



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. Huffinan, Cabinet Secretary
www.dep.wv.gov

April 22, 2014

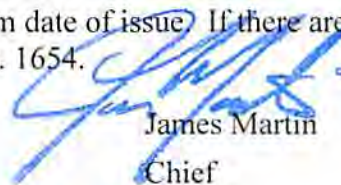
WELL WORK PLUGGING PERMIT

Plugging

This permit, API Well Number: 47-2101436, 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: 154821 (Burke Well # 1-W122)

Farm Name: BURK, CLIFFORD B.

API Well Number: 47-2101436

Permit Type: Plugging

Date Issued: 04/22/2014

Promoting a healthy environment.

04/25/2014

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.

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

Date: 3-17-14
Operator's Well
Well No. 154821 (Burk Well # 1-W122)
API Well No.: 47 021 - 01436

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

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: 1104' Watershed: Bull Run of Cedar Creek of Little Kanawha River
Location: Center County: Gilmer Quadrangle: Cedarville 7.5'
District: _____
- 6) Well Operator EQT Production Company 7) Designated Agent: Rex C. Ray
Address: 120 Professional Place Address: 120 Professional Place
Bridgeport, WV 26330 Bridgeport, WV 26330
- 8) Oil & Gas Bryan Harris 9) Plugging Contractor:
Name: P.O. Box 157 Name: HydroCarbon Well Service
Address: Volga, WV 26238 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.

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 Bryan O Harris Date 4-9-14

PLUGGING PROGNOSIS –Weston

Burk, Clifford #1 (154821)

GILMER, Co, WV
API # 47-021-01436
Center District

BY: Craig Duckworth
DATE: 12/10/13

CURRENT STATUS:

- 10" csg @ 104'
- 8 1/4" csg @ 600' (pulled)
- 6 5/8" csg @ 1131' (pulled)
- 4 1/2" csg @ 2143' (60sk. Cemented)

TD @ 2150'

Fresh Water @ 40', 90', 110' Salt Water @ None reported
 1st Salt Sand @ 1483' Coal @ 90', 438
 Gas shows @ 1837' Blue Monday & 1515' 1st Salt Sand
 Oil Shows @ 2012', 1955, & 1515'
 Stimulation: None reported

1. Notify State Inspector, Brynn Harris 304-553-6087, 24 hrs. Prior to commencing operations.
2. TIH w/ tbg @ 2143'; Set 400' C1A Cement Plug @ 2143' to 1743' (gas show@ 1837' Blue Monday)
3. TOOH w/tbg @ 2143'; attempt to pull 4 1/2" csg if unable to pull free point & cut at free point.
4. Set a 100' C1A Cement Plug 50' In/Out of cut. Perf all FW, Coal, Oil and Gas shows below 4 1/2" cut.
Do not omit any plugs
5. TOOH w/ tbg @1743'; gel hole @ 1743' to 1515'.
6. TOOH w/ tbg @ 1515'; Set 100' C1A Cement Plug @ 1515' to 1415'(Salt Sand @ 1483' & Gas & Oil Show @ 1515')
7. TOOH w/ tbg @1415'; gel hole @ 1415' to 1131'.
8. TOOH w/ tbg @ 1131'; Set 100' C1A Cement Plug @ 1131' to 1031'(6 5/8" csg @ 1131')
9. TOOH w/ tbg @ 1031'; gel hole @ 1031' to 600'
10. TOOH w/ tbg @ 600'; Set 100' C1A Cement Plug @ 600' to ^{400'}500'(8 1/4" csg @ 600') *CONC @ 438 - 442*
11. TOOH w/ tbg @ ^{300'}500; gel hole @ ^{200'}500 to 200'
12. TOOH w/ tbg @ 200'; Set 200' C1A Cement Plug @ 200' to 0'(10" csg @ 104')
13. Top off as needed
14. Set Monument to WV-DEP Specifications
15. Reclaim Location & Road to WV-DEP Specifications

J.M.M.

