A-7

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
Address445 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 (Una space below or reverse, side or attach list)
COMPLETE AC ADDITIONAL
[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
\overline{X} The undersigned has owned and operated a well or wells in West Virginia since the year 151898 , 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: L'Un full in tron
ACCEPTED this January 17 , 19 79 Its: Vice President, Appl. Gas Supply
(Signature of designated agent)
Taken, subscribed and sworn to before me this 17th day of January , 1979.
Notary Public Jacob Mradley My commission expires September 13 , 1986
\mathcal{L}
Well owner or operator must be a responsible officer of the corporation, trustee, individual or legally qualified representative of owner of the well(s).

A-3 HOPE NATURAL GAS CO.
LOCATION FOR WELL No. 38/3
On County, West Virginia.
Scale, one inch equals 80 Pelus Sent to Clarksburg Office Coffice 30. 1915 Location to be 450 Pet from O. L. Morgan farm and 400 feet
from county road as perspection and 400 for
Action Level For
Horner De one the De 7000 Enrushed A. Ca 5-11-15
Jennie Potts BL. Morgan 138342 11249
175-8
1.8. KC Hrs 349 71/29 809
W.F. Arah 1 Rushas L. Lone 1631/2 Long
163/2 2019
(103-0690)
RESERVE Office lemotred for and flave Ducks
SPECIAL INSTRUCTIONS: COMPLETE WELL ON OR BEFORE 09/15/2023
Location made 5-11- 15 by J. Lang As per plat, except as noted. On field map
5-13- 15 Returned to Pittsburgh 5-13- 15
Location changed on account of
Authorized by Date 1 Signed

Well No				.over		•			Gal			loton	(W	District	10h		
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Rig Com		5-2	-15		·····		_	mplete			5-15	••••••			111		
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				Luther B							103	-06	90)	***************************************			
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Second Salt		1.517		511					1	1020	201	TO M	ercury	ture	S.Opg		
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Bayord																	
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13" Csg.																	
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		-	SHO	OTING RECOR	D (If a	hot befor	re or u	pon co	mple	tion of w	ell)						
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, , ,		We	ll no	t shot.						×	H IN H				1 N		
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Top Pittsl Bottom Pi	ourg Coal	oal			nenting.	ıg			A	Amount Smount Soul Comp	Cement Sand Us pany on	Used ed ground v	09/1	5/2023			
THE RESERVE OF THE PERSON OF T						App	roved	by	4.	1/6	2011	· · · · ·	leu	oreman			

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FERC 121 - 299b -

FED N 10	-	And the same of th			
(If not everlable, leeve blank 14 bight)	NIG	47	- 103	- 0690	
2.0 Type of determination being sought (Use the codes found on the front of this form.)		10 Section of		Category Co	de
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.)	1 445 Street	nsolidated (West Main rksburg		W. Va. 2630	004228 Seller Code
5.0 Location of this well. (Complete (a) or (b)! (a) For onshore wells (35 letters maximum for field name)		st Virginia	0ther	A-85772 W. Ve	
(b) For OCS wells				3(3)(
	Area N	Date of L Mo Day	1	Block Numb	
(c) Name and identification number of this well. (35 letters and digits maximum.)	E	E. Glove	e 3.	813	
(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.)	Gen	eral System	n Purchase	ers	Buyer Cco-
(b) Date of the contract			Mo Da	, V,	
(c) Estimated annual production			7	MMc1	211000000000000000000000000000000000000
		(\$/MMBTU)	(b) Tax	(c) All Other Prices [Indicate (+) or (-).]	(d) Toraco (a).
O Contract price (As of filing date Complete to 3 pecimal places)					
Maximum lawful rate (As of filing date. Complete to 3 decimal places.)		2.224			
Agency Use Only Received by Juris. Agency EB 271979	J. W.	Hendrickso	ducto	V.P. Gr	s Supply
e Received by FERC	12-3	3/-78	- d	304-623-3611	

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 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.

DATE: FEB 29 1000 BUYER-SELLER CODE
WELL OPERATOR: Consolidated Gas Supply Corp. 004228
FIRST PURCHASER General System Purchasers none
OTHER:
Qualfua Seten 108. Toppe well
W. Va. Department of Mines, Oil & Gas Division -WELL DETERMINATION FILE NUMBER
790227 -108-103-0690
Use Above File Number on all Communications
Relating to Determination of this Well
CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING
TEM NO.
I 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- Cas-Oil Test: Gas Only \20 Was Oil Produced? Ratio
$\lambda = 1$ Production $\lambda = 1$ Prod
Days off Line:
- Complete?
9 IV-48- Application for Certification. Complete Affidavit 10 - 17 IV Form #51 - 52 - 53 - 54 - 55 - 56 57 - 58. Complete Signed
Geological Charts Structure Map
Unit Tabulations Gas Analyses
: Commenced: 6-29-15
(5). Date Completed: 1-28-15 beeplated
(5) Production Depth: 1034-1044; 1509-1558: 1817-1820
(5) Production Formation: PHS. Coal; B. Dunkard: Firest Salt
(5) Find Open Flow: Initial Potential: (5) P
(5) Static R.P. Initially:
(6) Other Gas Test: 7054/
(7) Avg. Daily Gas from Annual Production: 1365 - 1977
(8) Avg. Daily Gas from 90-day endir, =/1-120 days / 905 2077/07
(8) Line Pressure: PSIG from Daily Report
(5) Oil Production: MO Prom Completion Report
(10-17) Does lease inventory indicate enhanced recovery being done: 09/15/2023
(10-17) Is affidavit signed? Notarized?
Does official well record with the Department confirm the submitted information?
Additional Information boes computer program confirm?
Was Determination Objected to? By Whom?
\sim

PARTICIPANTS: >

STATE OF WEST VIRGINIA

DEPARTMENT OF MINES, OIL AND GAS DIVISION

Date 12-31- 1978

Operator's Well No. 38/3

API Well No. 47 - 103 - 2690 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 NOT ON PLAT	
ADDRESS 445 West Main Street	Watershed Willey Fork	
	_	PIRT
	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:

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

<u>AFFIDAVIT</u>
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 informatio knowledge and belief, the well for which this certification is sought qualifies as a stripper well.
STATE OF WEST VIRGINIA,
COUNTY OFHARRISON, 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
Given under my hand and official seal this $\frac{1}{2}$ day of $\frac{1}{2}$, $\frac{1}{2}$.
My term of office expires on the 13th day of September , 19 86.
Notary Public 00/15/202
(vomentations)

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