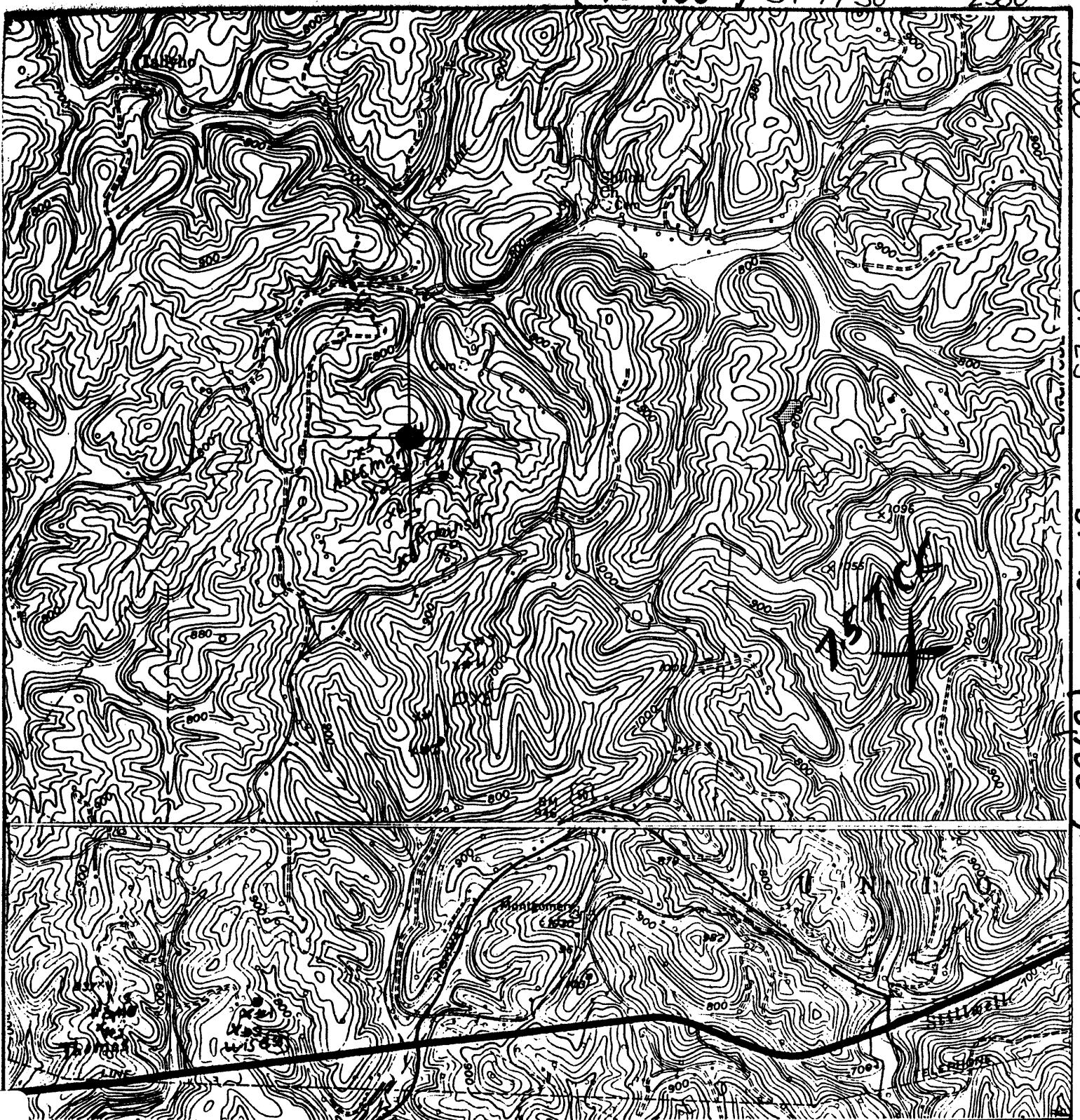


41° 25' 30" (13' 900') 39° 17' 30" ✓ 2380'



9500'
81° 25'
34° 15' 56" (5700')

16640

FILE NO. _____
DRAWING NO. _____
SCALE _____
MINIMUM DEGREE OF ACCURACY _____
PROVEN SOURCE OF ELEVATION _____

I THE UNDERSIGNED, HEREBY CERTIFY THAT THIS PLAT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SHOWS ALL THE INFORMATION REQUIRED BY LAW AND THE REGULATIONS ISSUED AND PRESCRIBED BY THE DEPARTMENT OF ENERGY.
(SIGNED) BEM Cullough
R.P.E. _____ L.L.S. _____

1.805
0.45N = 7.5'
4.685 = 15'
0.45W
PLACE SEAL HERE

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF OIL AND GAS



DATE 21 DEC, 19 92
OPERATOR'S WELL NO. 4
API WELL NO. 47-107-1547-N
STATE COUNTY PERMIT

WELL TYPE: OIL GAS LIQUID INJECTION _____ WASTE DISPOSAL _____
(IF "GAS,") PRODUCTION _____ STORAGE _____ DEEP _____ SHALLOW _____
LOCATION: ELEVATION 850 WATER SHED LAUREL CREEK
DISTRICT UNION COUNTY WOOD
QUADRANGLE VALLEY MILLS Maritta (SW) 15'
SURFACE OWNER BLAINE MACKAY ACREAGE _____
OIL & GAS ROYALTY OWNER ALLMAN HEIRS LEASE ACREAGE 80

PROPOSED WORK: DRILL _____ CONVERT _____ DRILL DEEPER _____ REDRILL _____ FRACTURE OR STIMULATE _____ PLUG OFF OLD FORMATION _____ PERFORATE NEW FORMATION _____ OTHER PHYSICAL CHANGE IN WELL (SPECIFY) PRODUCE EXISTING

PLUG AND ABANDON _____ CLEAN OUT AND REPLUG _____
TARGET FORMATION COW RUN SAND ESTIMATED DEPTH 1080
WELL OPERATOR BLACK DIAMOND OIL INC. DESIGNATED AGENT
ADDRESS 1505 LIBERTY STREET ADDRESS _____
PARKERSBURG WV 26101

COUNTY NAME PERMIT

MT. HALL 038018 FORM WW-6

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

WELL REGISTER ASSIGNMENT

This API Number 47-107-01547, issued to BLACK DIAMOND OIL, 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 GLEN 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: ALLMAN HEIRS 4

Farm Name: MACKEY, BLAINE

API Well Number : 47-107-01547 N

Date Issued : 12/07/93