Received

MAR 19 2014



STATE OF WEST VIRGINIA
DEPARTMENT OF MINES
OIL AND GAS DIVISION 12

Quadrangle Glenville
Permit No. GIL-1436

WELL RECORD

Oil or Gas Well Gas
(KIND)

Company Hydrocarbon Chemicals, Inc.
 Address Jane Lov, W. Va.
 Farm Clifford B. Burk Acres 90
 Location (waters) Big Bull Run
 Well No. 1 Elev. 865
 District Center County Gilmer
 The surface of tract is owned in fee by _____
 Address _____
 Mineral rights are owned by Clifford B. Burke
 Address Cedarville, W. Va.
 Drilling commenced August 29, 1962
 Drilling completed October 1, 1962
 Date Shot _____ From _____ To _____
 With _____
 Open Flow /10ths Water in _____ Inch
 /10ths Merc. in _____ Inch
 Volume 110,000 Cu. Ft.
 Rock Pressure 650 lbs. 24 hrs.
 Oil _____ bbls., 1st 24 hrs.
 WELL ACIDIZED _____
 WELL FRACTURED 10/5/62 River Frac with 51,500 Gal. Water and 80,000 lbs. sand.

Casing and Tubing	Used in Drilling	Left in Well	Packers
Size			Kind of Packer
16			
12			
10	104'	104'	Size of
8 1/2	600'	0	
6 3/4 7"	1131'	0	Depth set
6 3/16			
4 1/2		2143'	Perf. top
2			Perf. bottom
Liners Used			Perf. top
			Perf. bottom

CASING CEMENTED 4 1/2 SIZE 600 No. Ft. 9/30/62 Date
60 sbs. cement DOWELL
 COAL WAS ENCOUNTERED AT 90 FEET 2 INCHES
 FEET INCHES FEET INCHES
 FEET INCHES FEET INCHES

RESULT AFTER TREATMENT Increased to two million cu. ft.
 ROCK PRESSURE AFTER TREATMENT 650 lbs. 24 hrs.
 Fresh Water _____ Feet Salt Water _____ Feet

Formation	Color	Hard or Soft	Top	Bottom	Oil, Gas or Water	Depth	Remarks
Soil			0	3			
Clay			3	17			
Sand			17	24			
Slate			24	35			
Sand			35	75			
Slate			75	90	Water	40	
Coal			90	92	"	90	
Sand			92	185	Water	110	2 bbl. per hr.
Slate			185	200			
Red Rock			200	248			
Sand			248	275			
Red Rock			275	350			
Lime			350	385			
Red Rock			385	415			
Lime			415	435			
Slate			435	438			
Coal			438	442			
Slate			442	490			
Sand			490	515			
Slate			515	525			
Lime			525	550			
Slate			550	575			
Lime			575	620			
Slate			620	645			
Lime			645	735			
Sand			735	795			
Lime			795	800			
Slate			800	925			
Lime			925	990			



Received

MAR 19 2014

(over)

Formation	Color	Hard or Soft	Top $\frac{1}{2}$	Bottom	Oil, Gas or Water	Depth Found	Remarks
Slate			990	1000			
Lime			1000	1010			
Sand			1010	1077			
Slate Shells			1077	1122			
Gritty Lime			1122	1178			
Sand			1178	1215			
Lime			1215	1270			
Slate			1270	1340			
Lime			1340	1483			
1st Salt Sand			1483	1570		1515-1524	Show of oil
Lime			1570	1693			
2nd Salt Sand			1693	1645			
Lime			1645	1700			
Red Rock			1700	1740			
faxon			1740	1780		1765-1775	Show of gas
Slate			1780	1805			S. L. N. 1629
Little Lime			1805	1832			
Slate			1832	1837			
Blue Monday			1837	1875			Show of gas
Pencil			1875	1880			20/10 W in $\frac{1}{2}$ "
Big Lime			1880	1954			
Sand			1954	2090		1955-1960	Smell of oil
Slate			2090	2148		2012-2016	" " "
TOTAL DEPTH DRILLED				2150	Gas	2033	

