A-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 & 22-4-1k, 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 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 wel
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 firs
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 181898, 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
RPI 103-0704
Consolidated Gas Supply Corp.
By: Well Owner or Operator
ACCEPTED this January 17 , 19 79 Its: Vice President, Appl0945/2023y
(Signature of designated agent)
Taken, subscribed and sworn to before me this 17th day of January , 1979.
Notary Public Jacob Scalley My commission expires September 13 , 19 86
Deptember 13 , 19 00
Well owner or operator must be a responsible officer of the corporation, trustee, individual or legally qualified representative of owner of the well(s).
qualified representative of owner of the well(s).

B-1



STATE OF WEST VIRGINIA

DEPARTMENT OF MINES OIL AND GAS DIVISION

Quad: Littleton

Permit No. WET-706

WELL RECORD

Oil or Gas Well Gas

Termit No.						On or G	as well(KIND)
00		Gas Company St. Clarks	ourg, W. Va.	Casing and Tubing	Used in Drilling	Left in Well	Packers
Farm E. Location (waters Well No. District	s)4768		979	Size 16	183	None	Kind of Packer
The surface of to	ract is owned in	fee by E.C.S		10	1150 1483	None 1483	Size of
	re owned by	Address		6% 5 3/16	2023 2855		Depth set
Drilling commen	ed Augus	17, 1917 st 7, 1917	To	2Liners Used			Perf. top Perf. bottom Perf. top
WithOpen Flow			Inch	Inters Osed			Perf. bottom
	_/10ths Merc.	in	Inch Cu. Ft.		ENTEDone recorde		No. FtDate
Oil			hrs. bbls., 1st 24 hrs.		NCOUNTERED		FEET 84 INCHES
			feet				FEET INCHES
Formation	Color	Hard or	Top	Rottom	Oil, Gas	Depth	Remarks

lt water							INCHE
Formation	Color	Hard or Soft	Тор	Bottom	Oil, Gas or Water	Depth Found	Remarks
Pgh. Coal			728	735	T800-		
Little Dunk	ard		1080	1098			
Big Dunkard	ì		1195	£1 210	11160		
Gas Sand			1305	1350	-11		
First Salt		790	1490	1502	8/4-1470 D-16/0		
Second Salt	;		1630	1750	Water - S	alt	1660
Shells					Water		1675
Little Lime	9		1945		11/1780		
Pencil Cave			1950		P-2014		
Big Lime			1956	2027	6-78-2095		
Big Injun			2027	2235,	T Tas	2038	
Fifty Foot			2675	2689 2689			
Thirty Foot	;		2770	2785			
Gordon Stra			2824		P-2804		
Gordon		/	2849	2870	53/16-2829		
1			1		P- 2876 Gas		
Fourth		/	2896	2905	Gas	2897	
Total depth	1			3086			
		1/				1	
		53725262	203		0		
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	A	NOV194	5		1	0	
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(Sitile)

MEGELVEL

	TLD 6 (13/1)
1.0 API well number ([If not available, leave blank 14 digits.)	47- 103- 0706 OIL & GAS DIVIS
2.0 Type of determination being sought. (Use the codes found on the front of this form.)	108 Section of NGPA Category Gode T. DF M
3.0 Depth of the repest completion location (Only needed if sections 103 or 107 in 2.0 above.)	fau for la verra <u>mana - for</u>
4.0 Name, address and code number of applicant (35 letters per line maximum if code number no available, leave blank.)	Consolidated Gas Supply Corporation Nome 445 West Main Street Street Clarksburg W. Va. 26301 Zip 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. State
(b) For OCS wells	Date of Lease Mo Day Yr OCS Lease Number
(c) Name and identification number of this well (35 letters and digits maximum.)	E.C. SNODGRASS 4768
(d) If code 4 or 5 in 2.0 above name of the reservoir (35 letters	School of the second se
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 Name Sure Cco-
(b) Date of the contract	Mo Oa, Yı
Ici Estimated annual production	4 MMc1.
Section 1	(a) Base Price (b) Tax (c) All-Other (d) Total of (a) (b) and (c) (4) or (-1.)
7.0 Contract price (As of filing data Complete to 3 pecimal places)	
8.0 Meximum lewful 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 9 7 1070 Date Received by PERC	J. W. Hendrickson V.P. Gas Supply Name Well Jendrickson Fitte PEC, 31 1978 Dete Application is Completed Phone Number
Water Barrier Barrier	The second secon

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: APR 3 1980	BLYER-SELLER CO
WELL OPERATOR: Consolidated Gas Supply CORP.	004228
FIRST PURCHASER: GENERAL SUSIEM PURCHASERS	NA
FIRST PURCHASER: CONCACAL CONCACAL	
OTHER:	
qualifier as Seter 100, plays	The will
W. Va. Department of Minos, Oil & Gas Division WELL DETERMINATION FILE NUMBER	girales
790227.108.103.0706	
Use Above File Number on all Communications	
Relating to Determination of this Woll	
CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING	<u>G</u>
1 FERC-121 Items not completed - Line No.	
1/ -= 1.2 Handeickson	
3. IV-2 - Well Permit	
4 IV-6 - Well Plat Drilling Deepening	
5 IV-35- WEIT RECOTS	Ratio
6 IV-36- Gas-Oil Test: Gas Only//20 Was Oil Produced?	
7 IV-39- Annual Production years Days off Line:	
8 IV-40- 90 day Floodecros	
9 IV-48- Application for Certification	Affidavit Signed
10 - 17 IV Form \$51 - 52 - 53 - 54 - 55 - 56 - 57 - 58. Complete	Structure Map
18 - 28 Other: Survey Logs Geological Charts Gas And Survey Logs Well Tabulations Gas And Gas	
05-17-17	
(5) Date Completed: 08-67-77	
(5) Production Depth. Oct.	
(5) Production Formation: Balyun; Fourth Final OPER FLOW: 134 mcf / From Dec	o fren
(5)	1)
(5) EEE R.P. EEEE 340#	
(6) Other Gas Test: 4032: 11.7)
(6) Other Gas Test: 4032: ///C (7) Avg. Daily Gas from Annual Production: 365: ///C	12 /
(8) Avg. Daily Cas from 90-day ending w/1-120 days 90/1	PSIG from Daily
(8) Line Pressure: 12#	-
(5) Oil Production:From Completion Report	<u>09/15/2023</u>
(10-17) Does lease inventory indicate enhanced recovery being d	one.
(10-17) Does lease inventory 2000 (10-17) Is affidavit signed? Notarized?	
mes official well record with the Department confirm the submit	ted informations y
Additional Information Does computer program co	nfirm!

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

Date DEC	31, 1978
Operator's Well No.	4768
API Well No. 47 State	103 -070 (0

WELL CLASSIFICATION FORM STRIPPER GAS WELL

NGPA Section 108

DE	SIGNATED AGENT J. W. Hendrickson
	RESS 445 West Main Street
WELL OPERATOR Consolidated Gas Supply Corpor	
Clarkshing Wash	aterahed WILEY FORK
GAS PURCHASER None: gas is delivered	ist. GRANT County WETZEL Quad LITTLETON as Purchase Contract No. NA
ADDRESS into applicantic details	eter Chart Code NA
De de la companya de	te of Contract NA
# # # # # #	* * *

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 completion 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.

Pi. . : 330

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 of 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:

My term of office expires on the 13th day of September 19

[NOTARIAL SEAL]

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