 1 S.	Е. 3	W
Scale / - 80	Poles management Made	e a treatment of the made on	19



Felicined to Pittaburg ---- 19---

103-0657

RESERVE:	09/15/2023

SPECIAL INSTRUCTIONS:	

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	Commenced									Con	tractor.	
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103-657

1.0 API well number (If not available, leave blank 14 digits.)		47	- 103 -	657	111
2.0 Type of determination being sought. (Use the codes found on the front of this form.)		108 Section of	market and the same of the sam	Category Co	de
3.0 Depth of the repest completion location. (Only needed if sections 103 or 107 in 2.0 above.)				foet	
4.0 Name, address and code number of applicant. (35 letters per line maximum. If code number not available, leave blank.)	1 445 Street	solidated C West Main rksburg	Street	Corporation W. Va. 2630	COLUMN TO THE PARTY OF THE PART
5.0 Location of this well. (Complete (a) or (b).) (a) For onshore wells (35 letters maximum for field name.)		st Virginia		A=85772 W. VE	3.9
(b) For OCS wells	Area Na	Date of L	ease 	Block Numb	er
(c) Name and identification number of this welf. (35 letters and digits maximum.)	BLAC	KSHERE			
(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	eral System	n Purchase	ers	Buyer Coo-
(b) Date of the contract	21/25 42		Mo Da	, Y,	
(c) Estimated annual production			5	MMcf.	and the second s
		(S/MMBTU)	(b) Tax	(c) All Other Prices [Indicate (+) or (-).]	(d) Toral of (a), (b) and (c)
7.0 Contract price (As of filing date Complete to 3 decimal places.)		- 14. ±			
8.0 Maximum lawful rate (As of filing date. Complete to 3 decimal places.)		2.224	\$1000 \$ 1000 000		
9.0 Person responsible for this application: Agency Use Only Date Received by Juris. Agency FEB 2 7 1979 Date Received by FERC	Signature DEC	Hendrickson Hendr	duch	V.P. G Title 304-623-3611	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 anshare production well
107		High cost natural gas
108	_	Stripper well

Other Purchasers'Contracts:

Contract Date
(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.

ARTICIPARTS	DATE:	BUILE-PELLER CODE
WELL OPER	PLATOR: CONSolidated Ggs Supply Copy). 004328
FIRST PUT	RCHASER: GENERAL System RURCHASERS	MA
OTHER:		
	Qualifier as Section 188, stry	yen weel
WELL DET	TERMINATION FILE NUMBER	frekled.
19022	7-108-103-0657	±
	Tile Number on all Communications to Determination of this Well	
	THE THE ACCOUNTY TO DE NOTE THAT IS WISSING	
ITEM NO.	CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING	
1 FERC-		
2 IV-1	- Agent J. W. Hendrickson	**.
3 IV-2	- Well Permit_	-
4 · IV-6	- Well Plat	
5 17-35	5- Well Record Drilling Deepening	
6 IV-30	0- Gas-off Tests Gas Gary	Ratio
7 17-3	9- Annual Production a years - /mo	
8 17-4	0- 90 day Production 90-annual Days off Line:	•
9 17-4	8- Application for Certification. Complete?	Affidavlt /
10 - 17	IV Form #51 - 52 - 53 - 54 - 55 - (56) 57 - 58. Complete	Signed
18 - 28	Other: Survey Logs Geological Charts St	ructure Map
(5)	1:4000 Map Well Tabulations Gas Ana Pete commerce: 5-36-05 Date Completed: 8-2-05 Deepened	lyses
	Production Depth: 1772-2084; 2723-2743	
(5)	Production Formation: B. Injun; Story Sand	
(5)	Final open Flow	_
(5)	Static R.P. Total NA	• • •
(6)	Other Gas Test:	
(7)	Avg. Daily Gas from Armual Prod 210n: 4305/365 - 12 /	OCF
(8)	Avg. Daily Gas from 90-day ending 3/1-120 days / 90= /	3 MCF
(8)	10	PSIG from Daily Report
(5)	Oil Production: Mo Prom Compietion Report	00/45/2022
(10-17)	Does lease inventory indicate enhanced recovery being don	09/15/2023 e:_//o
(10-17)	Is affidavit signed? Notarized?	
	icial well record with the Department confirm the submitted	
	al Information Does computer program confi	
	reination Objected to? By Whom?	
The second secon	X CANADA	

STATE OF WEST VIRGINIA

DEPARTMENT OF MINES, OIL AND GAS DIVISION

Date		12	3	/	-	19	7	-
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API No.	Well 47 Stat		Cou	3	- F	6 Per	5 mi	> t

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 926
ADDRESS 445 West Main Street	Watershed ARCHERS FORK
Clarksburg, W. Va.	Dist. GRANT County VIETZEL Quad.
GAS PURCHASER None; gas is de-	Gas Purchase Contract No. N/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 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:

Notary Public

(NOTORIAL SEAL)

CONSOLIDATEO GAS SUPPLY CORPORATION—SOUTHERN REGION ELL NUMBER 1003 OPEN FLOW 31, STRICT MANINGTN DATE COMPLETED 10711/2693 OPEN FLOW 31, STRICT MANINGTN DATE INTO LINE 10721/2693 ETER NUMBER-99999999 ETER NUMBER-99999999 ETER NUMBER-99999999 SPUD DATE INTO LINE 1072/07 GROSS MONTHLY PRODUCTION IN MCF SPUD DATE OF DOT NOV DEC TOTA FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC TOTA TOWNSHIP FOR TOTAL PRODUCTION IN MCF JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC TOTA TOTAL PROD 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.										00/45/2022	09/15/2023	
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