

FORM IV-1

# 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
X all wells owned or operated by the undersigned in West Virginia
the wells listed below (Wee 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.
V The understand
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
Agent being replaced
Address
Consolidated Gas Supply Corp. Well Owner or Operator
By: 201 fenel militar
ACCEPTED this January 17 , 19 79 Its: Vice President, Appl. 09/s15/2023
Pic / Sertine lone
(Signature of designated agent)
Taken, subscribed and sworn to before me this 17thday of January , 1979.
Notary Public Jan & Mrodley My commission expires September 13 , 1986
B

s:

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

FORM SC-	487 3-67		CONSOLIDA	TED GAS S	UPPLY CORPORAT	TON MY		, X
8-1			Di	EFECTIVE W	FIT REPORT	74.71	: 22+1 R.P.	-71
DATE May	23 19	72 MAF	47 × 8	x 8	TOWN, TWP.	9 M- 72	OUNTY Watzel	
WELL NO.	1075	NAM	EWilliam Gadd		- DISTRICT - UT	WORKING DISTRICT Mann	ington_	1
			SAND				2-71 SAND Gordo	n
			DATE	- 1	OPEN FLOW 18.4	RO	CK PRES. 22	3
ORIG. BAR	RELS	Doily Mo.	DATE		BARRELS	Daily Mo. DAT	E	3
SANDS	No Reco	rd			sands None	44 1 /4 1		
			T	The same of the sa	SING RECORD			- 2
10	T. GF	460	SHOE OR PACKER	SET AT	CEMENTED WITH	DATE RUN	CONDITION OF CASING	,
81/4		1922		1.				_
6 5/13		2050						
5 3/116		2456			1,10			
2 3/3	the state of the state of the	2915	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HISTORY C	F WELL	4		
Depth of Pit	tsburgh Coo	1752		Original	Depth:2025	Present Dept	th: 2897	
Well Product	/Cos -	Gordon	Sand		8 OII Produc	ed by None		
	1011 -		Sand	the of	Condition	of Rig		
Amount of C	avings in ho	le:	Amoun	t of Water:		Amount of Oile		
Date well cl	eaned out:	9-2-71 155	Ga. Water	Result:	From 10.6 OF to	18.4 OF		
Date well tre	eoted 11-	7-19	Res	ulting open flow				
Type of tree	tment:	☐ Free.	1 Shot _ 2848	(where)	□ Acidiza □	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Other)	-
Remorks: 4	4/101	2" OF In	c to 45 / 10 W	2" OF				
					1 7 8 1 2 1 3			
What should	be done wit	h well in my opini	on: Suggest sel	l for aban	dment per Roy D	oman Bustian	-3 04 3	
					and per may b	oman Function	ar Study	
						Andrew Programme	Constitution of the same of th	_
				A		January Comment		
	/-/-		100	A TANKS WAS A			Maria de la companya della companya	
	10/72				0.23	Hannel	District Superintend	
I would recor	mmend 📈	S 2500	e.				interior and the same	
D . M	1 3 -	2 -	3/ 1 42 B 1 2 P 2 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B	the last property and the	and the second of the second	And former and a		1
Date 7-	The second secon			***	100	11. Galie	Division Superintend	ent
I would recor	mmend	to ide	1-1:3-				of the second constitution	_
	5 - 1-1 40 Db	• 44						. 4.
