

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 § 22-4-1k, 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 (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 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.

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 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
By: [Signature]
Its: Vice President, Appl. Gas Supply

ACCEPTED this January 17, 1979

[Signature]
(Signature of designated agent)

Taken, subscribed and sworn to before me this 17th day of January, 1979.

Notary Public [Signature] My commission expires September 13, 1986

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

09/15/2023

A-4

Hope Natural Gas Co.

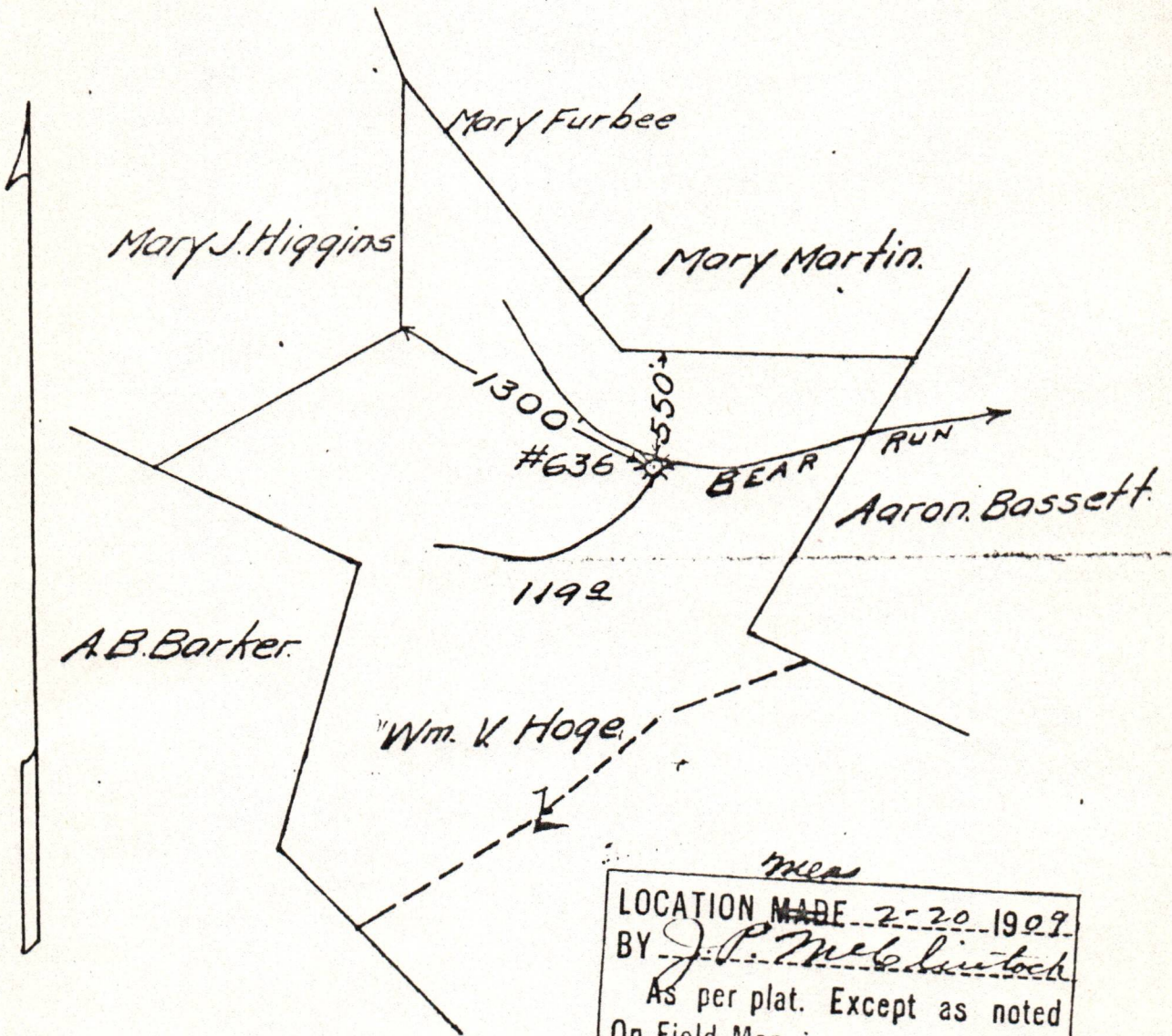
LOCATION FOR WELL No. 636

Pine Grove DISTRICT.

