



west virginia department of environmental protection

Office of Oil and Gas
601 57th Street SE
Charleston, WV 25304
(304) 926-0450
(304) 926-0452 fax

Earl Ray Tomblin, Governor
Randy C. Huffman, Cabinet Secretary
www.dep.wv.gov

April 24, 2015

WELL WORK PLUGGING PERMIT

Plugging

This permit, API Well Number: 47-1702045, issued to EQT PRODUCTION COMPANY, is evidence of permission granted to perform the specified well work at the location described on the attached pages and located on the attached plat, subject to the provisions of Chapter 22 of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder, and to all conditions and provisions outlined in the pages attached hereto. Notification shall be given by the operator to the Oil and Gas Inspector at least 24 hours prior to the construction of roads, locations, and/or pits for any permitted work. In addition, the well operator shall notify the same inspector 24 hours before any actual well work is commenced and prior to running and cementing casing. Spills or emergency discharges must be promptly reported by the operator to 1-800-642-3074 and to the Oil and Gas inspector.

Upon completion of the plugging well work, the above named operator will reclaim the site according to the provisions of WV Code 22-6-30. The above named operator will also file, as required in WV Code 22-6-23, an affidavit on form WR-38 by two experienced persons in the operator's employment and the Oil and Gas inspector that the work authorized under this permit was performed and a description given. Failure to abide by all statutory and regulatory provisions governing all duties and operations here under may result in suspensions or revocation of this permit and in addition may result in civil and/or criminal penalties being imposed upon the operator.

This permit will expire in two (2) years from date of issue. If there are any questions, please free to contact me at (304) 926-0499 ext. 1654.

James Martin

Chief

Operator's Well No: 4635

Farm Name: SNYDER

API Well Number: 47-1702045

Permit Type: Plugging

Date Issued: 04/24/2015

Promoting a healthy environment.

04/24/2015

PERMIT CONDITIONS

West Virginia Code §22-6-11 allows the Office of Oil and Gas to place specific conditions upon this permit. Permit conditions have the same effect as law. Failure to adhere to the specified permit conditions may result in enforcement action.

CONDITIONS

1. All pits must be lined with a minimum of 20 mil thickness synthetic liner.
2. In the event of an accident or explosion causing loss of life or serious personal injury in or about the well or while working on the well, the well operator or its contractor shall give notice, stating the particulars of the accident or explosion, to the oil and gas inspector and the Chief within twenty-four (24) hours.
3. Well work activities shall not constitute a hazard to the safety of persons.
4. This well is under a consent order and must be plugged under the terms of that agreement.

Form WW-4 (B)
Permit Copy
(Rev 2/01)

Date: March 17, 2015
Operator's Well _____
Well No. 604635 (W.T. Snyder #4635)
API Well No.: 47 017 - 02045

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

CK# 19101
100.00

APPLICATION FOR A PERMIT TO PLUG AND ABANDON

4) Well Type: Oil _____ Gas X Liquid Injection _____ Waste Disposal: _____
If Gas, Production _____ X Or Underground storage _____ Deep _____ Shallow X

5) Elevation: 831 Watershed: Middle Fork of Hughes River
Location: South West County: Doddridge Quadrangle: Oxford 7.5
District: _____

6) Well Operator EQT Production Company
120 Professional Place
Address: Bridgeport, WV 26330

7) Designated Agent: Rex C. Ray
Address: 120 Professional Place
Bridgeport, WV 26330

8) Oil & Gas Douglas Newlon
Name: 4060 Dutchman Rd
Address: Macfarlan WV 26148

9) Plugging Contractor:
Name: HydroCarbon Well Service
Address: PO BOX 995
Buckhannon, WV 26201

10) Work Order: The work order for the manner of plugging this well is as follows:
See Attachment for details and procedures.

OK [Signature]

OFFICE USE ONLY

Notification must be given to the district oil and gas inspector 24 hours before permitted work can commence.

Work order approved by inspector _____ Date _____

Received
Office of Oil & Gas
MAR 19 2015

04/24/2015

PLUGGING PROGNOSIS

W.T.Snyder#4635 (~~604968~~) 604635

Doddridge Co., West Virginia

API # 47-017-02045

District, Southwest

BY: R. Green

DATE: 01/27/15

CURRENT STATUS:

10" csg @ 149'
 8 1/4" csg @ 802'
 6 5/8" csg @ 1585'

TD @ 1707'

Fresh Water @ 50'

Salt Water @ None reported

1st Salt Sand @ 1195'

Coal @ None reported

Gas Shows @ 1033', 1372', 1591', 1618'

Oil Shows @ None Reported

Elevation: Not Reported 831'

TD @ 1707'

1. Notify State Inspector, Douglas Newlon 304-932-8049, 24 hrs. Prior to commencing operations.
2. TIH with tbg to 1675', Set 150' C1A cement plug 1675' to 1525' (Gas shows, 7" casing seat)
3. TIH tag top of plug, add additional C1A if necessary.
4. Gel hole to next plug. TOOH tbg
5. RIH free point 7" casing, cut 7" casing @ free point. (Est @ 1450') TOOH Csg
6. Set 100' C1A cement plug 50' in/out of cut. Perforate all Salt Sands, freshwater, coal, and oil & gas shows below cut. Do not omit any plugs.
7. TOOH tbg to 1400' Spot 130' C1A cement plug 1400' to 1270', (Gas Shows)
8. TOOH tbg to 1270, Gel hole to 1030'
9. TOOH tbg to 1030' Set 100' C1A cement plug 1030' to 930' (Gas Show)
10. TOOH tbg to 930, gel hole to 850'. 881' 891' 781'
11. TOOH tbg to 850' set 100' C1A cement plug, 850' to 750' (8 1/4" casing seat)
12. TOOH tbg to 750', gel hole to next plug, TOOH tbg.
13. RIH free point 8 1/4" casing, cut 8 1/4" casing @ free point. (Est @ 600') TOOH Csg
14. Set 100' C1A cement plug 50' in/out of cut. Perforate all Salt Sands, freshwater, coal, and oil & gas shows below cut. Do not omit any plugs.
15. TOOH tbg to 450', gel hole to 300'.
16. TOOH tbg to 300', Set 300' C1A cement plug, 300' to surface. (10" casing seat, & freshwater)
17. Erect monument with API#.
18. Reclaim location to WV-DEP specifications.