Form No. 199	Special 40 DK	SP	ECIAL VOL	LUME A	ND PRESSU	RE REPOR		
	3075	OWNER	OF WELL HODE	Natural Ga	s Company	N_B	CT Pine Grove	1
WELL NO.	1075	FARM N	AMEWilli	am Gadd	ME TEST	DISTRI	GI	M
- Annual Control Control Control	and the control of th		Laure of L PI	TOT TUBE	THE RESIDENCE OF THE PARTY OF T	SAND GAS FROM	Special test a	Les
	E OF TEST	ON DIEM IFON	OPENING READING	water	LBS.	Injun	requested by:-	TII
7-17	-45 6-5	BI F M	1/2" 6/10 1/4" None	Water	None	No record	J A Clark	1/2
TI	F 57							
. 2 hr	ME BLOWN - S	/16" F M	10/10	water	23814 CF	Gordon	J & Clair	1
2 hr	2	h k W				Gordon		#
Excellent of the second			20/10		URE TEST	MIN. 9 MIN. 10 M	IN. 30 MIN. 60 MIN. Hrs.	-
DATEOF	TEST OPE	NING 1 MIN.	2 MIN. 3 MIN. 4	PRESS	URE TEST   6 MIN.   7 MIN.   5 M   5 144 #r rock 1	MIN. 9 MIN. 10 M 2 Lbs 7-24-	IN. 30 MIN. 80 MIN. Hr. 45 168 hr rock	1
Excellent of the second	TEST   OPE	1 MIN. 72 1	2 MIN. 3 MIN. 4 r. rock 11 Lt	PRESS MIN. 5 MIN. 7-23-4 7-23-4	URE TEST   6 MIN.   7 MIN.   8 P   5 144 #r rock 1   5 144 # # N	MIN. 9 MIN. 10 M 2 1bs 7-24- one 7-24-	in. 30 Min. 80 Min. Hr. 45 168 hr rock	1 No
DATEOF	TEST   OPE	NING 1 MIN.	2 MIN. 3 MIN. 4 r. rock 11 Lt	PRESS MIN. 5 MIN. 7-23-4 7-23-4	URE TEST   6 MIN.   7 MIN.   8 P   5 144 #r rock 1   5 144 # # N	MIN. 9 MIN. 10 M 2 1bs 7-24- 0ns 7-24	IN. 30 MIN. 80 MIN. Hr. 45 168 hr rock	1 No
DATEOF	TEST   OPE   4b   6   5   2	1 MIN. 72 1	2 MIN. 3 MIN. 4 r. rock 11 Lt	PRESS MIN. 5 MIN. 7-23-4 7-23-4	URE TEST   6 MIN.   7 MIN.   8 P   5 144 #r rock 1   5 144 # # N	MIN. 9 MIN. 10 M 2 1bs 7-24- one 7-24-	in. 30 Min. 80 Min. Hr. 45 168 hr rock	1 No
7-20-	TEST   OPE   4b   6   5   2	1 MIN. 72 1	2 MIN. 3 MIN. 4 r. rock 11 Lt	PRESS MIN. 5 MIN. 7-23-4 7-23-4	URE TEST   6 MIN.   7 MIN.   8 P   5 144 #r rock 1   5 144 # # N	MIN. 9 MIN. 10 M 2 1bs 7-24- one 7-24-	in. 30 Min. 80 Min. Hr. 45 168 hr rock	1 No
DATE OF 7-20-	TEST OPE	NING 1 MIN. 72 1 16 72 HTUBING 78	2 MIN. 3 MIN. 4 r. rock 11 Lt	PRESS MIN. 5 MIN. 7-23-4 7-23-4	URE TEST   6 MIN.   7 MIN.   8 P   5 144 #r rock 1   5 144 # # N	MIN. 9 MIN. 10 M 2 1bs 7-24- one 7-24-	in. 30 Min. 80 Min. Hr. 45 168 hr rock	1 No
DATE OF 7-20-	TEST OPE 4b 6 b	NING 1 MIN. 72 172 11 72 14 72 15 72 16 72 178 72	2 MIN. 3 MIN. 4 r. rock 11 Lt	PRESS MIN. 5 MIN. 7-23-4 7-23-4	URE TEST   6 MIN.   7 MIN.   8 P   5 144 #r rock 1   5 144 # # N	MIN. 9 MIN. 10 M 2 1bs 7-24- one 7-24-	10. 30 MIN. 80 MIN. Hr. 45 168 hr rock 168 Hr rock 168 Hr rock 168 Hr rock 168 Hr.	No b
DATE OF 7-20-	TEST OPE	NING 1 MIN. 72 172 11 72 14 72 15 72 16 72 178 72	2 MIN. 3 MIN. 4 r. rock 11 Lt	PRESS MIN. 5 MIN. 7-23-4 7-23-4	URE TEST   6 MIN.   7 MIN.   8 P   5 144 #r rock 1   5 144 # # N	MIN. 9 MIN. 10 M 2 1bs 7-24- one 7-24-	in. 30 Min. 80 Min. Hr. 45 168 hr rock	No D