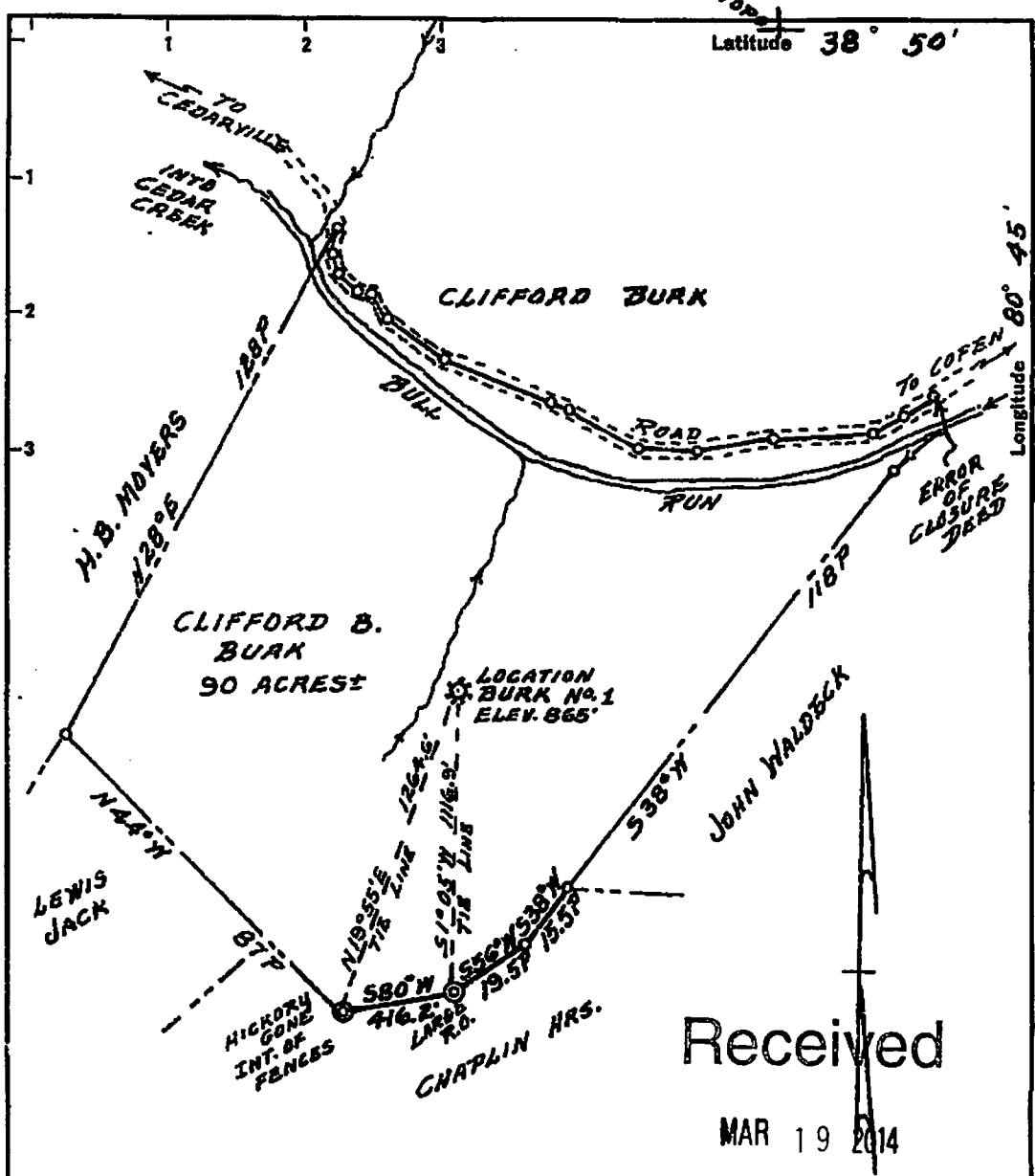
Date November 19 - - - - , 1962

APPROVED Hydrocarbon Chemicals, Inc., Owner

By _____
(Title)