DCN
 3-20-2015

OK

604635

1702045P

API
47-017-02045



STATE OF WEST VIRGINIA
DEPARTMENT OF MINES
OIL AND GAS DIVISION

WELL RECORD

Oil or Gas Well "GAS"
(RND)

Permit No.

Company Pittsburgh & West Va Gas Company.

Address Clarksburg, West Va.

Farm T. T. Snider Acres

Location (waters) Holbrook N/E. 3-2-4

Well No. 4635 Elev.

District Southwest County Doddridge

The surface of tract is owned in fee by

Address

Mineral rights are owned by

Address

Drilling commenced March 8th, 1918

Drilling completed April 4th, 1918

Date Shot From To

With

Open Flow /10ths Water in Inch

/10ths Merc. in Inch

Volume Cu. Ft.

Rock Pressure lbs. hrs.

Oil bbls., 1st 24 hrs.

Fresh water feet feet

Salt water feet feet

Casing and Tubing	Used in Drilling	Left in Well	Packers
Size			Kind of Packer
18			Anchor
12			
10	149'	149'	Size of 8-1/4" X
8 3/4	802'	802'	6-5/8"
6 3/4	1585'	1585'	Depth set 1631'
5 3/16			
3			Perf. top
2			Perf. bottom
Liners Used			Perf. top
			Perf. bottom

CASING CEMENTED..... SIZE..... No. Ft..... Date

COAL WAS ENCOUNTERED AT..... FEET..... INCHES

..... FEET..... INCHES..... FEET..... INCHES

..... FEET..... INCHES..... FEET..... INCHES

Formation	Color	Hard or Soft	Top	Bottom	Oil, Gas or Water	Depth Found	Remarks
Clay	Red	Soft	0	15			
Line	Light	Hard	15	35			
Sand	"	"	35	55	Water	50'	
Red Rock	Red	Soft	55	100			
Line	Light	Hard	100	140			
Slate	"	Soft	140	290			
Red Rock	Red	"	290	350			
Line	Light	Hard	350	390			
Slate	"	Soft	390	500			
Slate/Line		Hard&Soft	500	600			
Line	Light	Hard	600	850			
Little Dunkard	"	"	850	930			
Slate	Dark	Soft	930	955			
Big Dunkard	Light	Hard	955	1023			
Slate	"	Soft	1023	1033			
Gas Sand	"	"	1033	1050	Gas	1033-1045'	
Slate	Dark	"	1050	1195			
1st. Salt Sand	Light	Hard	1195	1220			
Slate	Dark	Soft	1220	1248			
2nd. Salt Sand	Light	Hard	1248	1268			
Slate	Dark	Soft	1268	1350			
3rd. Salt Sand	Light	Hard	1350	1394	Gas	1372'	
Slate/Red Rock	Red		1394	1515	"	1380-1389'	
Maxon Sand	Light	Hard	1515	1545			
Big Line	"	"	1545	1610	Sh. Gas	1591'	
Big Injun	"	"	1610	1672	Gas	1619'	
Slate	Dark	Soft	1672	1707			
Total Depth				1707			

Received
Office of Oil & Gas
MAR 19 2015

1702045P

WW-4-A
Revised 6/07

1) Date: March 17, 2015
2) Operator's Well Number
604635 (W.T. Snyder #4635)
3) API Well No.: 47 017 - 02045
State County Permit

STATE OF WEST VIRGINIA - BUREAU OF ENVIRONMENT
DIVISION OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL & GAS
NOTICE AND APPLICATION TO PLUG AND ABANDON WELL

4) Surface Owner(s) to be served:
(a) Name Mary Jo Janschek
Address 5071 Grove Summers Rd
West Union WV 26456

(b) Name _____
Address _____

(c) Name _____
Address _____

6) Inspector Douglas Newlon
Address 4060 Dutchman Rd
Macfarlan WV 26148
Telephone 304.932.8049

5) (a) Coal Operator:
Name None
Address _____

(b) Coal Owner(s) with Declaration
Name Donald E & Barbara H Osborn
29773 Chilcutt Rd
Address Easton MD 21301-8611

Name See Attachment
Address _____

(c) Coal Lessee with Declaration
Name _____
Address _____

TO THE PERSONS NAMED ABOVE: You should have received this Form and the following documents:

- (1) The application to Plug and Abandon a Well on Form WW-4B, which sets out the parties involved in the work and describes the well its and the plugging work order; and
 - (2) The plat (surveyor's map) showing the well location on Form WW-6.
- The reason you received these documents is that you have rights regarding the application which are summarized in the instructions on the reverses side. However, you are not required to take any action at all.

Take notice that under Chapter 22-6 of the West Virginia Code, the undersigned well operator proposes to file or has filed this Notice and Application and accompanying documents for a permit to plug and abandon a well with the Chief of the Office of Oil and Gas, West Virginia Division of Environmental Protection, with respect to the well at the location described on the attached Application and depicted on the attached Form WW-6. Copies of this Notice, the Application, and the plat have been mailed by registered or certified mail or delivered by hand to the person(s) named above (or by publication in certain circumstances) on or before the day of mailing or delivery to the Chief.

