

### 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 wells:
X all wells owned or operated by the undersigned in West Virginia
the wells listed below (Une space below or reverse side or attach list)
[COMPLETE AS APPLICABLE]
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.
and the separate of the separa
$\overline{\mathrm{X}}$ 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
Consolidated Gas Supply Corp.
Well Owner or Operator
ACCEPTED Abis Tomore 17
ACCEPTED this January 17, 19 79  Its: Vice President, Appl. Gas Supply
(Signal Level by Low
(Signature of designated agent)
Taken, subscribed and sworn to before me this 17thday of January , 1979.
Notary Public Jacob My commission expires September 13 , 19 86
Well owner or operator much be
Well owner or operator must be a responsible officer of the corporation, trustee, individual or legally qualified representative of owner of the well(s).

# LOCATION FOR WELL No. 304 PINE GROVE DISTRICT.

	PINE GHOVE		
MNHoge	Farm, on water	ers of Lower Run of Fish.	ing
Grant	District, Nei	Ze/. County, West V	/irginia
ease No. 432 A	cres 632 Range: N. 9	7 s — E — w./	<b>/</b>
		Jan-29 1909	
	\		
	C.S.Mo	)rann	
		10	
· .	like Brast	19	
	· ·	Henry Edgell.	1
	CH 100.	1249811	, ,
Programme in the state of the s	30	And the second s	- madestate a Con
1			
			1.7
)			
)			
lips \			-
		Mast	
1 2001	ius Hoge . LOO 5321/2 BY	ATION 14 1- 29, 109	
	BA	Proceductors  Per plat. Except as noted	
<i>V</i>	On	Field Map 19	***
	Pe:	erned to Pittsburg 19	
	ENTERED	ENTERED	
	2 3 1980 By C'&S	WELL BOOK	
	BY 665	LEASE DOCKET-	
		WONKING MAP	

SPECIAL INSTRUCTIONS:....

WELL RECORD. 665 Micry M. Hoge Grant District Hilye 532. County 21 Va. State Well No. 304 Rig Commenced Rig Completed Drilling Commenced Larry 2, 190 3 Potishel Contractor. march 13 1903 Drilling Completed ROCK FORMATION. BOTTOM. REMARKS. Mative Coal 650. 6 52 thuck Big sujun 1115 1119. 23/3 21/3 3103 3207 State; 32/3 3209 Gordon, 32/3 3232 Total depths. 3232 top Stray at 3215 very little gas in. Well shut in march. 14. 1903, Test shows 45% water through 6% casing both should in 60 min, show 350# API-060

	Charged Well.	to	Put ir Well		Pulled Out,		Left in Well.		Transferred fore Complet		Left at W Not in U	Vell,
Size	Feet	In	Feet	In	Feet	In	Feet	In	Feet	In	Feet	In
10	678		580		580						678	-
84	1933		1610		1610						1933	
63	2677		2521				2521				156	
5%	672		_		-	-					672	
0"	98		_		_						98	
	6 Line	fu	he was	h	auled b	7 7	nistale	as	6 % Cas	eng		

Production First 24 hours

09/15/2023 J.T3. Wallace, s Supt.

PROOF.—Sum of Three right hand columns equals first or "Charged to Well."
—many sheets as necessary to make a complete record.
——this record please use copying ink or an indelible pencil.

. P. E. D.

M. M. Hogo Farm

C-1 -

GECEIAED

1.0 API well number (If not available, leave blank: 14 digits.)		47-	103 - 1	5662	FEB 2 7 1979
2.0 Type of determination being sought. (Use the codes found on the front of this form.)		108 Section of A	NGPA	Caregory Cod	T. OF MINI
3.0 Depth of the repest completion location. (Only needed if sections 103 or 107 in 2.0 above.)			_	fect	
4.0 Name, address and code number of applicant. (35 letters per line maximum. If code number no available, leave blank.)	Nome 445 Street	olidated Ga West Main S ksburg		W. Va. 26301	
5.0 Location of this well. (Complete (a) or (b) !  (a) For onshore wells  (35 letters maximum for field name)	Wes Field Na County	t Virginia Met		A-85772 W. Va	
(b) For OCS wells	Area Nar	Date of Lea	1 1	Block Number	
(c) Name and identification number of this well. (35 letters and digits maximum.)	Me	9RY 17. 11	loge	<b>3</b> 04	
(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	Purchase	rs	Buye Cco-
(b) Date of the contract			Mo Da	, V,	
Ic) Estimated annual production			6	MMcf.	
		(S/MMBTU)	(b) Tax	(c) All Other Prices [Indicate (+) or (-).]	(d) Tora-o (a), (b) and (c)
7.0 Contract price (As of filing date Complete to 3 perimal places)					
8.0 Maximum lawful rate (As of filing date. Complete to 3 decimal places)		2.224	*		
B.0 Person responsible for this application.  Agency Use Only  Dete Received by Juris. Agency  FEB 271979  Dete Received by FERC	Signatury 12/3	Hendrickson	ducto	7 P. C. Title 304-623-3611 Phone Number	as Supply

Form Approved OMB No 036-R0381

### 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

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	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.

