

100' 39° 42' 30"

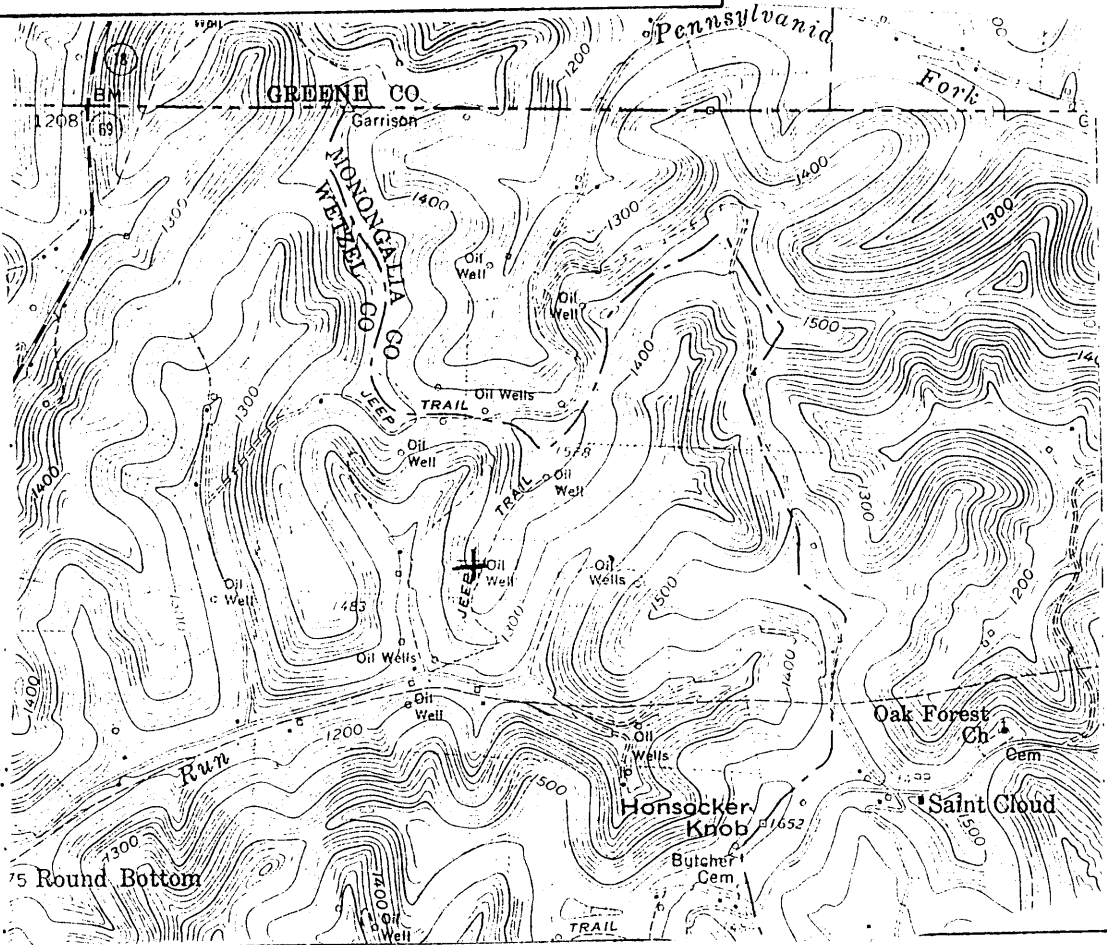
1) Attach a photo copy of the location of the well on a 7.5 minute Quadrangle with the corresponding Longitude and Latitude.

2) Designate the location of the well with the symbol(+).

LATITUDE 39° 42' 39"

7.5' Tick

0.01 S
0.01 W



Longitude 80° 25' 11"

80° 25'

I, the undersigned, hereby certify that this plat is correct to the best of my knowledge and belief.

SIGNED Ced. Al
TITLE Vice-President

DATE MARCH 13, 1993
OPERATORS WELL NO. 1
API WELL NO. 103-1566-N

17001

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
OIL AND GAS DIVISION

549982.0
4395308.0

WELL TYPE: OIL GAS LIQUID INJECTION _____ WASTE DISPOSAL _____
(IE "GAS" PRODUCTION STORAGE _____ DEEP _____ SHALLOW _____)

LOCATION: ELEVATION 1415 WATER SHED CAPPO RUN
DISTRICT CHURCH COUNTY WETZEL
QUADRANGLE HUNDRED

SURFACE OWNER C.K. SHRIVER ACREAGE _____
OIL & GAS ROYALTY OWNER _____ LEASE ACREAGE _____
LEASE NO. _____

PRODUCING FORMATION 4th - 6th SANDS TOTAL DEPTH 3430

WELL OPERATOR CHELSA OIL & GAS CO. INC DESIGNATED AGENT IA Anderson
ADDRESS Box 1145 ADDRESS 901 W. MAIN ST.
BRIDGEPORT WV 26330 BRIDGEPORT WV 26330
Section 5

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
SECTION OF OIL AND GAS

WELL REGISTER ASSIGNMENT

This API Number 47-103-01566, issued to CHELSEA OIL & GAS, INC is evidence of permission to operate the well that is referenced at the location described on the attached plat, subject to the provisions of Chapters 22 and 22B of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder. The name and telephone number of the Oil and Gas Inspector for this well is RANDAL MICK -
304-986-3324.

Spills or emergency discharges must be reported to 1-800-654-3312.

Failure to abide by all statutory and regulatory provisions governing all duties and operations hereunder may result in suspension or revocation of your permits and in addition may result in civil and/or criminal penalties.

The enclosed WR-35 must be completed by you and returned to this office. In addition annual production reports must be submitted on this well and failure to do so may require you to plug the well.

Theodore M. Streit
Chief

By: 

Title: _____

Operator's Well No: 1

Farm Name: SHRIVER, C. K.

API Well Number : 47-103-01566 N

Date Issued : 01/27/94

70241?

71148?