Well Operator:
Victoria J. Roark
Address:
PO Box 280
Bridgeport, WV 26330
Telephone:
(304) 848-0076

Subscribed and sworn before me this 18th day of March, 2015
Misty S. Christie Notary Public
My Commission Expires: 2/20/18

EQT Production Company
Victoria J. Roark
Permitting Supervisor
PO Box 280
Bridgeport, WV 26330
(304) 848-0076

The Office of Oil & Gas processes your personal information, such as name, address and phone number, as part of our regulatory duties. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. Our office will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.

Received
Office of Oil & Gas
MAR 19 2015

04/24/2015

WW2-A

Additional Coal Owners

Rodney Marks Sr
Trustee of Marks Family Trust
110 W Hillcrest St
Alta Monte Springs FL 32714-2562

Mary Margaret Hood
401 East Olive St Apt 5-A
Bridgeport WV 26330-1272

Kenneth Snider
4820 Old Main St #511
Henrico VA 23231-3057

Linda Annabelle Hawkins
6536 Collingwood Dr
Westerville OH 43080-9537

Melvin Spurgeon
1280 Shape Charge Rd
Martinsburg WV 25404-6964

Charles David Locke
669 Westview Ave
Morgantown WV 26505-2417

Shirley P Suplee
140 Red Oak Lane
Gettysburg PA 17325-7257

Linda Kaczmarczyk
905 Briarwood St
Morgantown WV 26505-2609

Barbara Carroll
17 Azalea Dr
Charles Town WV 25414-5843

Kathy Sullivan
223 McCarty Rd
Fredericksburg VA 22405-5708

Howard M Hayes
Agt. For Almira Clayton Buckner
3414 Linkwood Dr
Houston, TX 77025

Cynthia Preston
610 Stealey Ave 1
Clarksburg WV 26301

Lawrence C Buckner
825 Merrimon Ave Ste C
Asheville NC 28804-2404

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Office of Oil & Gas
MAR 19 2015

04/24/2015

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neopost
03/18/2015
US POSTAGE
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ZIP 26330
041L10228892



Osborn
Wood
-8611



7014 0150 0001 0654 8471
7014 0150 0001 0654 8471

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

VR

Postmark Here

Sent To
 Street, Apt. No., or PO Box No. Donald E. + Barbara Osborn
29773 Chilcutt Road
 City, State, ZIP+4 Easton, MD 21301-8611

KASTORI

Received
Office of ...
MAR 19 2015

PS Form 3811, July 2013
 (Transfer from service label)
 2. Article Number
 7014 0150 0001 0654 8471
 Domestic Return Receipt

3. Service Type
 Certified Mail®
 Priority Mail Express™
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 C. Date of Delivery

A. Recipient's name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Donald E. and Barbara Osborn
 29773 Chilcutt Road
 Easton, MD 21301-8611

04/24/2015

V 26330

irk

1702045P

neopost 03/18/2015 \$07.40 ZIP 26330 04111022866

CERTIFIED MAIL™



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7014 0150 0001 0654 8334

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage: Mary Jo Janschek

Sent To: 5071 Grove Summers Rd
West Union WV 26456

Street, Apt. No. or PO Box No.
City, State, ZIP

#604635 Plugging Permit See Reverse for Instructions

PS Form 3811, August 2008

VR Postmark Here

PS Form 3811, July 2013

Domestic Return Receipt

2. Article Number (Transfer from service label) 7014 0150 0001 0654 8334

4. Restricted Delivery? (Extra Fee) Yes No

3. Service Type

Certified Mail® Registered Mail Insured Mail Return Receipt for Merchandise Priority Mail Express™

#604635 Plugging Permit

Mary Jo Janschek
5071 Grove Summers Rd
West Union WV 26456

1. Article Addressed to:

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

A. Signature X
 Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

Received
Office of Oil & Gas
MAR 19 2015

04/24/2015

FIRST CLASS PERMIT NO. 1000
 \$07.4C
 ZIP 26330
 041102288



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7014 0150 0001 0654 8341
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage: Rodney Marks Sr

Sent To: Trustee of Marks Family Trust
 110 W Hillcrest St
 Alta Monte Springs FL 32714-2562
 #604635 Plugging Permit

PS Form 3800, August 2006 See Reverse for Instructions

EOT
 C/O Vicki Roark
 P.O. Box 280
 Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Rodney Marks Sr
 Trustee of Marks Family Trust
 110 W Hillcrest St
 Alta Monte Springs FL 32714-2562
 #604635 Plugging Permit

2. Article Number (Transfer from service label)
 7014 0150 0001 0654 8341

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Priority Mail Express™
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 C. Date of Delivery

A. Signature Agent Addressee

COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, July 2013 Domestic Return Receipt

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 Office of Oil & Gas
 MAR 19 2015

04/24/2015

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0411102266

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: **Mary Margaret Hood**
401 East Olive St Apt 5-A
Bridgeport WV 26330-1272

Street, Apt. No. or PO Box No.
City, State, ZIP+4®
#604635 Plugging Permit

PS Form 3800, August 2006

Postmark Here

ME 40 Br #60

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Mary Margaret Hood
401 East Olive St Apt 5-A
Bridgeport WV 26330-1272
#604635 Plugging Permit

2. Article Number (Transfer from service label)
7014 0150 0001 0654 8358

3. Service Type
 Certified Mail®
 Registered
 Priority Mail Express™
 Insured Mail
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, July 2013
Domestic Return Receipt

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		

Postmark Here

Sent To
Kenneth Snider
4820 Old Main St #511
Henrico VA 23231-3057
#604635 Plugging Permit

