

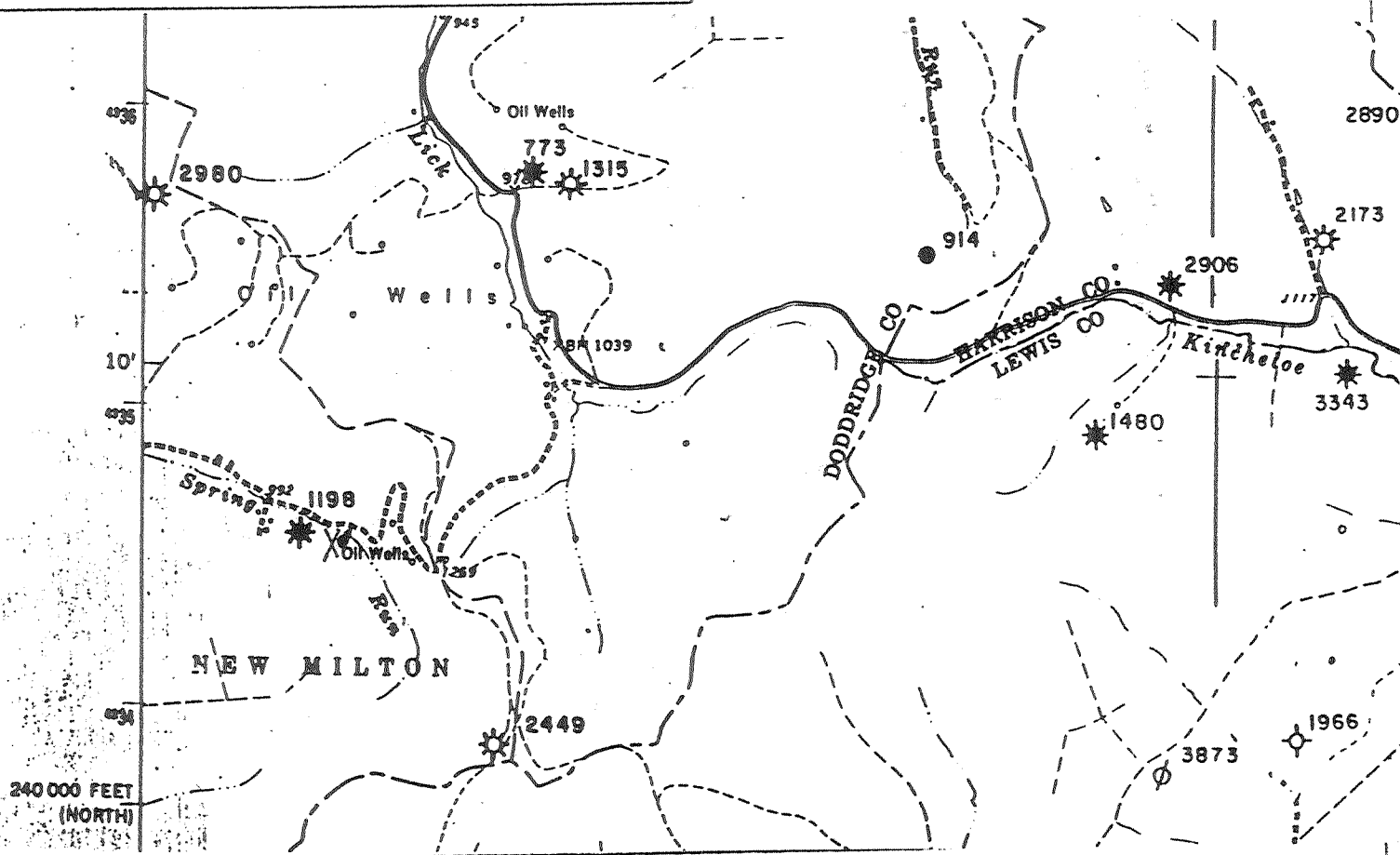
INSTRUCTIONS

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 (+).

2,200
1,600

405
1,820

39 10



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

SIGNED Lowell P Bee

TITLE Pres

DATE May 21, 19 92

OPERATORS WELL NO. L.A. Nicholson 2

API WELL NO. 017-3970

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 WATER SHED SPRING RUN
 DISTRICT NEW MILTON COUNTY DODDRIDGE
 QUADRANGLE BIG TSAAC

SURFACE OWNER ELEANOR NICHOLSON ACREAGE _____

OIL & GAS ROYALTY OWNER _____ LEASE ACREAGE 50
 LEASE NO. _____

PRODUCING FORMATION BIG INJUN TOTAL DEPTH 2066

WELL OPERATOR BEECHLICK OIL INC DESIGNATED AGENT LOWELL P BEE

ADDRESS RT 3 BOX 26 ADDRESS RT 3 BOX 82
SALEM, WV 26426 SALEM, WV 26426

JUL 21 1992