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 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 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
\underline{X} all wells owned or operated by the undersigned in West Virginia
the wells listed below (What 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 firs
time, so that this designation should also be considered the registration by the
undersigned with the Deputy Director.
and a series of the series of
\underline{X} The undersigned has owned and operated a well or wells in West Virginia since the
year 131898 , 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 Con Supply Com
Consolidated Gas Supply Corp. Well Owner or Operator
By: Ment militar
ACCEPTED this January 17 , 19 79 Its: Vice President, Apply Cas Supply
766/Jen. Chine Com-
(Signature of designated agent)
Taken, subscribed and sworn to before me this 17th day of January , 1979.
Notary Public Yain Dradley My commission expires September 13 , 19 86
Wall ourse are appropriately much be
Well owner or operator must be a responsible officer of the corporation, trustee, individual or legall qualified representative of owner of the well(s).

HOPE NATURAL GAS COMPANY. LOCATION FOR WELL No. 646 Littleton DISTRICT Jno. Ingranm Farm, on waters of Four Mile Run Grant District, Wetzel County, West Virginia. Lease No — Acres 332 N /Z S — E Z W — ES Scale, one inch equals BOp Sent to Location to be Frank Blane ISAAL Blane Jr. Jno. Ingrahma 1800 Dennis Coughlin Hrs. Sam'l Williams . P. Ashcraft. OK DAB WET-674

WET-674

SPECIAL INSTRUCTIONS	09/15/2023
Location - 5-13 14	by O.C. Straight As per plat, except as noted. On field ma
	Returned to Pittsburgh1
Location changed on account	of
Authorized by	Date 1 Signed

B	1	-

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11		2012	CASING	RECOF	P. "		A 400 M 400 M 400 M	
	Charged to Well.	Put in Well.	Pulled Out.	Left in Well.	Transferred fore Complet		Left at Not in	Well, Use.
Size	Feet In	Feet In	Feet I	Feet	In Feet	In	Feet	In
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84		413	530	883				
0/8		1900		1425				
0/6		7200		4400				
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	rirst 24 Hours			48	Winger	1	S	up't.
M M Mari	PROOFSum of T	hree right hand c	olumns equals F	irst or "Charged	to Well."			

FERC-121 - 299b -

1.0 API well number (If not available, leave blank: 14 digits.)	47	103-	0674 F	EB 27 1979
2.0 Type of determination being sought. (Use the codes found on the front of this form.)	108 Section o		Calegory Code	GAS DIVISIO
3.0 Depth of the repest completion location. (Only needed if sections 103 or 107 in 2.0 above.)			feet	1.46
4.0 Name, address and code number of applicant (35 letters per line maximum. If code number no available, leave blank.)	Consolidated (Name 445 West Main Street Clarksburg Cuy		W. Va. 26301	Seller Code
5.0 Location of this well. (Complete (a) or (b) } (a) For onshore wells (35 letters maximum for field name)	West Virginia Field Name WETZ		A-85772 W. Va	<u>.</u>
(b) For OCS wells	Area Name Date of L Mo Day	ease Y,	Block Number	-
(c) Name and identification number of this well. (35 letters and digits maximum.)	J INGRA		641	
(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	n Purchase	rs	Buye Cco-
(b) Date of the contract		Mo Da	, , , ,	
(c) Estimated annual production		7	MMc1.	ALTERNATION DE VIENE
	(S/MMBTU)	(b) Tax	(c) All Other Prices [Indicate (+) or (-).]	(d) Toraco (a), (b) and (c.
7.0 Contract price (As of filing date Complete to 3 decimal places)				
8.0 Maximum lawful rate (As of filing date. Complete to 3 decimal places.)	2.224			
9.0 Person responsible for this application: Agency Use Only Date Received by Juris. Agency FEB 2 7 1979 Date Received by FERC	J. W. Hendryks Norm Signature PEC, 31, 1978 Date Application is Compile	hucko	V.P. G. Ynle 304-623-3611	as Supply

5779 XX 6.2-2

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 NGP	A 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.)

Bamarke

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
PARTICIPA	NTS: DATE: FEB 2 2 1980 BUYER-SELLER CODE
WELL O	PERATOR: Consolidated Gas Supply CORP. 00,4228
FIRST	PURCHASER: GENERAL System PURCHASERS M/A
OTHER:	
-	Oughter at Section 108 strong well
	partment of Mines, Oil & Gas Division DETERMINATION FILE NUMBER DETERMINATION FILE NUMBER
7902	227-108-103-0674
	re File Number on all Communications ag to Determination of this Well
	CHECK EVOL TEEN VC COMPLETE OF NORTH THIRE TO MISCENSE
TTPW NO	CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING
ITEM NO.	
	1 - Agent S. W. Hendrickson
	-2 - Well Permit
	-6 - Well Plat
	-35- Well Record V Drilling V Deepening
	-36- Gas-Oil Test: Gas OnlyWas Oil Produced? Ratio
	-39- Annual Production 2 years - 2 MOS.
	-40- 90 day Production 90 Days off Line:
	-48- Application for Certification. Complete? / Affidavit
10 - 17	IV Form #51 - 52 - 53 - 54 - 55 (56) 57 - 58. Complete / Signed
18 - 28	Other: SurveyLogsGeological ChartsStructure Map
(5)	1:4000 Map Well Tabulations Gas Analyses Onte Commerced: 6-21-04 Date Completed: 9-14-04 Deepened
(5)	Production Depth: 2962-2982
(5)	Production Formation: 60RdON
(5)	Final Open Flow: N/A
(5)	R.P. after Frac: M/A
(7)	Avg. Daily Gas from Annual Production: 687/365= 19MCF; No Oil
(8)	Avg. Daily Gas from 90-day ending $w/1-120 \text{ days} \frac{122/90}{90} = 13.5 \text{ mCF} \cdot \text{No} \cdot 0$
(8)	Line Pressure: PSIG from Daily Repor
(5)	Oil Production: Mo From Completion Report 09/15/2023
(10-17)	Does lease inventory indicate enhanced recovery being done:
(10-17)	Is affidavit signed? / Notarized? /
Does off	icial well record with the Department confirm the submitted information? Mo
Addition	Does computer program confirm?
Was Dete	ermination Objecte: to? By Whom?

DEPARTMENT OF MINES, OIL AND GAS DIVISION

Dat	e	ec 31	1978
	rator's	646	,
API No.	Well 47 - State	103 County	-474, 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
ADDRESS 445 West Main Street	Watershed Fook Mile Run
Clarksburg, W. Va.	Dist. GRANT County Wefzel 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
* * * * *	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 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.
Ju Sendrickson
STATE OF WEST VIRGINIA,
COUNTY OF HARRISON , TO WIT:
T Polyh D Prodler W. J. T.
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
ner and
the day of, 19, has acknowledged the same before me, in my county aforesaid.
Given under my hand and official seal this
My term of office expires on the 13th day of September , 19 86.
Marian Inchard Line and X Lill

Notary Public

09/15/2023

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