PS Form 3811, August 2006 See Reverse for Instructions

7014 0150 0001 0654 8365
7014 0150 0001 0654 8365

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Kenneth Snider
4820 Old Main St #511
Henrico VA 23231-3057
#604635 Plugging Permit

2. Article Number (Transfer from service label)
7014 0150 0001 0654 8365
PS Form 3811, July 2013

3. Service Type
 Certified Mail™
 Registered
 Priority Mail Express™
 Insured Mail
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

B. Received by (Printed Name)
C. Date of Delivery

A. Signature Agent Addressee

COMPLETE THIS SECTION ON DELIVERY

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

Received
Office of Oil & Gas
MAR 19 2015

04/24/2015

1702045P

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02/18/2015
\$07.40
Zip 26330
0411102266



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POSTAGE PAID PERMIT NO. 1000 WESTERVILLE OH 43080-9537

Postage	\$	VR
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post: Linda Annabelle Hawkins
6536 Collingwood Dr
Westerville OH 43080-9537
#604635 Plugging Permit

PS Form 3811, July 2013 See Reverse for Instructions

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Linda Annabelle Hawkins
6536 Collingwood Dr
Westerville OH 43080-9537
#604635 Plugging Permit

2. Article Number (Transfer from service label)
7014 0150 0001 0654 8372

3. Service Type
 Certified Mail
 Registered Mail
 Return Receipt for Merchandise
 Priority Mail Express™
 Insured Mail
 Collect on Delivery

4. Restricted Delivery? (Form 3811)
 Yes
 No

5. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

6. Received by (Printed Name)
 C. Date of Delivery
 Addressee
 Agent
 Signature

COMPLETE THIS SECTION ON DELIVERY

7. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 8. Print your name and address on the reverse so that we can return the card to you.
 9. Attach this card to the back of the mailpiece, or on the front if space permits.

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Office of Oil & Gas
MAR 19 2015

04/24/2015

1702045P

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03/18/2015
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ZIP 26330
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7014 0150 0001 0654 8389

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POSTAGE

Postage	\$	
Certified Fee		VR
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Total Postage

Sent To
 Melvin Spurgeon
 1280 Shape Charge Rd
 Martinsburg WV 25404-6964
 #604635 Plugging Permit

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Melvin Spurgeon
 1280 Shape Charge Rd
 Martinsburg WV 25404-6964
 #604635 Plugging Permit

2. Article Number (Transfer from service label)
 7014 0150 0001 0654 8389

3. Service Type
 Certified Mail™
 Registered
 Return Receipt for Merchandise
 Insured Mail
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 Date of Delivery

C. Is delivery address different from item 1? No
 Yes, enter delivery address below:

D. Attach this card to the back of the mailpiece, so that we can return the card to you.
 Print your name and address on the reverse.
 Item 4 if Restricted Delivery is desired.
 Complete items 1, 2, and 3. Also complete or on the front if space permits.

PS Form 3811, July 2013 Domestic Return Receipt

ECOT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

Received
Office of Oil & Gas
MAR 10 2015

04/24/2015

1702045P

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03/18/2015
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\$07.40
ZIP 26330
0-111022861

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage: 7014 0150 0001 0654 8396
7014 0150 0001 0654 8396

Sent To: Charles David Locke
669 Westview Ave
Morgantown WV 26505-2417

Street, Apt. No. or PO Box No.
City, State, Zi #604635 Plugging Permit

PS Form 3800, August 2005 See Reverse for Instructions

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Charles David Locke
669 Westview Ave
Morgantown WV 26505-2417
#604635 Plugging Permit

2. Article Number (Transfer from service label)
7014 0150 0001 0654 8396

3. Service Type
 Certified Mail®
 Registered Mail
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Addressee

B. Received by (Printed Name)
 C. Date of Delivery

PS Form 3811, July 2013 Domestic Return Receipt

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MAR 19 2015

04/24/2015

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047L102288



7014 0150 0001 0954 8402
7014 0150 0001 0954 8402

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Certified Fee		VR
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Tot: Shirley P Suplee
 140 Red Oak Lane
 Gettysburg PA 17325-7257

Street or PO Box: #604635 Plugging Permit
 City: PS Form 3811, August 2009 See Reverse for Instructions

EOT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Shirley P Suplee
140 Red Oak Lane
Gettysburg PA 17325-7257
#604635 Plugging Permit

2. Article Number (Transfer from service label) 7014 0150 0001 0954 8402
PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

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Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Total Posts: Linda Kaczmarczyk
905 Briarwood St
Morgantown WV 26505-2609
#604635 Plugging Permit

PS Form 3810, August 2006 See Reverse for Instructions

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee Agent

B. Received by (Printed Name) _____
C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

1. Article Addressed to:
Linda Kaczmarczyk
905 Briarwood St
Morgantown WV 26505-2609
#604635 Plugging Permit

2. Article Number (Transfer from service label) 7014 0150 0001 0654 8419
PS Form 3811, July 2013 Domestic Return Receipt

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Registered Mail
 Return Receipt for Merchandise
 Priority Mail Express™
 Restricted Delivery? (Extra Fee) Yes No

Received
Office of Oil & Gas
MAR 19 2015

04/24/2015

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 03/18/2015
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 \$07.40
 ZIP 26330
 04111022009

1702045P

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OFFICIAL USE

Postage	\$	VR	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage		Barbara Carroll	
Sent To		17 Azalea Dr	
Street, Apt. No., or PO Box No.		Charles Town WV 25414-5843	
City, State, ZIP+4		#604635 Plugging Permit	