Received

MAR 19 2014



Received

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental Protection

New Location
 Drill Deeper
 Abandonment

**NO COAL BEING WORKED
IN THIS AREA.**

Company HYDROCARBON CHEMICALS INC.
 Address JANE LEW, WVA.
 Farm CLIFFORD B. BURK
 Tract ONE Acres 90± Lease No. ONE
 Well (Farm) No. ONE Serial No. _____
 Elevation (Spirit Level) 865'
 Quadrangle GLENVILLE
 County GILMER District CENTER
 Engineer PAUL G. DEAN
 Engineer's Registration No. 1856
 File No. GWL 136-2 Drawing No. 62-23
 Date JULY 21, 1962 Scale 1" = 30 FEET

STATE OF WEST VIRGINIA
 DEPARTMENT OF MINES
 OIL AND GAS DIVISION
 CHARLESTON

WELL LOCATION MAP
 FILE NO. GIL-1436

+ Denotes location of well on United States Topographic Maps, scale 1 to 62,500, latitude and longitude lines being represented by border lines as shown.

- Denotes one inch spaces on border line of original tracing.

GIL-1436

1) Date: 3-17-14
2) Operator's Well Number
154821 (Burk Well # 1-W122)
3) API Well No.: 47 021 - 01436
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

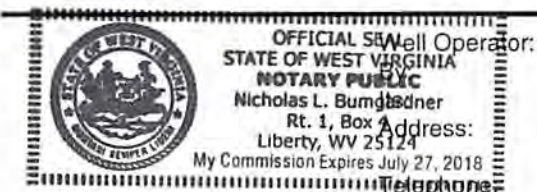
4) Surface Owner(s) to be served:
(a) Name Dorothy B. Rogers ✓
Address 1331 Imperial Road
Colorado Springs, CO 80918
(b) Name Delmas Harris ✓
Address 14764 Exchange R.d
Exchange, WV 26619
(c) Name Christopher White ✓
Address 14584 Exchange Road
Exchange, WV 26619
6) Inspector Bryan Harris
Address P.O. Box 157
Volga, WV 26238
Telephone 304-553-6087

5) (a) Coal Operator:
Name None
Address _____
(b) Coal Owner(s) with Declaration
Name Dorothy B. Rogers ✓
Address 1331 Imperial Road
Colorado Springs, CO 80918
Name _____
Address _____
(c) Coal Lessee with Declaration
Name None
Address _____
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:
EQT Production Company
Victoria J. Roark
Permitting Supervisor
PO Box 280
Bridgeport, WV 26330
(304) 848-0076

Subscribed and sworn before me this 17 day of MARCH, 2014
My Commission Expires: 6/27/2018
Notary Public

Received

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.

2101436P

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Dorothy B. Rogers 1331 Imperial Rd. Colorado Springs, CO 80918 154821 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 2630 0001 4239 4151</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

See Reverse for Instructions

154821 plugging
Colorado Springs, CO 80918

Dorothy B. Rogers
1331 Imperial Rd.
Colorado Springs, CO 80918

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

Postmark Here

For delivery information visit our website at www.usps.com

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7013 2630 0001 4239 4151
7013 2630 0001 4239 4151



CERTIFIED MAIL™

Dorothy B. Rogers
1331 Imperial Rd.
Colorado Springs, CO 80918
154821 plugging

Received

MAR 19 2014



04/25/2014
\$4.40
04150228882

General Oil and Gas
WV Dept. of...