On Wm V. Hoge Farm, on waters of Crows Run
Greene District, Wetzel County, West Virginia.

Lease No. 477 Acres 130 Range: N. 7 S. E. W. 6

Scale 1" = 800' Made Feb-20-1909



LOCATION MADE 2-20-1909
 BY J. P. Melvin
 As per plat. Except as noted
 On Field Map 19
 Returned to Pittsburg 19

Wet-672

09/15/2023

RESERVE:.....

SPECIAL INSTRUCTIONS:.....

WELL RECORD.

672

B-2

Wm. V. Hoget Farm 130 Acres
Brent District *Metzger* County *West Val* State

Well No. 636
 Rig Commenced Sept. 24 1904
 Rig Completed Oct. 5 1904
 Drilling Commenced Oct. 12 1904
 Drilling Completed Nov. 24 1904

A. Q. Davis Contractor.
J. P. Fiskel Contractor.

ROCK FORMATION.	TOP.	BOTTOM.	REMARKS.
<i>F. & W. coal</i>	<i>564</i>	<i>570</i>	
<i>Little Runhard.</i>	<i>985</i>	<i>1065</i>	
<i>Big Runhard.</i>	<i>1065</i>	<i>1185</i>	
<i>Salt Sand.</i>	<i>1380</i>		
<i>Water.</i>	<i>1533</i>		
<i>Little Lime</i>	<i>1700</i>	<i>1762</i>	
<i>Big Lime</i>	<i>1762</i>	<i>1830</i>	
<i>Argill</i>	<i>1830</i>		
<i>1st. Gas</i>	<i>1836</i>		
<i>2nd. Gas</i>	<i>1846</i>		
<i>Total Depth</i>	<i>1846'</i>	<i>Steel Line Measurement.</i>	

OVER

WET-672

CASING RECORD.

Size	Charged to Well.		Put in Well.		Pulled Out.		Left in Well.		Transferred Before Completion.		Left at Well, Not in Use.	
	Feet	In.	Feet	In.	Feet	In.	Feet	In.	Feet	In.	Feet	In.
<i>10</i>	<i>212</i>		<i>200</i>				<i>200</i>				<i>14</i>	<i>0</i>
<i>8 1/4</i>	<i>1110</i>		<i>1067</i>				<i>1067</i>				<i>43</i>	<i>0</i>
<i>6 3/8</i>	<i>1909</i>		<i>1790</i>				<i>1790</i>		<i>100</i>		<i>19</i>	<i>0</i>

Approved by _____
 Production First 24 hours } _____ Bbls.

H. A. Wallace

09/15/2023

Proof - Sum of Three right hand columns equals First or "Charged to Well."
 Use as many sheets as necessary to make a complete record.
 In making out this record please use copying ink or an indelible pencil.

8

WELL RECORD.

B-3

Wm. Hogg

Farm..... Acres

District..... County..... State

Well No. *636*

Rig Commenced..... 190..... }
 Rig Completed..... 190..... } Contractor.
 Drilling Commenced *7-25* 190 *6* }
 Drilling Completed *9-2* 190 *6* } *Hope Nat Gas* Contractor.

ROCK FORMATION.	TOP.	BOTTOM.	REMARKS.
<i>Super Sand</i>	<i>1830</i>	<i>2071</i>	
<i>1st Sand</i>	<i>2112</i>	<i>2115</i>	
<i>Red Rock</i>	<i>2190</i>	<i>2540</i>	
<i>Sand</i>	<i>2597</i>	<i>2602</i>	
<i>Shaly</i>	<i>2632</i>		
<i>Sand</i>	<i>2632</i>		
<i>Total depth</i>		<i>2672</i>	<i>SLM</i>

ENTERED
 WELL LOG *9-10-06*
 LEASE RECORD
 LEASE BOOK
 WELL MAP *6-12-08*
 VALUE MAP
 COUNTY

WET-672

CASING RECORD.

Size.	Charged to Well.		Put in Well.		Pulled Out.		Left in Well.		Transferred Before Completion.		Left at Well, Not in Use.	
	Feet.	In.	Feet.	In.	Feet.	In.	Feet.	In.	Feet.	In.	Feet.	In.
<i>10</i>					<i>200</i>						<i>200</i>	
<i>8 1/4</i>					<i>1067</i>						<i>1067</i>	
<i>6 3/8</i>							<i>1790</i>					
<i>5 3/16</i>	<i>2160</i>						<i>2158</i>					<i>✓</i>

Production }
 First 24 hours } Bbls.