PS Form 3811, August 2005 See Reverse for Instructions

Barb
17 A
Char
#6046

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Barbara Carroll
 17 Azalea Dr
 Charles Town WV 25414-5843
 #604635 Plugging Permit

2. Article Number (Transfer from service label)
 7014 0150 0001 0654 8426

3. Service Type
 Certified Mail
 Priority Mail Express™
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee Agent

B. Received by (Printed Name) _____

C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

Domestic Return Receipt PS Form 3811, July 2013

EQT
 C/O Vicki Roark
 P.O. Box 280
 Bridgeport, WV 26330

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7014 0150 0001 0654 8433

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Postage	\$	VR	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage			

Sent To: Kathy Sullivan
 223 McCarty Rd
 Fredericksburg VA 22405-5708

Street, Apt. No., or PO Box No. Fredericksburg VA 22405-5708
 City, State, ZIP+4 #604635 Plugging Permit

PS Form 3800, August 2006 See Reverse for Instructions

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Kathy Sullivan
 223 McCarty Rd
 Fredericksburg VA 22405-5708
 #604635 Plugging Permit

2. Article Number (Transfer from service label) 7014 0150 0001 0654 8433
 PS Form 3811, July 2013 Domestic Return Receipt

3. Service Type
 Certified Mail™
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

A. Signature X
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

Received
Office of Oil & Gas
MAR 19 2015

04/24/2015

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FIRST CLASS MAIL
\$07.40
03/18/2015
US POSTAGE
ZIP 26330
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CERTIFIED MAIL™



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7014 0150 0001 0654 8440

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Pgs: 1

Sent To: Howard M Hayes
 Agt. For Almira Clayton Buckner
 3414 Linkwood Dr
 Houston, TX 77025
 #604635 Plugging Permit

Postmark Here: VR

PS Form 3800, August 2006 See Reverse for Instructions

HOUSTON, TX 77025
#604635 Plugging Permit

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Howard M Hayes
 Agt. For Almira Clayton Buckner
 3414 Linkwood Dr
 Houston, TX 77025
 #604635 Plugging Permit

2. Article Number
 (Transfer from service label)
 7014 0150 0001 0654 8440

3. Service Type
 Certified Mail™
 Registered
 Return Receipt for Merchandise
 Insured Mail
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____
 Agent Addressee

B. Received by (Printed Name) _____
 C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below:

ECOT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

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Postage	\$	VR	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total:			

Sent To: Cynthia Preston
 Street: 610 Stealey Ave 1
 or PO: Clarksburg WV 26301
 City, S: #604635 Plugging Permit

PS Form 3800, August 2006

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Cynthia Preston
610 Stealey Ave 1
Clarksburg WV 26301
#604635 Plugging Permit

2. Article Number (Transfer from service label): 7014 0150 0001 0654 8457
PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature X
 Agent
 Addressee

B. Received by (Printed Name) _____
 C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail®
 Certified Mail® Priority Mail Express™
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

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ZIP 28330
0411102288

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7014 0150 0001 0654 8464
7014 0150 0001 0654 8464

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Postage	\$	
Certified Fee		VR
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage :		

Sent To: Lawrence C Buckner
825 Merrimon Ave Ste C
Asheville NC 28804-2404
#604635 Plugging Permit

PS Form 3811, August 2006 See Reverse for Instructions

EQT
C/O Vicki Roark
P.O. Box 280
Bridgeport, WV 26330

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Lawrence C Buckner
825 Merrimon Ave Ste C
Asheville NC 28804-2404
#604635 Plugging Permit

2. Article Number (Transfer from service label)
7014 0150 0001 0654 8464

3. Service Type
 Certified Mail®
 Priority Mail Express™
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

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ZIP 26330
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Douglas Newlon
4060 Dutchman Rd
Macfarlan WV 26148
#604635 Plugging Permit

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V 26330

STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL & GAS
CONSTRUCTION AND RECLAMATION PLAN AND SITE REGISTRATION APPLICATION FORM
GENERAL PERMIT FOR OIL AND GAS PIT WASTE DISCHARGE

Operator Name: EQT PRODUCTION COMPANY OP ID: _____
Watershed: Middle Fork of Hughes River Quadrangle: Oxford 7.5
Elevation: 831 County: Doddridge District: South West

Description of anticipated Pit Waste: Formation Fluids

Do you anticipate using more than 5,000 bbls of water to complete the proposed well work? Yes ___ No X
Will synthetic liner be used in the pit? Yes Is so, what ml.? 10 ml 20 ml.

Proposed Disposal Method for Treated Pit Wastes:
X Land Application
____ Underground Injection - UIC Permit Number _____
____ Reuse (at API Number) _____
____ Offsite Disposal Permit #. _____
____ Other: Explain _____

Drilling medium anticipated for this well? Air, freshwater, oil based, etc. _____
If oil based, what type? Synthetic, petroleum, etc. _____

Additives to be used? _____

Will closed loop system be used? _____

Drill Cuttings disposal method? Leave in pit, landfill, remove offsite, etc. _____
If left in pit and plan to solidify what medium will be used? Cement, Lime, sawdust _____
Landfill or offsite name/permit number? _____

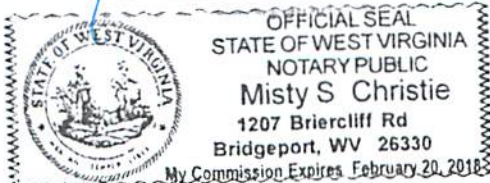
I certify that I understand and agree to the terms and conditions of the GENERAL WATER POLLUTION PERMIT issued on August 1, 2005, by the Office of Oil and Gas of the West Virginia Division of Environmental Protection. I understand that the provisions of the permit are enforceable by law. Violations of any terms or condition of the general permit and/or other applicable law or regulation can lead to enforcement action.