210436P

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Delmas Harris 14764 Exchange Rd. Exchange, WV 26619 154821 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 2630 0001 4239 4168</p>	
PS Form 3811, July 2013	Domestic Return Receipt

PS Form 3800, August 2006 See Reverse for Instructions

Delmas Harris
14764 Exchange Rd.
Exchange, WV 26619
154821 plugging

Sent to: _____
Street, Apt. or PO Box _____
City, State _____

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

For delivery information visit our website at www.usps.com

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7013 2630 0001 4239 4168
7013 2630 0001 4239 4168



CERTIFIED MAIL™

Delmas Harris
14764 Exchange Rd.
Exchange, WV 26619
154821 plugging

Received

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental Protection



ZIP 26330
041L 42394168
\$0.402

04/25/2014

2101436P

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Christopher White 14584 Exchange Rd. ✓ Exchange, WV 26619 154821 plugging</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 2630 0001 4239 4175</p>	
PS Form 3811, July 2013	Domestic Return Receipt

PS Form 3800, August 2006
See Reverse for Instructions

Christopher White
14584 Exchange Rd.
Exchange, WV 26619
154821 plugging

City, State, or PO Box
Street, Apt.
Sent To
Total Postage \$

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

For delivery information visit our website at www.usps.com
(Domestic Mail Only; No Insurance Coverage Provided)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT



7013 2630 0001 4239 4175
7013 2630 0001 4239 4175

CERTIFIED MAIL™

Christopher White
14584 Exchange Rd.
Exchange, WV 26619
154821 plugging

Received

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental Protection



ZIP 26330
0411153892

04/25/2014

2) Operator's Well Number

154821 (Burk Well # 1-W122)

3) API Well No.: 47 021 - 01436

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: Bull Run of Cedar Creek of Little Kanawha River Quadrangle: Cedarville 7.5'

Elevation: 1104' County: Gilmer District: Center

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.? 30 ml

Proposed Disposal Method for Treated Pit Wastes:

- 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

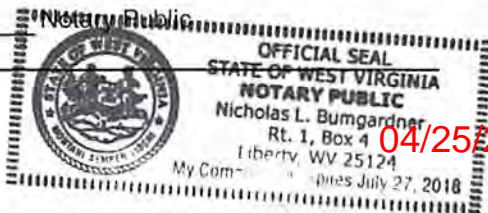
Subscribed and sworn before me this 17 day of MARCH, 2014

