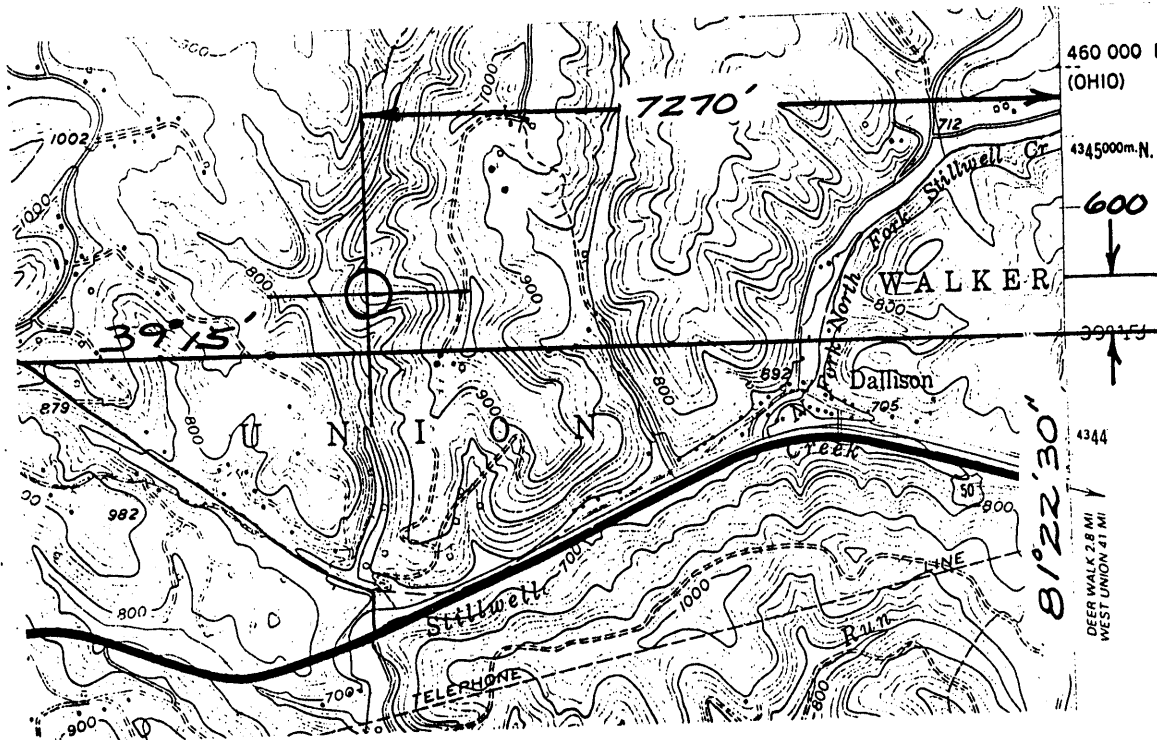


INSTRUCTIONS

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(+).

RECEIVED
 Office of
 OCT 22 92
 Division of
 Environmental Protection



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

SIGNED Howard A Elder
 dba H H Elder & Son
 TITLE Owner

16722

2745 39 1730
 136W 81 22 30

DATE Sept 30, 1992
 OPERATORS WELL NO. S J West #5
 API WELL NO. 107-1520-H

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION

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

LOCATION: ELEVATION 850' WATER SHED Stillwell Creek
 DISTRICT Union COUNTY Wood
 QUADRANGLE _____

SURFACE OWNER Samuel Hammett ACREAGE 59
 OIL & GAS ROYALTY OWNER Caskey, Hamilton, Manning, Vance LEASE ACREAGE 59
Norton, Norton, Nicholson
 LEASE NO. 154 P 23

PRODUCING FORMATION Cow Run TOTAL DEPTH 1000'

WELL OPERATOR H H Elder & Son 3868 DESIGNATED AGENT Howard G Elder
 ADDRESS Rt 1, Box 257 ADDRESS Rt 1, Box 257
Cairo, WV 26337 Cairo, Wv 26337

15380

Valley Mills 9

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

WELL REGISTER ASSIGNMENT

This API Number 47-107-01520, issued to ELDER, H. H. & SON 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 GLEN P. ROBINSON - 304-863-8766.

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: S.J. WEST #5

Farm Name: HAMMETT, SAMUEL

API Well Number : 47-107-01520 N

Date Issued : 01/22/93