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this application form and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

Company Official Signature *Victoria Roark*
Company Official (Typed or Printed) Victoria Roark
Company Official Title Permitting Supervisor-WV

Subscribed and sworn before me this 18th day of March, 2015

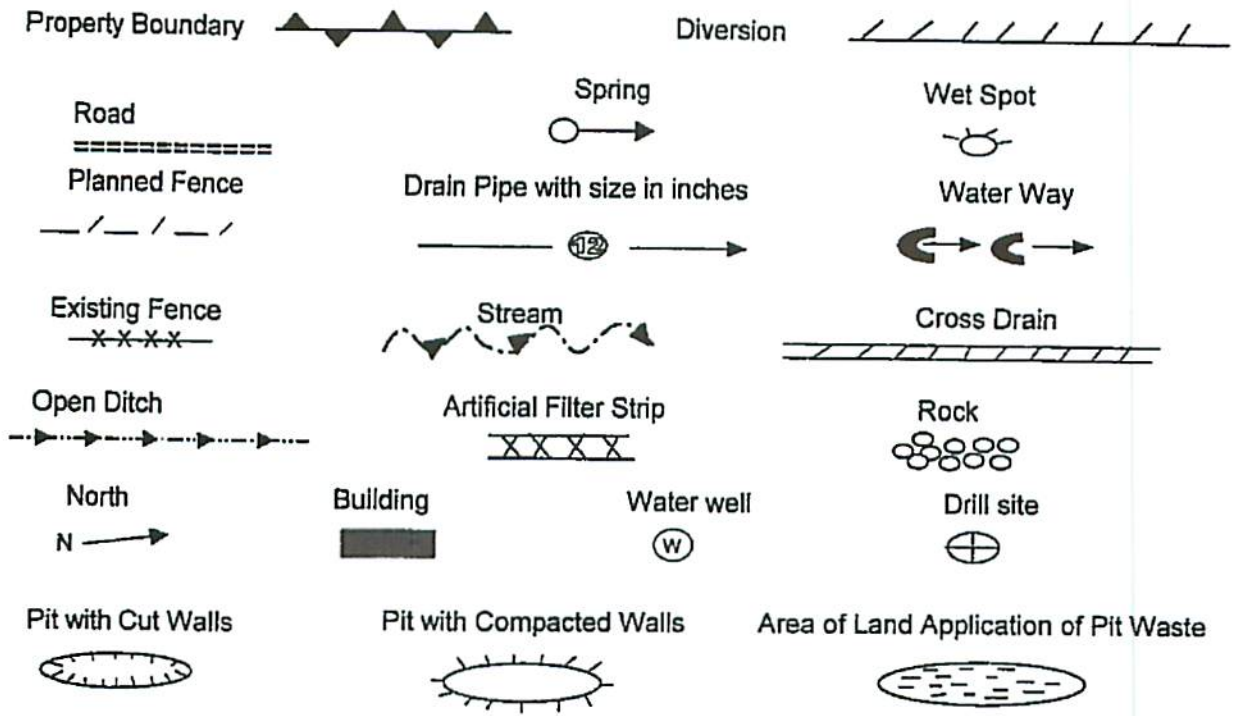
Misty S. Christie Notary Public
2/20/18

My Commission Expires _____


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MAR 19 2015
04/24/2015

OPERATOR'S WELL NO.:
604635 (W.T. Snyder #4635)

LEGEND



Proposed Revegetation Treatment: Acres Disturbed: 1± Prevegetation pH

Lime 3 Tons/acre or to correct to pH 6.5

Fertilizer (10-20-20) or equivalent 1/3 ton lbs/acre (500 lbs minimum)

Mulch 2 Tons/acre or hydroseed.

SEED MIXTURES

Area I		Area II	
Seed Type	lbs/acre	Seed Type	lbs/acre
Red Fescue	40	Red Fescue	15
Alsike Clover	5	Alsike Clover	5
Annual Rye	15		

ATTACH:

Drawing(s) of road, location, pit and proposed area for land application.
 Photocopies section of involved 7.5' topographic sheet.