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental Protection
2014

My Commission Expires 6/27/2018

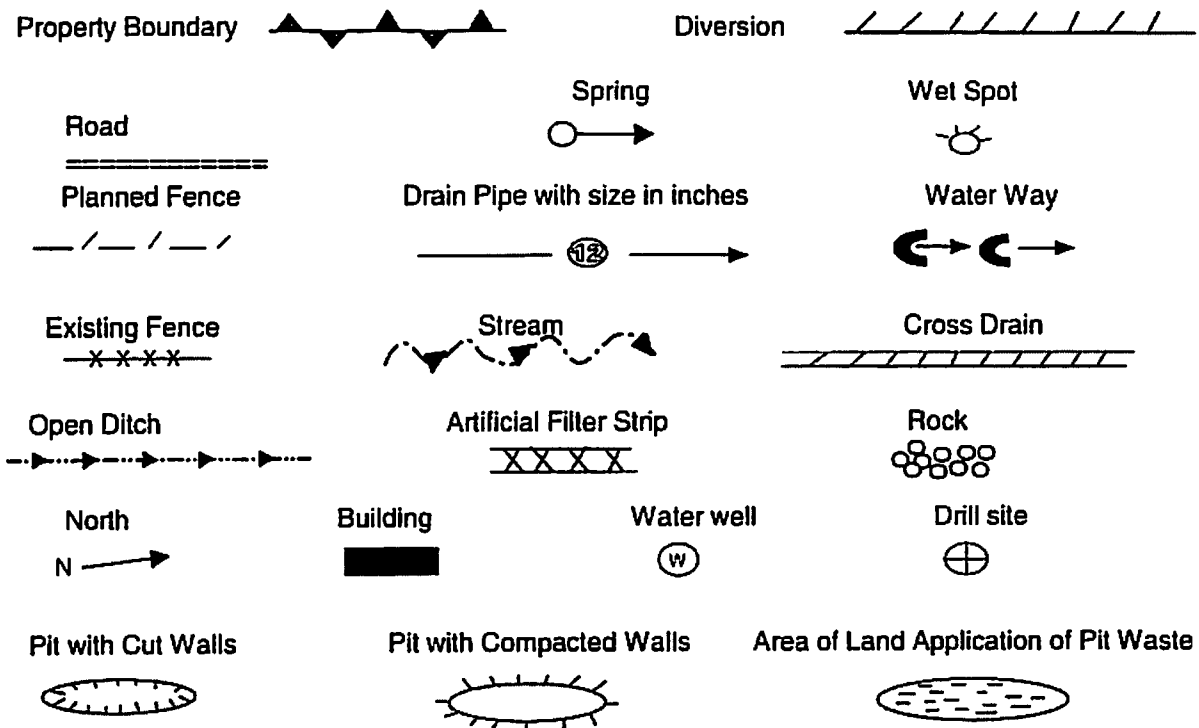
Received



04/25/2014

OPERATOR'S WELL NO.:
154821 (Burk Well # 1-W122)

LEGEND



Proposed Revegetation Treatment: Acres Disturbed: 1± Prevegetation pH 5.8
 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
KY-31	40	Orchard Grass	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: Bryan O. Hansen

Comments: _____

Title: Inspector Date: 4-9-14
 Field Reviewed? Yes No

Topo Quad: Cedarville 7.5'

Scale: 1" = 2000'

