K

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 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.
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.
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: Letterituetron
ACCEPTED this January 17, 19 79 Its: Vice President, Appl 09/15/2023
Til berthinkon
(Signature of designated agent)
Taken, subscribed and sworn to before me this 17th day of January , 1979.
Notary Public Jained & Mradley My commission expires September 13 , 1986

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

HOPE NATURAL GAS COMPANY C & Hope LOCATION FOR WELL No. Instructions / County, West Virginia.District, Lease No. 26916 Acres 60 17-18 Sent to Clarksburg Cury 17-16 Scale one inch equals So poles Location made in Pittsburgh Cu Location to be 500 Keit Kion 6 WET 11 SHISVE Stackpold 403 Well Essle 7/2 9-12-18 Leasé Dock Wall Map aug 20 1918 martho stackpole Note: - Use# 2-Stake RESERVE 300 feet aronno The dive in TITLE SPECIAL INSTRUCTIONS: COMPLETE WELL ON OR BEFORE... Same Lease on which Located Well No. 09/15/2023 by A Keifn ald As per plat, except as noted. On field may Location Made 8- 23 8-28 15 Returned to Pittsburgh Location changed on account of Hide Authorized by JB Carrie Date 8-27 18 Signed,

Talley

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Record

FEB 27 1979

FERC-121 - 299b -

(If not everlable, leave blank 14 digits)		47-103 -	07150	The state of the s
2.0 Type of determination being sought (Use the codes found on the front of this form.)	Secti	108	Category Co	
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.)	Consolidate Neme 445 West Ma Street Clarksburg Cuty		W. Va. 2630	
5.0 Location of this well. (Complete (a) or (b) ! (a) For onshore wells (35 letters maximum for field name)	West Virgin	nia Other Wetzel	A-85772 W. Va	
(b) For OCS wells	44	of Lease	Block Numb	Der .
(c) Name and identification number of this well. (35 letters and digits maximum.)	Martha		OCS Lease Numbe	
(d) If code 4 or 5 in 2.0 above name of the reservoir (35 letters maximum)				
O (a) Name and code number of the purchaser (35 letters and digits maximum. If code number not available, leave blank.)	General Syst	cem Purchase	rs	Buye Cca-
(b) Date of the contract		Mo Da	, Y,	
(c) Estimated annual production		3	MMc1	Anticommunica das as
	(S/MMBTU)	101104	(c) All Other Prices [Indicate (+) or (-).]	(d) Toraco (a), (b) and (c.
Contract price (As of filing date Complete to 3 perimal places.)		- L.		
Maximum lawful rate (As of filing date Complete to 3 decimal places)	2.224			
EB 271979	J. W. Hendrich	ason	V.P. G	as Supply
Received by FERC	12/31/78 Date Application is Comp	ic. eq	304-623-3611	

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.)

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 OPERATOR: Consolidated Gas Supply Corp. 004228	
WELL OPERATOR: ONSOLIRATED WAS OUDER	
FIRST PURCHASER General System Purchasers: none	
OTHER:	
Pushfuson Section 108. stupper well	
W. Va. Department of Mines, Oil & Gas Division -WELL DETERMINATION FILE NUMBER	
790227-108-103-0715	
Use Above file Number on all Communications Relating to Determination of this Well	
CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING	
ITEM NO.	
2 IV-1 - Agent J.W. Hendrick SON	
3 IV-2 - Well Permit	
4 ·IV-6 - Well Plat	
5 IV-35- Well Record Dilling	
6- IV-36- Cas-Oil Test: Gas Only 7 was Oil Trockets	
7 IV-39- Annual Production 3 years	
8 IV-40- 90 day Production 90-annual Days off Line:	,
9 IV-48- Application for Certification. Complete? / Affidavit	
10 - 17 IV Form #51 - 52 - 53 - 54 - 55 - 56 - 57 - 58. Completer Signed	
18 - 28 Other: Survey Logs Geological Charts Structure Map	
1:4000 Map Well Tabulations Gas Analyses	-
(5). Date General: 3-21-19 Deepened	-
Production Depth: 2874-2693; 2899-2926	-
Fordon Xlau Gordon	_
Find Open Mow.	_
(5) Static R.P. Trac:	_
	_
Other Cas Test:	_
(6) Other Gas Test: 32/6/365= 9/MCF	
1365 = 9 MCF	_
(7) Avg. Daily Cas from Amoual Frodtion: /365= 9 MCF (8) Avg. Daily Cas from 90-day endir. =/1-120 days 847/90 = 9 MCF PSIG from Daily Repo	-)T
(7) Avg. Daily Cas from Amoual Frodtion: /365= 9 MCF (8) Avg. Daily Cas from 90-day endir. =/1-120 days 847/90 = 9 MCF (8) Line Pressure: PSIC from Daily Report (5) Oil Production: MD From Completion Report)T
(7) Avg. Daily Cas from Amnual Frodtion: /365= 9 MCF (8) Avg. Daily Cas from 90-day endir. =/1-120 days 847/90 = 9 MCF (8) Line Pressure: PSIC from Daily Report (5) Oil Production: MD Prom Completion Report	or
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(7) Avg. Daily Cas from Amoual Production: 365 = 9 MCF (8) Avg. Daily Cas from 90-day endir, 3/1-120 days 847/90 = 9 MCF (8) Line Pressure: 1/A PSIC from Daily Report (5) Dil Production: 1/D Prom Completion Report (10-17) Loss lease inventory indicate enhanced recovery being dome: 06/16/2023 (10-17) Is affidavit signed? Rotarized? Rotarized?	
(7) Avg. Daily Cas from Annual Frodtion: 365= 9 MCF (8) Avg. Daily Cas from 90-day endir. =/1-120 days 847/90 = 9 MCF (8) Line Pressure: PSIC from Daily Report (5) Oil Production: MD From Completion Report (10-17) Doss lease inventory indicate enhanced recovery being dome: 09/15/2023	

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

Date	Dec 31.	19 78
Operator's Well No.	5355	
API Well No. 47	- 103 -	0715

WELL CLASSIFICATION FORM

STRIPFER GAS WELL NGPA Section 108

	DESIGNATED AGENT J. W. Hendrickson
	ADDRESS 445 West Main Street
	Clarksburg, West Virginia 26301
WELL OPERATOR Consolidated Gas Supply C	Orpocation: Elevation
ADDRESS 445 West Main Street	Watershed Lower Run
Clarksburg, West Virginia	Dist GRANT County Wetzel Quad.
GAS PURCHASER None; gas is delivered	Gas Purchase Contract No. NA
ADDRESS into applicant's interstate	Meter Chart Code NA
pipeline system	Date 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 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 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:

[NOTARIAL SEAL]

09/15/2023

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