Plan approved by: Douglas Newell

Comments: Seed + Mulch any disturbed areas Install EYS to W
NAP regulations

Title: Oil & Gas Inspector Date: 3-20-2015

Field Reviewed? Yes / No

1702045P

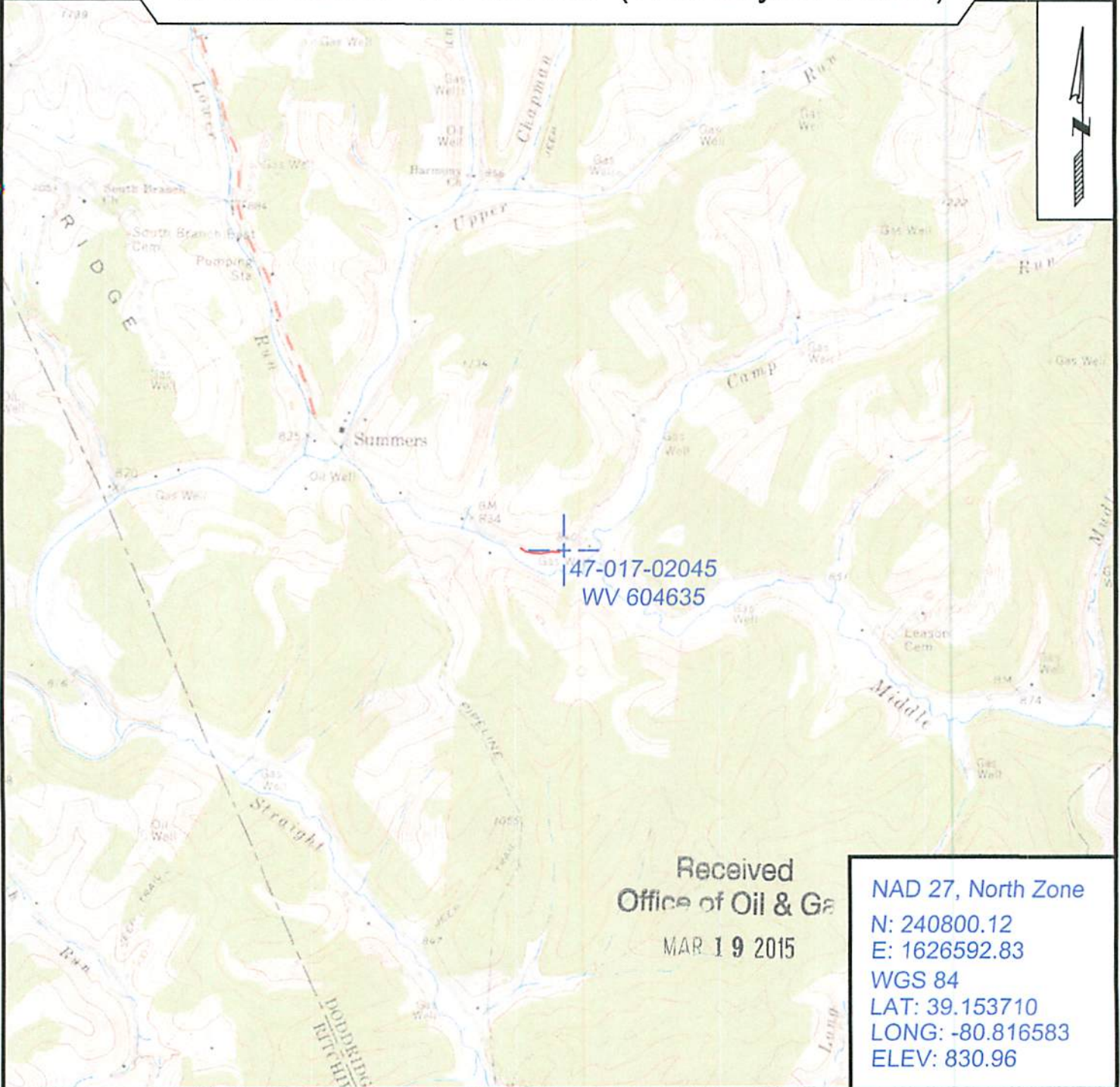
Topo Quad: Oxford 7.5' Scale: 1" = 2000'

County: Doddridge Date: January 12, 2015

District: South West Project No: 67-30-00-08

47-017-02045 WV 604635 (W.T. Snyder #4635)

Topo



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MAR 19 2015

NAD 27, North Zone
N: 240800.12
E: 1626592.83
WGS 84
LAT: 39.153710
LONG: -80.816583
ELEV: 830.96



SURVEYING AND MAPPING SERVICES PERFORMED BY:

ALLEGHENY SURVEYS, INC.

1-800-482-8606
237 Birch River Road
Birch River, WV 26610
PH: (304) 649-8606
FAX: (304) 649-8608

PREPARED FOR:

EQT Production Company

P.O. Box 280
Bridgeport, WV 26330

04/24/2015

WW-7
8-30-06



West Virginia Department of Environmental Protection
Office of Oil and Gas
WELL LOCATION FORM: GPS

API: 47-017-02045 WELL NO.: WV 604635 (W.T. Snyder #4635)

FARM NAME: Snyder

RESPONSIBLE PARTY NAME: EQT Production Company

COUNTY: Doddridge DISTRICT: South West

QUADRANGLE: Oxford 7.5'

SURFACE OWNER: Mary Jo Janschek

ROYALTY OWNER: Donald E. & Barbara H. Osburn, et al.

UTM GPS NORTHING: 4333850

UTM GPS EASTING: 515848 GPS ELEVATION: 253 m (831 ft)

The Responsible Party named above has chosen to submit GPS coordinates in lieu of preparing a new well location plat for a plugging permit or assigned API number on the above well. The Office of Oil and Gas will not accept GPS coordinates that do not meet the following requirements:

1. Datum: NAD 1983, Zone: 17 North, Coordinate Units: meters, Altitude: height above mean sea level (MSL) – meters.
2. Accuracy to Datum – 3.05 meters
3. Data Collection Method:
Survey grade GPS _____ : Post Processed Differential _____
Real-Time Differential _____
Mapping Grade GPS X : Post Processed Differential X
Real-Time Differential _____

4. **Letter size copy of the topography map showing the well location.**

I the undersigned, hereby certify this data 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 Office of Oil and Gas.