County: Gilmer

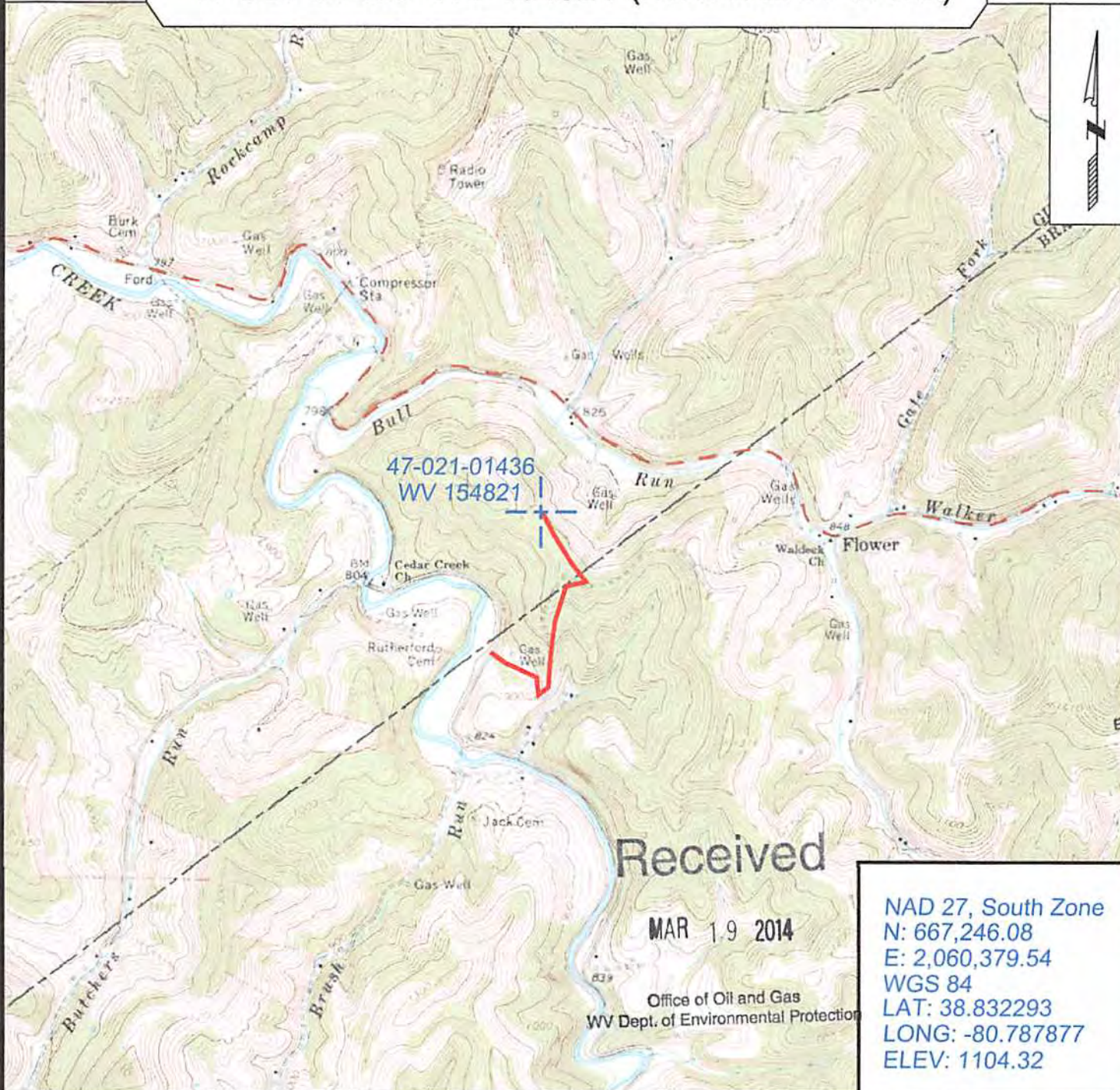
Date: February 19, 2014

District: Center

Project No: 25-19-00-07

47-021-01436 WV 154821 (Burk Well #1-W122)

Topo



Received

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental Protection

NAD 27, South Zone
 N: 667,246.08
 E: 2,060,379.54
 WGS 84
 LAT: 38.832293
 LONG: -80.787877
 ELEV: 1104.32



SURVEYING AND MAPPING SERVICES PERFORMED BY:
ALLEGHENY SURVEYS, INC.
 1-800-482-8606
 P.O. BOX 438
 BIRCH RIVER, WV 26610
 PH: (304) 649-8606

PREPARED FOR:
EQT Production Company
 P.O. Box 280
 Bridgeport, WV 26330

04/25/2014

Topo Quad: Cedarville 7.5'

Scale: 1" = 2000'

