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

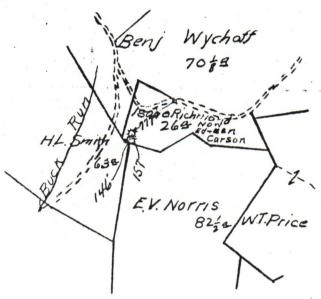
DESIGNATION OF AGENT BY WELL OWNER OR OPERATOR

Well Operator X / Owner X / 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
and signed hereby designates the following person to be the agent of the
process, notices, orders and other communications which may be included
virginia:
Designated Agent J. W. Hendrickson
Address445 West Main Street
Clarksburg, West Virginia 26301
Telephone _304-623-3611
The underestimated
The undersigned represents that said designated agent is a bona fide resident of the State of West Virginia, and has agreed to aggest the state of
accept the designation. This designation
by the undersigned in West Virginia
the wells listed below (Use space below or reverse side or attach list)
[COMPLETE AS APPLICABLE]
The undersigned is hereby recording an existing designation of agent made prior to
t som tv-1.
The undersigned is proposing to own or operate wells in West Virginia for the first
designation should also be considered the manifestation
undersigned with the Deputy Director.
X The undersigned has owned and operated
X The undersigned has owned and operated a well or wells in West Virginia since the year 1898 , but has not heretofore appointed a designated agent.
This designation substitutes a new designated agent for the undersigned, who has
well of wells in West Virginia since the
agent of the undersigned, who will continue
able, until this new designation has been approved, is
Agent being replaced
Address
Consolidated Gas Supply Corp. Well Owner or Operator
2/1/1/ 2/ /
Its: Vice President April Good
16 - Kt. A CVA (Dec -
(Signature of designated agent)
tary Public January , 1979.
My commission expires September 13 , 19 86
I owner or operator must be a responsible officer of the corporation, trustee, individual or legally
e de la constant de l

LOCATION FOR WELL No. 380

Wetzel DISTRICT.

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09/15/2023

FEB 2 7 1979

1.0 API well number (If not available, leave blank 14 digits.)	47- 103 - 0663 OH & GAS DIME
2.0 Type of determination being sought (Use the codes found on the front of this form.)	108 DEFT. OF MI
3.0 Depth of the repest completion focation. (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 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 WETZE! 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.)	I. J. Richmond 380
(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 Name Buye Cco-
(b) Date of the contract	Mo Day Yi
Ic) Estimated annual production	6MMc1
	(a) Base Price (b) Tax (c) All Other (d) Total (a). (S/MMBTU) Prices (Indicate (b) and (c). (+) or (-).)
(As at filing date Complete to 3 pecimal places)	
.0 Maximum lawful rate (As of filing date. Complete to 3 decimal places)	2.224
Apency Use Only Set Received by Juris. Agency EB 271979	J. W. Hendrickson V.P. Gas Supply Title Segnature Segnature
ete Received by FERC	12-31-78 304-623-3611 Dete Application is Completed Phone Number

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	Nu	New onshore production well	
107		High cost natural gas	
108	<u>-</u>	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.

WELL OPERATOR: Consolidated Gas Supply Corp.	004358
FIRST PURCHASER: General System Purchasers	N/A
OTHER:	
Quenfrow Section 08 stugen well.	and the second
W. Va. Department of Mines, Oil & Gas Division	D
WELL DETERMINATION FILE NUMBER	
790227 -108 - 103 - 0663	
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. Hendrickson	
3 IV-2 - Well Permit	
4 IV-6 - Well Plat	
5 IV-35- Well Record / Drilling Deepening	
	Ratio
21 MOS.	
7 IV-39- Annual Production & Sept Nov 8 IV-40- 90 day Production 90 Sept. Days off Line:	
for Certification, Complete?	
10 - 17 IV Form \$51 - 52 - 53 - 54 - 55 - 56 - 57 - 58. Complete	
18 - 28 Other: Survey Logs Geological Charts St	ructure Map
1:4000 Map Well Tabulations Gas Ana	lyse s
Date commerced: 5-5-1896 completed Deepened Deepened	
(5) Production Depth: 2556 to 2659	
(5) Production Formation: IN Jun	
(5) Final OPEN FLOW: 554 Mef	
Acter FRAC!	
365 = 15 Met	
17 See from 90-day endir -2/1-120 days 158/90 17	le Mef
O#	PSIG from Daily Re
(8) Line Pressure:	THE WALLES
(5) Oil Production: (US) From Comp? - toon Report 2665	CALANDAE
(10-17) Does lease inventory indicate enhanced recovery being don	U9/15/2023
(10-17) Is affidavit signed? Notarized?	
Does official well record with the Department confirm the submitted	information wo
Additional Information Does computer program confi	
No Determination Objected to? By Whom?	

DATE: FEB 2 9 1980

PARTICIPANTS:

BUYER-SELLER COL

STATE OF WEST VIRGINIA

DEPARTMENT OF MINES, OIL AND GAS DIVISION

Date 12	-31-	19 78
Operator's Well No	380	0
API Well No. 47 - State	103 County	- <u>0663</u> Permit

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 NOT ON PIAT
ADDRESS 445 West Main Street	Watershed Buck Run
Clarksburg, W. Va.	Dist. GRANT County WETZEL Quad. NOTON PLAT.
GAS PURCHASER 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:

- Comment

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 χ . If yes, indicate the type and source of the information.

AFFIDAVIT

T have car	I, J. W. Hendrickson , having been first sworn according to law, state that used to be made a diligent search of those records hereinbefore indicated in the manner
herein des	scribed, that the information contained in this document is true and accurate and that
on the bas	sis 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.
	solution is solution to solution as a stripper well.
	La Amongo Samon
STATE OF V	WEST VIRGINIA,
	WIDDIG
COUNTY OF	HARRISON , TO WIT:
	T Delah D Durallan
	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 ofDEC 3 191978, has acknowledged the same before me, in my county aforesaid.
	Given under my hand and official seal this 9 day of, 1979.
	- day of
	My term of office expires on the 13th day of September , 19 86.

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