RTICIPANI	DATE: FEB 291980	DOILK-SELLER CODE
weil opi	EMPLE Consolidated Gas Supply Corp.	004228
FIRST PI	URCHASER General System Purchasers	hone
OTHER:		
-5.	Qualifinas Section 108, stupper 4	Car (as)
W. Va Dep	etermination file number	-
	27 -108-103-0662	•
Ilse Above	File Number on all Communications to Determination of this Well	
	CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING	
TEM NO.	Circuit 27.05	
T FERC	C-121 Items not completed - Line No.	materiologica população propriedo de população de propriedo de propriedo de população de propriedo de população de populaç
2 IV-3	1-Agent J.W. Hendrickson	•
	2 - Well Permit	
	6 - Well Plat	
	35- Well Record Drilling Deepening	Otto California and C
5 IV	35- WEIL MECOLA	atio
i		
	35- WILLIAM 2000/19/	
	/	
9 17-	-48- Application for Certification. Complete?	Affidavit Signed
10 - 17	IV Form \$51 - 52 - 53 - 54 - 55 - 56 - 57 - 58. Complete	ucture Fap
18 - 28	Other: Survey 10gs 30010g	
(5).	1:4000 Map Well Tabilations Gas Anal Commenced: /-2-03 Date Services: 3-13-03 Deepened	, , , , , , , , , , , , , , , , , , , ,
(5)	Production Depth: 32/3-3232; 3/83-3209	
(5)	Production Formation: Gordon' Stray	
(5)	Fraloren Flow: N/A	
(5)	Static R.P. 350# 60 min.	
(5)	Other Gas Test: 6403/	= MOE
(7)	Avg. Daily Cas from Amoual Production: 1994/0.	
(8)	Avg. Daily Cas from 90-day endir. =/1-120 days 1999/90=	
(8)	Line Pressure:	SIG from Daily Report
(5)-	Oil Production: No Prom Completion Report	
(10–17)	Done lease inventory indicate enhanced recovery being dome	e: <u>09170</u> 2023
(10-17)	Is afficavit signed? Rotarized?	
Does of	ficial well record with the Department confirm the submitted	information! Cos
Additio	onal Information Does computer program confi	
	eraination Objected tol By Wheal	
		· cmc

STATE OF WEST VIRGINIA

DEPARTMENT OF MINES, OIL AND GAS DIVISION

Date	Dec	: 31	1978
Opera			
Well 1	T		

No. <u>47</u> - <u>/03</u> - <u>066</u> State County Permit

#### WELL CLASSIFICATION FORM

#### STRIPPER GAS WELL

NGPA Section 108

	DESIGNATED AGENT J. W. H	Mendrickson
	ADDRESS 445 West Main	Street
	Clarksburg, W	Vest Virginia 26301
WELL OPERATOR Cons. Gas Supply Corp.		
ADDRESS 445 West Main Street	Watershed Low. Run o	f Fishing Creek
Clarksburg, W. Va.	•	tzel Quad.
GAS PURCHASER None; gas is de-	Gas Purchase Contract No	
ADDRESS <u>livered into applicant</u> 's	Meter Chart Code	N/A
interstate pipeline system	Date of Contract	N/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.

(NOTORIAL SEAL)

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\_ $\chi$ \_. 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.
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 writing above, bearing date the day of, 19, has acknowledged the same before me, in my county aforesaid.
Given under my hand and official seal this 5 day of 3th, 1979.
My term of office expires on the 13th day of September , 19 86.
Tank & Dadley

Notary Public /

	0.00	909 30 76.230	622°92 01 81E	26.230	19 19 56-531	239 7 74.231	285°92 19 20°59	165°92 14 595	822 75 76.230	652°94 154 154	922°92 14 555	162.92 21 255	1978 PROD DAILY AVG SPEC. GRAV.	1
	TE2*92	75.230 13 106.530	TE2.92 5T 89h	888	TE2*92 62 506	16.537 52 24 843	960 32 76.230	969 31 76-229	062°92 TT 066	TE2.92 hT 2Eh	922°92 II 916	840 75 25 840	1977 PROD DAILY AVG SPEC. GRAV.	-
	TE2*92 62 506	75•-31 31 76•-230	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	1976 PROD DAILY AVG SPEC. GRAV.	) )
70	DEC	VOV	OCT	SEP	AUG	JUL	NUL	МАҮ	APR	MAR	TI EE B	JAN		)
Approximation () consequently the					MCF	Y PRODUCTION IN MCF	HLY PRODUC	GROSS MONTHL	G					
LEASE	PRE 10/07/69 L LAST LINE PRESS	PRE LAST									12/0 NI	R 665	METER NUMBER-	)
00.00	ORIG ROCK PRES PCT INTEREST 10 TOWNSHIP	ORIG PCT I				0 / 0 / E /TT/5 E06T/ET/E	ETED LINE TE 0,	DATE COMPL DATE INTO SPUD DA			DE	Y FORMATION CODE CT MANINGTN	COMPANY FORM DISTRICT MAN COUNTY 103	)
,		000	And the second s	N REGION	CONSOLIDATED GAS SUPPLY CORPORATIONSOUTHERN REGION	RPORATION	SUPPLY CO	ATED GAS	CONSOLID		,	40E	NOM	)