09/15/2023

Wet-681

RECORD. 13-2 Well No .. Rig Commenced July 15 1908
Rig Completed 11 20 1908 Rig Completed ... Drilling Commenced July 30 1908

Drilling Completed 9 thy 19 1909 BOTTOM. 756 780 Big Amstand 1304 1270 1393 1397 Fin gas Dank 1462 1498 1502 2nd Gas Dans 1590 Fin Hosalt David 1817 1706 Water - 1738-1740 Kittle Sime 900 Pencil Gave 1920 915 1990 920 990 Tas Jotal depth Jehr A TONE First hole willed to 2013 At and affandones 90 1-10 x84 m B H Packer - Casing dames. 13 in 10 m CASING RECORD. Charged to Well. Put in Well. Pulled Out. Left in Well. Transferred Before Completion. Size. Feet. In. Feet. In. Feet. Feet. Feet. In. Feet. In. 304 214 214 11 29 10 10 1464 8 84 2242 11 1276 187 11 280 192210 92210 Approved by Production 09/15/2023 8/4 8 X4 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.

Wet - 681

1.0 API well number (If not everlable, leave blank 14 digits.)	<u>47- 103</u>	
2.0 Type of determination being sought. (Use the codes found on the front of this form.)	108 Section of NGPA Category Code	
3.0 Depth of the repest 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 no: available, leave blank.)	CONSULTUATED DADPLY OUT DOTAGE	04228 Seller 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  W. Va.  County  State	
(b) For DCS 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.)	William GADL 1075	
(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	Buye Cco-
(b) Date of the contract	Mo Day Yr	
(c) Estimated annual production	3MMc1.	
	I TAL MALE PRICE I IDI IAX	) Tota: c. (a),
7.0 Contract price (As of filing date Complete to 3 general 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  Date Received by Juris. Agency  FEB 271979  Date Received by FERC	J. W. Hendrickson  Name  V.P. Gas  Title  Signature  12-31-78  Dete Application is Completed  Phone Number	Supply

12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WELL DETERMINATION REPORT	
PARTICIP	PANTS: DATE: MAR 071980	BLYER-SELLER CO
WELL	OPERATOR: Consolidated Gas Supply Copp.	034358
FIRST	PURCHASER: GENERAL SUSTEM PURCHASERS	NA
OTHER		
	Qualife a letter 108. Duyen are	,
	Department of Minos, Oil & Gos Division  L DETERMINATION FILE NUMBER	
7900	183.103.0681	
	ing to Determination of this Well	
		·
	CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING	· · · · · · · · · · · · · · · · · · ·
ITEM NO.		
	RC-121 / Items not completed - Line No.	
2 IV-	-1 - Agent J. W. Kendrickson	
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 / 9 Was Oil Produced? Rati	.0
7 IV-	-39- Annual Production years	:
8 IV-	-40- 90 day Production 90-annual Days off Line:	
	-48- Application for Certification. Complete?	5511
10 - 17		ffidavit Signed_/
18 - 28	Other: Survey Logs Geological Charts Struct	ure Map
(5)	1:4000 Map Well Tabulations Gas Analyse  Date Completed: 2-19-69 Deepened	
	Production Depth: 1990-2025; 2848	
(5)	Production Formation: Big Injun: Goodon	
(5)	Final OPEN Flow:	
(5)	after Feac:	
(5)	R.P. STEMPED dd	
(6)	Other Gas Test: 2730/365 = 7MCF  Avg. Daily Gas from Annual Production: 2730/365 = 7MCF	
(7)	Avg. Daily Gas from Annual Production: 1365-1116-	ME
(8)	Avg. Daily Gas from 90-day ending $w/1-120 \text{ days} \frac{837/90=9}{4}$	
(8)		from Daily Repor
(5)	Oil Production: No From Completion Report 09	<del>)/15/2023</del>
(10-17)	Does lease inventory indicate enhanced recovery being done:	No
(10-17)	Is affidavit signed? Notarized?	
Does offi	icial well record with the Department confirm the submitted info	rnation1 yes
	al Information Does computer program confirm?	***********
Was Deter	rification Objecte! to? By Whom?	Sm

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

Date _	12-31-	19 78
Operate Well No		<u> </u>
API Well	11 7 - 103 -	0681

### 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 STATE Road Run
Clarksburg, W. Va.	Dist. GREEN County WETZE! Quad. NOTON
GAS PURCHASER None; gas is de-	Gas Purchase Contract No. N/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:

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 hereinhefore 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.
bought quartifies as a stripper well.
M. leadarch -
Je Sommer & 3
STATE OF WEST VIRGINIA,
COUNTY OF HADDIGON
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 3 4,1978, has acknowledged the same before me, in my county aforesaid.
Given under my hand and official seal this day of, 19, 19
and official seal this
My term of office expires on the 13th day of September , 19 86.

Comment of the				0	
1976 PROD DAILY AVG SPEC. GRAV. 0.0 0.  1977 PROD 260 DAILY AVG SPEC. GRAV. 98.631 98.	IT NUMBER BOD	ANY FORMATION CODE RICT MANINGTN TY 103 R NUMBER-999999999 PRESSURE 22 IN	NUMBER		
		1771			
169°86 902 000 0	M A R				
285	GROSS MONTHLY PRODUCTION IN MCF  APR MAY JUN JUL AUG SEP	E INTO LINE 2/18/ PUD DATE 0/ 0/ 0	GAS SUPPLY CORPORA		
292 96 069°96 126 126 9	NOV DE	NSHIP 5 10/07/69 I T LINE PRES	OPEN FLO 3 ROCK PRE		09/15/2023
	PROD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC TOT  PROD O O O O O O O O O O O O O O O O O O	CHPANY FORMATION CODE   O	NUMBER 1075 NUMBER 1075 NUMBER 1075 NATE COMPLETED 2/18/199 NATE COMPLETED 2/18/199 NATE COMPLETED 2/18/199 NATE COMPLETED 2/18/199 NATE TOTO LINE PRESSURE 10/71  GROSS MONTHLY PRODUCTION IN MCF  JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC TOTO NATE TOTO D.O. O.O. O.O. O.O. O.O. O.O. O.O.	NUMBER 1075  NUMBER 1075  NUMBER 1075  PARE COMPLETED 2/3A/199  NOTE COMPLETED 2/3A/199  PARE NUMBER 10773  GROSS MONTHLY PRODUCTION IN MCF  IT NUMBER 10773  GROSS MONTHLY PRODUCTION IN MCF  PRESSURE 2 IN 0773  GROSS MONTHLY PRODUCTION IN MCF  IT NUMBER 10773  GROSS MONTHLY PRODUCTION IN MCF  PRESSURE 2 IN 0773  GROSS MONTHLY PRODUCTION IN MCF  TO