Approved by
[Signature] Supt.

09/15/2023

Proof—Sum of Three right hand columns equals First or "Charged to Well."
 Use as many sheets as necessary to make a complete record.
 In making out this record please use copying ink or an indelible pencil.

C

01
 FERC-121 - 299b -

1.0 API well number (If not available, leave blank 14 digits.)	<u>47-103 672</u>																		
2.0 Type of determination being sought. (Use the codes found on the front of this form.)	<table style="width:100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>108</u> Section of NGPA</td> <td style="text-align: center; width: 50%;"><u>-</u> Category Code</td> </tr> </table>	<u>108</u> Section of NGPA	<u>-</u> Category Code																
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3.0 Depth of the deepest 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.)	<table style="width:100%; border: none;"> <tr> <td colspan="2"><u>Consolidated Gas Supply Corporation</u></td> <td style="text-align: right;"><u>004228</u> Seller Code</td> </tr> <tr> <td colspan="3">Name</td> </tr> <tr> <td colspan="3"><u>445 West Main Street</u></td> </tr> <tr> <td colspan="3">Street</td> </tr> <tr> <td><u>Clarksburg</u></td> <td><u>W. Va.</u></td> <td><u>26301</u></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	<u>Consolidated Gas Supply Corporation</u>		<u>004228</u> Seller Code	Name			<u>445 West Main Street</u>			Street			<u>Clarksburg</u>	<u>W. Va.</u>	<u>26301</u>	City	State	Zip Code
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5.0 Location of this well. (Complete (a) or (b).) (a) For onshore wells (35 letters maximum for field name.)	<table style="width:100%; border: none;"> <tr> <td><u>West Virginia Other</u></td> <td><u>A-85772</u></td> </tr> <tr> <td>Field Name</td> <td></td> </tr> <tr> <td><u>WETZER</u></td> <td><u>W. Va.</u></td> </tr> <tr> <td>County</td> <td>State</td> </tr> </table>	<u>West Virginia Other</u>	<u>A-85772</u>	Field Name		<u>WETZER</u>	<u>W. Va.</u>	County	State										
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(b) For OCS wells	<table style="width:100%; border: none;"> <tr> <td>Area Name</td> <td>Block Number</td> </tr> <tr> <td colspan="2">Date of Lease</td> </tr> <tr> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> <td></td> </tr> <tr> <td style="text-align: center;">Mo Day Yr</td> <td>OCS Lease Number</td> </tr> </table>	Area Name	Block Number	Date of Lease		_ _ _ _ _ _ _		Mo Day Yr	OCS Lease Number										
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(c) Name and identification number of this well (35 letters and digits maximum.)	<table style="width:100%; border: none;"> <tr> <td><u>WILLIAM V. HOGE</u></td> <td><u>636</u></td> </tr> </table>	<u>WILLIAM V. HOGE</u>	<u>636</u>																
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(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.)	<table style="width:100%; border: none;"> <tr> <td><u>General System Purchasers</u></td> <td>Buyer Code</td> </tr> <tr> <td>Name</td> <td></td> </tr> </table>	<u>General System Purchasers</u>	Buyer Code	Name															
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(c) Estimated annual production	<u>9</u> MMcf.																		
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9.0 Person responsible for this application:	<table style="width:100%; border: none;"> <tr> <td><u>J. W. Hendrickson</u></td> <td><u>V.P. Gas Supply</u></td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>JWHendrickson</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature</td> </tr> <tr> <td><u>DEC. 31, 1978</u></td> <td><u>304-623-3611</u></td> </tr> <tr> <td>Date Application is Completed</td> <td>Phone Number</td> </tr> </table>	<u>J. W. Hendrickson</u>	<u>V.P. Gas Supply</u>	Name	Title	<u>JWHendrickson</u>		Signature		<u>DEC. 31, 1978</u>	<u>304-623-3611</u>	Date Application is Completed	Phone Number						
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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

<u>Section of NGPA</u>	<u>Category Code</u>	<u>Description</u>
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

<u>Contract Date</u> (Mo. Day Yr.)	<u>Purchaser</u>	<u>Buyer Code</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 DETERMINATION REPORT

PARTICIPANTS:

DATE:

FEB 22 1980

BUYER-SELLER CODE

WELL OPERATOR: Consolidated Gas Supply Coep

004228

FIRST PURCHASER: General System Purchasers

N/A

OTHER:

Qualifies as Section 108, stippled well

Fractured

W. Va. Department of Minors, Oil & Gas Division

WELL DETERMINATION FILE NUMBER

790227 - 108 - 103 - 0672

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
 - 6 IV-36- Gas-Oil Test: Gas Only Was Oil Produced? _____ Ratio _____
 - 7 IV-39- Annual Production 2 years - 2 mos.
 - 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 Affidavit Signed
 - 18 - 28 Other: Survey _____ Logs _____ Geological Charts _____ Structure Map _____
- 1:4000 Map _____ Well Tabulations _____ Gas Analyses _____
- (5) Date Commenced: 10-12-04 Date Completed: 11-24-04 Deepened 7-25-06 9-2-06
 - (5) Production Depth: 1830-1848; 2632-2672
 - (5) Production Formation: INJUN; STRAY
 - (5) Final Open Flow: N/A
 - (5) R.P. After Frac: 175 #

- (7) Avg. Daily Gas from Annual Production: $7939/365 = 22 \text{ MCF}$
- (8) Avg. Daily Gas from 90-day ending w/1-120 days $2266/90 = 25 \text{ MCF}$
- (8) Line Pressure: N/A PSIG from Daily Report
- (5) Oil Production: NO From Completion Report
- (10-17) Does lease inventory indicate enhanced recovery being done: NO 09/15/2023
- (10-17) Is affidavit signed? Notarized?

Does official well record with the Department confirm the submitted information? NO
Drilled deeper from 1830-2672
 Additional Information _____ Does computer program confirm? _____
 Was Determination Objected to? _____ By Whom? _____

SM

Date DEC. 31, 1978

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

Operator's
Well No. 636

API Well
No. 47 - 103 - 672
State County 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 N/A

ADDRESS 445 West Main Street Watershed CROWS RUN

Clarksburg, W. Va. Dist. GREEN County WETZEL Quad. N/A

GAS PURCHASER None; gas is de- Gas Purchase Contract No. N/A

ADDRESS livered into applicant'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.

09/15/2023

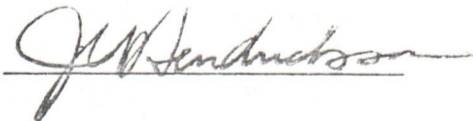
Describe the search made of any records listed above.

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 X. 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.



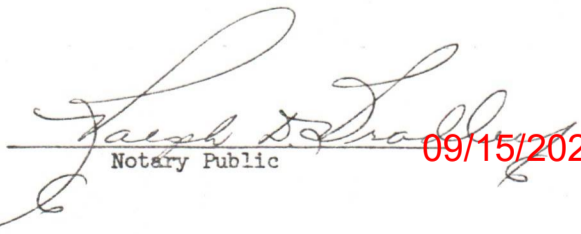
STATE OF WEST VIRGINIA,

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 DEC 31 1978, 19___, has acknowledged the same before me, in my county aforesaid.

Given under my hand and official seal this 7 day of Feb, 1979.

My term of office expires on the 13th day of September, 1986.


Notary Public

09/15/2023

(NOTORIAL SEAL)

CONSOLIDATED GAS SUPPLY CORPORATION--SOUTHERN REGION

WELL NUMBER 636
 COMPANY INFORMATION CODE 0
 DISTRICT MANINGTN
 COUNTY 103
 WELL NUMBER-999999999
 WELL PRESSURE 11 IN 0/71
 PERMIT NUMBER 672

DATE COMPLETED 11/23/1904
 DATE INTO LINE 12/15/4
 SPUD DATE 0/0/0

ORIG OPEN FLOW 4962 MC
 ORIG ROCK PRES 385 PS
 PCT INTEREST 100.0000
 TOWNSHIP 5
 PRE 10/07/69 LEASE
 LAST LINE PRESSURE 5

09/15/2023

GROSS MONTHLY PRODUCTION IN MCF

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
7 PROD	924	792	818	811	812	835	811	451	822	611	791	338	8816
LY AVG	29	28	26	27	26	27	26	14	27	19	26	10	24
C. GRAV.	115.331	115.328	115.331	115.329	115.330	115.329	115.330	115.330	115.330	115.331	115.329	115.330	
8 PROD	943	637	884	966	0	621	893	729	778	725	763	0	7939
LY AVG	30	22	28	32	0	20	28	23	25	23	25	0	23
C. GRAV.	115.330	115.327	115.330	115.329	115.330	115.329	115.330	115.330	115.329	115.330	115.329	0.0	