69, 85 10-6%

WET -984

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FORM IV-1 . 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/	PENNZOIL COMPANY
	Address	P. O. Box 1588
1	_	Parkersburg, NV 26101
Pursuant to	the provisions of Code	g 22-4-lk, and subject to the requirements of Regulation
		ollowing person to be the agent of the undersigned for the
	The state of the s	and other communications which may be issued under Chapter
22 of the Code of Wes		and other communications which may be issued under Chapter
Designated Agent	James A. Crews.	Manager Eastern Division
Address	P. O. Box 1588	
	Parkersburg, Ne	est Virginia 26101
Telephone	304-422-6565	
The undersi	gned represents that said	d designated agent is a bona fide resident of the State of
		esignation. This designation applies to the following well
		undersigned in West Virginia
the wells	listed below (Nec epace)	below or reverse side or attack list)
[COMPLETE AS APPLICAB	LE]	
	The undersigned is hereby	y recording an existing designation of agent made prior to
	the initial adoption of	
	The undersigned is propos	sing to own or operate wells in West Virginia for the first
		nation should also be considered the registration by the
	undersigned with the Depu	어린 이렇게 된 바람들이 그 사이를 열 하다. 이 그렇게 되었다면 그 그리고 있는데 그는 사이를 하면 하나 되었다면 하다. 그리다
	The undersigned has owned	d and operated a well or wells in West Virginia since the
	year 19, but has not	heretofore appointed a designated agent.
<u> </u>	This designation substitu	utes a new designated agent for the undersigned, who has
	owned or operated a well	or wells in West Virginia since the year 19 The
I	present designated agent	of the undersigned, who will continue as such, if he is
	able, until this new desi	ignation has been approved, is
	Agent being replaced	1
	Address	
		PENNZOIL COMPANY Well Owner or Operator
		By: Jane (1)
ACCEPTED this	2/ 1979	
1		Its: 1 FTTTOWNEY IN FRETT
(Signature of des	(1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Taken subscribed and	synated agent)	254/2000 00 000000000000000000000000000000
lotary Bublication and	and he defore me this:	25th day of January, 1979. My commission expires 77 and 31, 1986.
otary Public / //Cur	and is simult	My commission expires

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

FERC-121

1.0 API well number: (If not available, leave blank. 14 digits.)	47703-0984				
Type of determination being sought: (Use the codes found on the front of this form.)		108 Section of N	DIE	CERW	FM
3.0 Depth of the deepest completion location: (Only needed if sections 103 or 107 in 2.0 above.)				MAY_1 ed 1979	
4.0 Name, address and code number of applicant: (35 letters per line maximum. If code number not available, leave blank.)	Name Street	Pennzoil Com P. O. Box 15 Parkersburg	588 DEF	T. OF MI	NES
5.0 Location of this well: [Complete (a) or (b).] (a) For onshore wells (35 letters maximum for field name.)	Field Na	reene Distr me etzel	ict	WV	-
(b) For OCS wells:	Area Nar	Date of Le. Mo. Day		Block Number	.
(c) Name and identification number of this well: (35 letters and digits maximum.)	Ho	ge, F. L. #	3		_
(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.)	Consolidated Gas Supply Corp. 004228 Name Buyer Code				
(b) Date of the contract:	0, 8, 1, 9, 7, 6, Mo. Day Yr.				
(c) Estimated annual production:	8MMcf.				
		(a) Base Price (\$/MMBTU)	(b) Tax	(c) All Other Prices [Indicate (+) or (-).]	(d) Total of (a), (b) and (c)
 7.0 Contract price: (As of filing date. Complete to 3 decimal places.) 		2.329	0.220	1.305	3.8 5 4
8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.)		2.329	0.2.2.0	1.305	3.8 5 4
9.0 Person responsible for this application: Agency Use Only Date Received by Juris. Agency May 14 1919 Date Received by FERC	Name Signature	A. Crews	O Cica	Manager, Title 304) 422-656 Phone Number	East. Div.