Signature

PS#2180
Title

1/23/15
Date

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Office of Oil & Gas
MAR 19 2015

04/24/2015



POTENTIAL WATER SAMPLE DATA SHEET

CLIENT: EQT PRODUCTION COMPANY
 LEASE NAME AND WELL No. W.T. Snyder #4635 - WV 604635 - API No. 47-017-02045

POTENTIAL SAMPLE LOCATIONS

Site: 1 Spacing: 979 +/- Owner: Amanda Marks
 Address: 5333 Grove Summers Rd., West Union, WV 26456 Phone no. 304-349-2100
 Comments:

Site: 2 Spacing: 317 +/- Owner: Jody Lusk
 Address: 5219 Grove Summers Road, West Union, WV 26456 Phone no. 304-349-5630
 Comments:

Site: 3 Spacing: 406 +/- Owner: Mary Jo Janschek
 Address: 5071 Grove Summers Road, West Union, WV 26456 Phone no. 304-349-5635
 Comments:

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 Office of Oil & Gas
 MAR 19 2015

BIRCH RIVER OFFICE
 237 Birch River Road
 Birch River, WV 26610
 phone: 304-649-8606
 fax: 304-649-8608

BRIDGEPORT OFFICE
 172 Thompson Drive
 Bridgeport, WV 26330
 phone: 304-848-5035
 fax: 304-848-5037

CALDWELL OFFICE
 212 Cumberland Street
 Caldwell, OH 43724
 phone: 740-305-5007
 fax: 740-305-5126

ALUM CREEK OFFICE
 P.O. Box 108 • 1413 Childress Rd
 Alum Creek, WV 25003
 phone: 304-756-2949
 fax: 304-756-2948

RANSON OFFICE
 401 South Fairfax Blvd, Suite 3
 Ranson, WV 25438
 phone: 304-724-5008
 fax: 304-724-5010

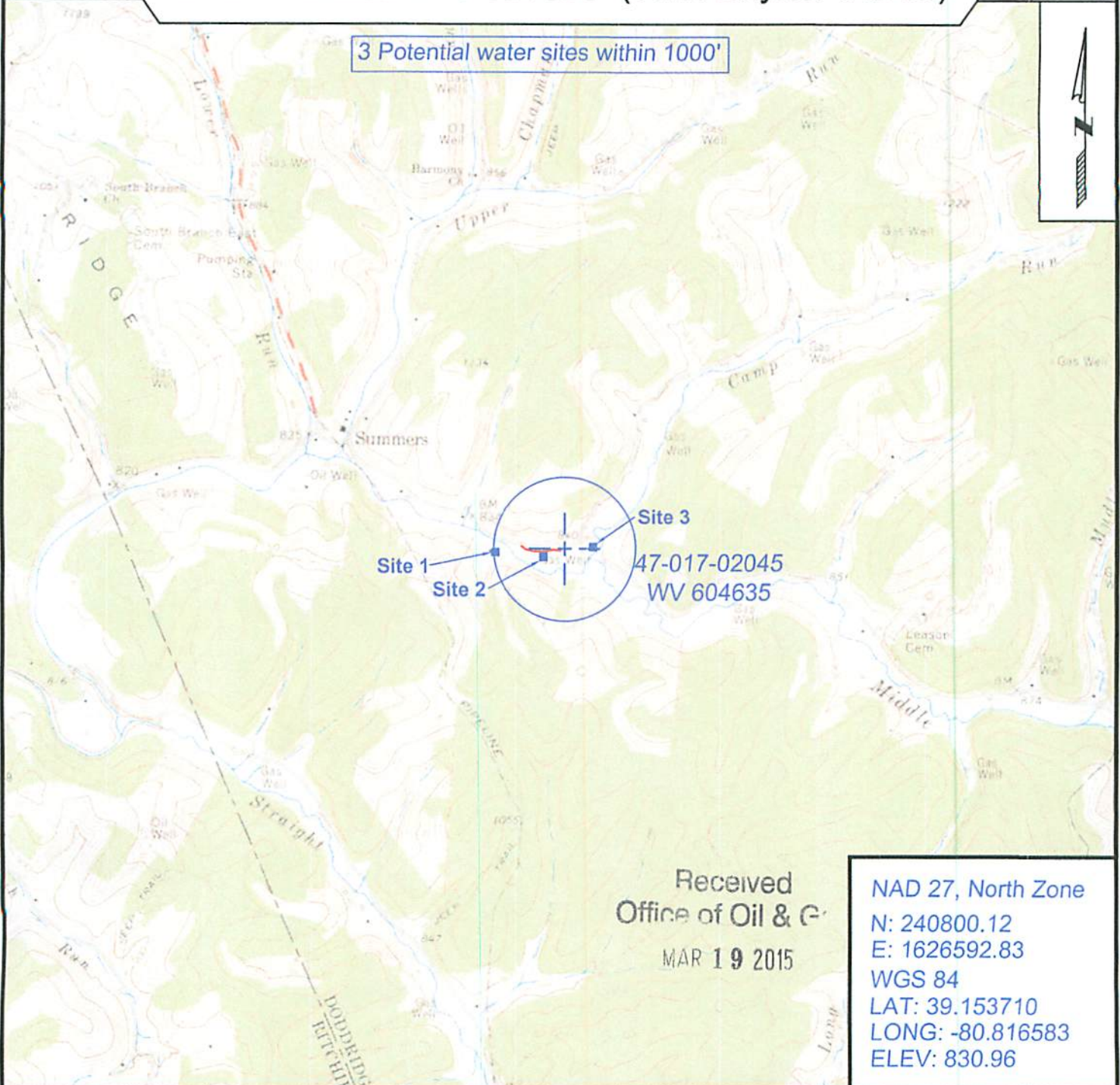
1702045P

Topo Quad: Oxford 7.5' Scale: 1" = 2000'
 County: Doddridge Date: January 12, 2015
 District: South West Project No: 67-30-00-08

Water

47-017-02045 WV 604635 (W.T. Snyder #4635)

3 Potential water sites within 1000'



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 Office of Oil & Gas
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NAD 27, North Zone
 N: 240800.12
 E: 1626592.83
 WGS 84
 LAT: 39.153710
 LONG: -80.816583
 ELEV: 830.96



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1-800-482-8606
 237 Birch River Road
 Birch River, WV 26610
 PH: (304) 649-8606
 FAX: (304) 649-8608

PREPARED FOR:

EQT Production Company

P.O. Box 280
 Bridgeport, WV 26330

04/24/2015