

URVEY

PORTERS FALLS QUADRANGLE
WEST VIRGINIA
7.5 MINUTE SERIES (TOPOGRAPHIC)

SE/4 NEW MARTINSVILLE 15' QUADRANGLE

47'30"

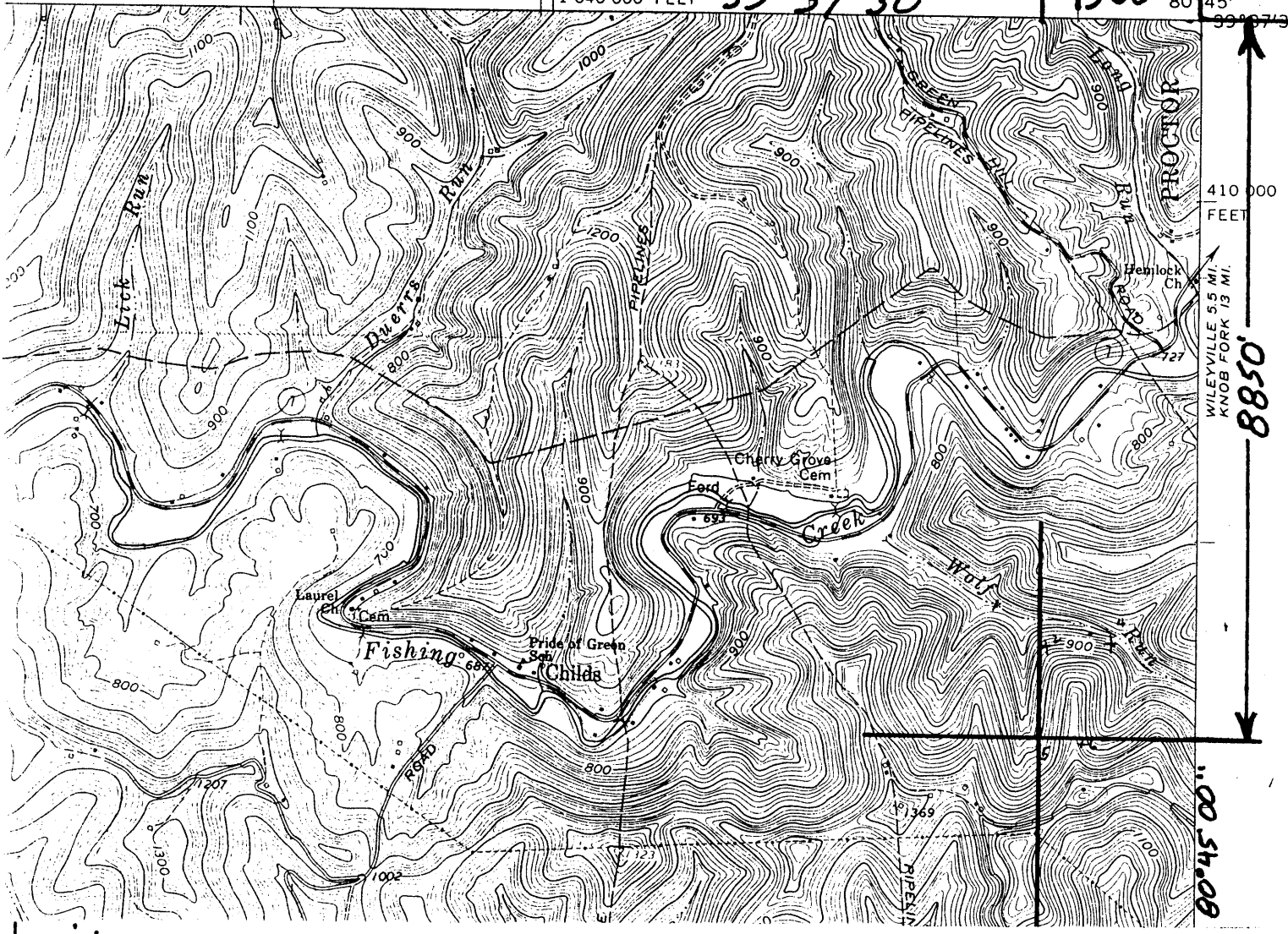
1 640 000 FEET

39° 37' 30"

1900'

80° 45'

(WILEYVILLE)



410 000 FEET

WILEYVILLE 5.5 MI.
KNOB FORK 13 MI.

8850'

80° 45' 00"

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

SIGNED Daryl L. Perkins
TITLE V. Pres

19274

1.685
0.36 W = 7.5'
4.565
0.36 W = 15'

DATE May 16, 1994
OPERATORS WELL NO. 5-Koch
API WELL NO. 47-103-1639-N

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
OIL AND GAS DIVISION

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

LOCATION: ELEVATION 1000' est WATER SHED Wolf Run of N. Fork of Fishing Crk
DISTRICT Green (5) COUNTY Wetzel
QUADRANGLE Porters Falls 554
N Martinsville (EC)

SURFACE OWNER _____ ACREAGE _____
OIL & GAS ROYALTY OWNER _____ LEASE ACREAGE 170
LEASE NO. _____

PRODUCING FORMATION Gardner ^{3150'} TOTAL DEPTH _____

WELL OPERATOR Perkins Oil & Gas Inc DESIGNATED AGENT Daryl L Perkins
ADDRESS PO Box 547 ADDRESS PO Box 547
Pennsboro WV 26415 Pennsboro WV 26415

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

WELL REGISTER ASSIGNMENT

This API Number 47-103-01639, issued to PERKINS 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: KOCH #5

Farm Name: KOCH

API Well Number : 47-103-01639 N

Date Issued : 06/27/94