	DATE: FEB 261980	BUYER-SELLER CODE
PARTICIPANT	ERATOR: Pennzoil Company	014730
well ore	Cansalidated Gas Supply God	0. 004228
FIRST PL	urchaser: Consolidated Gas Supply Greg	1
OTHER:		and
	Querkow let 108, strype	four Las
WELL DE	ertment of Minos, Oil & Gas Division ETERMINATION FILE NUMBER	
19051	14-108-103-0984	
Use Above Relating	to Determination of this Well	
_	CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSI	NG .
ITEM NO.		
1 FERC	C-121 Items not completed - Line No	
2 IV-1	- Agent Cames a. CREWS	•
	2 - Well Permit	•
/ · TV-6	6 - Well Plat	
	35- Well Record Drilling Deepening	3
_	36- Gas-Oil Test: Gas Only Was Oil Produced?	Ratio
6 10-3	39- Annual Production / years -3 mas.	
7 10-3	40- 90 day Production 90- Days off Line:	
8 17-	40- 90 day Production Complete?	
9 17-	48- Application for Certification. Complete?	/ Affidavit Signed /
10 - 17	IV Form #51 - 52 - 53 - 54 - 55 - 50 57 57	Structure Map
18 - 28	Other: Survey Logs Geological Charts	
	1:4000 Map Well Tabulations Gas A	naly ses
(5)	Date Completed: Abardoned - Deeplace	80/
(5)	Production Depth: 2390-256; 2/30-2300;3/00-3	100
(5)	Production Formation: Incun; Torun Sard Goppe	
(5)	Final aren Flow	
(5)	Static R.P. The State A	
(6)	Other Gas Test:	
(7)	Ave Daily Cas from Ambual Production.	NCF; 1365 = . 0260
(8)	Ave. Daily Gas from 90-day endit. 7/1-120 days / 90	ESTICE; AL
(8)	Line Pressure: 13#	PSIG from Daily Report
(5)	Prom Completion Report 230,29	125.5135,5212,291
(10–17)	Does lease inventory indicate enhanced recovery being d	09/15/2023
	Is affidavit signed? Notarized?	
(10–17)	ficial well record with the Department confirm the submitt	red information? MC
	computer Number - additional int	for A control
	computer Number - additional intermediation Objected to? By Whom?	0.7001 01041144
Was Det	GI III III LAVII	— m

. . . .

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

Date M	ay 8	В,			19	79
Operator's Well No.	в Но	ge,	F.	L.	#3	
API Well No. 47			03		- 0	984

WELL CLASSIFICATION FORM

STRIPPER GAS WELL

NGPA Section 108

	DESIGNATED AGENT James A. Crews, Mgr. East. Div. ADDRESS P. O. Box 1588
	Parkersburg, WV 26101
WELL OPERATOR PENNZOIL COMPANY	LOCATION: Elevation NA
ADDRESS P. O. Box 1588	Watershed Cale Run, Piney Fork Center
Parkersburg, WV 26101	Dist. Green County Wetzel Quad. Point 7.5
GAS PURCHASER Consolidated Gas Supply	Corp.Gas Purchase Contract No3866
ADDRESS P. O. Box 2450	Meter Chart Code 7079 (Meter 92157)
Clarksburg, WV 26301	Date of Contract 08-19-76
* * * * * * *	* * * * * * * * *

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.)

There is no extraordinary lease production equipment on this well. This well is connected to a field gathering line into Pennzoil's Stringtown Compressor Plant and then on to a sales meter at the plant. If sales are terminated at this point, this gas will go on to sales at Pennzoil's Morgan LTX Plant.

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:

Oil and Gas Production Records)(
Meter Statements)(

Pennzoil Company Building 601 Grand Central Avenue Vienna, WV 26105 FORM IV-56WC (Reverse) [12-78]

A.b. skolike tab #3

Describe the search made of any records listed above:

- key emathmi

Oil and Gas production posted to IV-39 form for one year. Production posted to 90-day sheets and checked to be sure gas is within prescribed limits.

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, James A. Crews , 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.

James a Crews

STATE OF WEST VIRGINIA,
COUNTY OF WOOD, TO WIT:
I. HOWARD G. Smith, a Notary Public in and for the state and county aforesaid.
do certify that Jares A. Crews , whose name is signed to the writing above, bearing date
the Standay of MAY . 1979, has acknowledged the same before me, in my county aforesaid
Given under my hand and official seal this 8th day of MAY . 1979
My term of office expires on the 3/5/day of MARCH . 1986
09/15/2023

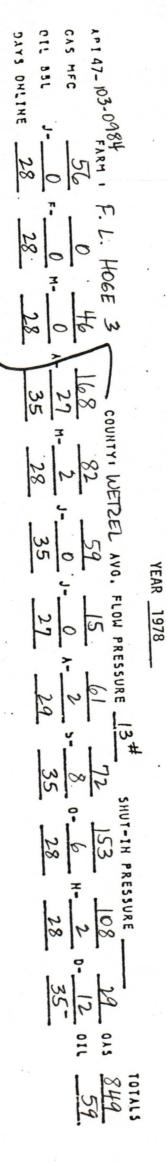
Haward & Smith

("OTARIAL SEAL)

09/15/20**2**3

010

CAS MFC 51 62 50 CAS MFC 51 62 50 CIL 85L J-4 = 8 M-4 DAYS OULTHE 31 28 30		IV-39-MC
	COUNTY: AVO. FLOW PRESSURE SHUT-IH PRESSURE	AHNUAL REPORT OF MONTHLY PRODUCTION GAS VOLUMES IN MFC = 14.73 OIL IN DARRELLS = 60 DEGREES OFFICE OFFIC



SUMMARIZATION SCHEDULE
Section 271. 804 (b)

In accordance with Section 271.804(b) please list all other wells which are to be used in determining this well classification under part 271 Subpart II.

SEE ATT. LIST

