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
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 wells
X all wells owned or operated by the undersigned in West Virginia
the wells listed below (Une 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 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 Cas Supply Com
Consolidated Gas Supply Corp. Well Owner or Operator
By: La fencla tron
ACCEPTED this January 17 , 19 79 Its: Vice President, Appl. Cas Supply
Tiller think lone
(Signature of designated agent)
Taken, subscribed and sworn to before me this 17th day of January , 1979.
Notary Public Jacob Aralley My commission expires September 13 , 1986
<i>((((((((((</i>
Wall aura an anatan mat ha a mara di Nasa di N

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

Parameter CAS COMPANY 699
10 ° 2 ° 11 ° 11 ° 11 ° 11 ° 11 ° 11 ° 1
LOCATION FOR WILL BUSINESS Instructions Instructions
Tolle Allen Family yaters of A. F. Firsting Creck
District, District, County, West Virginia.
Lease No. 12969 Acres 858 N. 8 S. E. W. W. Scale one inch equals 80 Galls Location made in Pittsburgh May 26, 1916 Sent to Clarksburg May 26, 1916
Scale one inch equals O O Calls Location made in Misburgh Location to be 600 feet from 6. J. Inodgrass Garmand 400 feet from
J. H. Gurbee Hrs. farno.
John W. Snydor
1082 J.H. Furbac Hrs
400-2
600
We MGallagher Nancy Long Estadon
JUHEURE HIE
46/3
S.J. Kilcoyne.
Jamas MAIION
2139/8 2
WET-699
3
TITLE RESERVE Horty acres around the
Special instructions: complete well on or before
Same Lease on which are Located Well No. 378-499-2274-2003
Location made 6-6-16 1 by It Running hacks per plat, except as noted On field map
6-8-161 Returned to Pittsburgh 6-8-16.
Location changed on account of
Authorized by Date 1 Signed

Well No. Located of	1 Rec	ord o	51	70		e))	15.	2.7	il.	1.6	~! J		We	inpany 1		O. I	ct JON
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1.0 API well number (If not available, leave blank 14 digits.)	47-103- 699	
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	A
4.0 Name, address and code number of applicant. (35 letters per line maximum. If code number not available, leave blank.)	Consolidated Gas Supply Corporation Name 1445 West Main Street Street Clarksburg W. Va. 26301 City State Zip Code	004228 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 WETZEL County W. Va.	
(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.]	J. M. FLLEN 4345	
(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, I	General System Purchasers	Buyer Cco-
(b) Date of the contract	Mo Oav Yr	Charlespend . And Thurston delegation of Tables 1975.
(c) Estimated annual production	7MMcf.	and the second s
	(a) Base Price (b) Tax (c) All Other Prices (Indicate (+) or (-).)	(d) Toraco (a), (b) and (2)
7.0 Contract price (As of filing date Complete to 3 pecimal places.)		
8.0 Maximum lawful rate {As of filing date. Complete to 3 decimal places.}	2.224	AND THE SECOND SECOND
Agency Use Only Date Received by Juris: 'Agency FEB 2.7.1979 Date Received by FERC	J. W. Hendrickson Name V.P. G Fitte DEC, 31, 1978 Dete Application is Compised Phone Number	as Supply

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		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.

	WELL DETERMINATION REPORT
PARTICIPA	NTS: DATE: FEB 2 2 1980 BUYER-SELLER CODE
. WELL O	PERATOR: Consolidated Gas Supply Copp. 04028
FIRST	PURCHASER: General System Purchasers NIA
OTHER:	
-	D. I let 128 stone well
	partment of Mines, Oil & Gas Division DETERMINATION FILE NUMBER Ouclefus as Section 188, player well Justin 188, player well
7900	227-108-103-0699
	e File Number on all Communications g to Determination of this Well
	CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING
ITEM NO.	
1 FER	C-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
	39- Annual Production 2 years - 2 mos.
	annual
10 - 17	48- Application for Certification. Complete?
18 - 28	Other: Survey Logs Geological Charts Structure Map
(5)	1:4000 Map Well Tabulations Gas Analyses Date Completed: 8-1-16 Date Completed: 9-16-16 Deepened
(5)	Production Depth: 235-24/0; 3060→3102
(5)	Production Formation: Injun; Gordon
(5)	Final Open Flow: N/A
(5)	R.P. after Frac: >5#
(7)	Avg. Daily Gas from Annual Production: 40/9/365=11MCF; No Oil
(8)	Avg. Daily Gas from 90-day ending w/1-120 days 1638/92= 18 MF: No 01
(8)	Line Pressure: PSIG from Daily Report
(5)	Oil Production: Mo From Completion Report
(10-17)	Does lease inventory indicate enhanced recovery being done: 09/15/2023
(10-17)	Is affidavit signed?Notarized?
Does off:	icial well record with the Department confirm the submitted information? 100
Addition	al InformationDoes computer program confirm?
	rmination Objected to?By Whom?
	Canl

STATE OF WEST VIRGINIA

DEPARTMENT OF MINES, OIL AND GAS DIVISION

Operator's Well No. 4343

API Well No. 47 - 103 - 699
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
ADDRESS 445 West Main Street	Watershed R.F. OF FISHING GREEK
Clarksburg, W. Va.	Dist. GRANT County WETZEL Quad.
GAS PURCHASER None; gas is de-	Gas Purchase Contract No. N/A
ADDRESS <u>livered</u> into applicant'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.

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.
Jendrich
Je V Hardard

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 _____, has acknowledged the same before me, in my county aforesaid.

Given under my hand and official seal this _____day of _______, 19 79.

My term of office expires on the 13th day of _______, 19 86.

Notary Public

(NOTORIAL SEAL)

CONSOLIDATED GAS SUPPLY CORPORATION -- SOUTHERN REGION

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