County: Gilmer

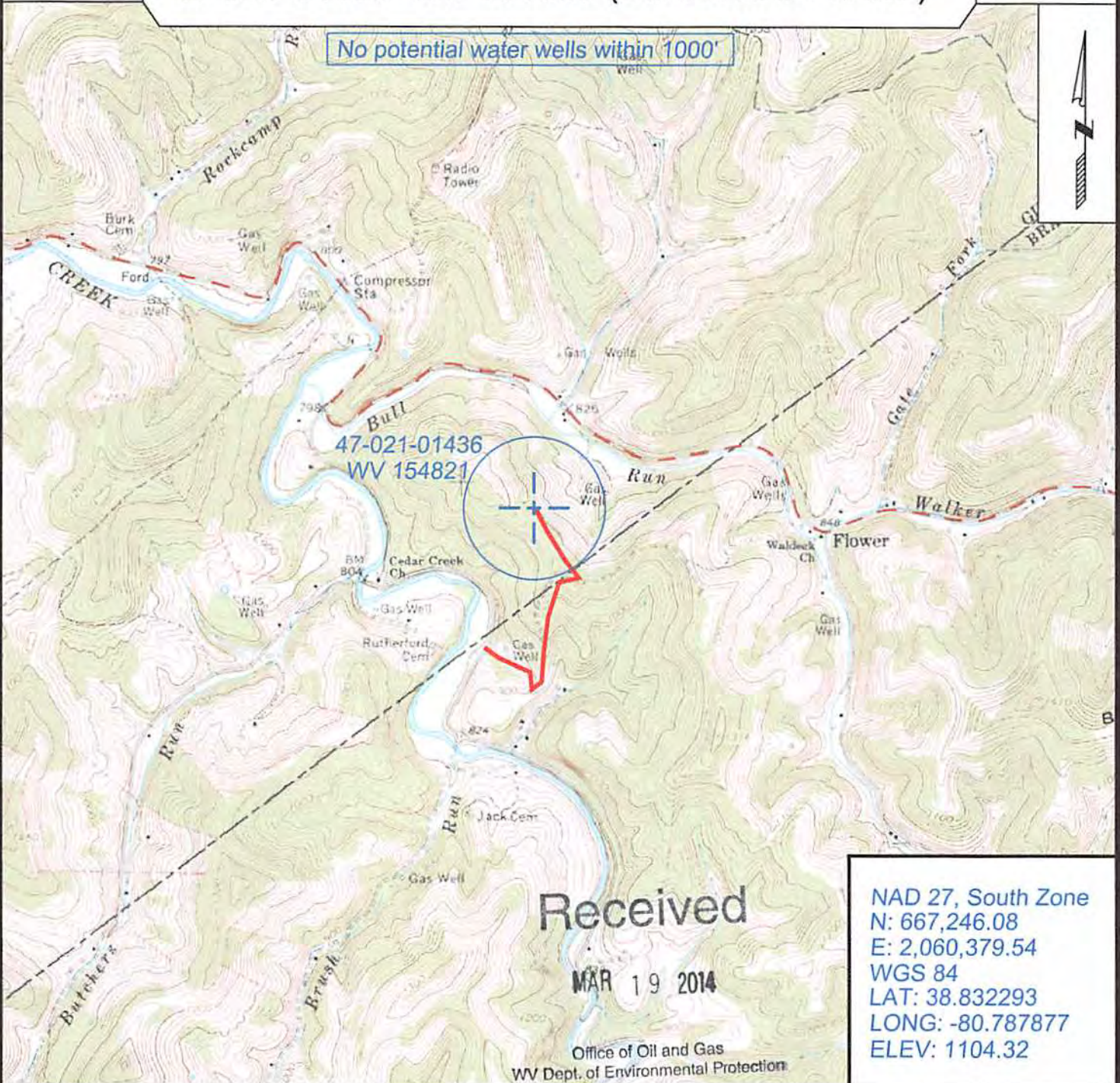
Date: February 19, 2014

District: Center

Project No: 25-19-00-07

Water

47-021-01436 WV 154821 (Burk Well #1-W122)



SURVEYING AND MAPPING SERVICES PERFORMED BY:
ALLEGHENY SURVEYS, INC.

1-800-482-8606
 P.O. BOX 438
 BIRCH RIVER, WV 26610
 PH: (304) 649-8606
 FAX: (304) 649-8608

PREPARED FOR:

EQT Production Company

P.O. Box 280
 Bridgeport, WV 26330

04/25/2014



POTENTIAL WATER SAMPLE DATA SHEET

CLIENT: EQT PRODUCTION COMPANY
LEASE NAME AND WELL No. Burk Well #1-W122 - WV 154821 - API No. 47-021-01436

POTENTIAL SAMPLE LOCATIONS

There appears to be no known water samples within the required 1000' of the existing well WV 154821.

Received

MAR 19 2014

Office of Oil and Gas
WV Dept. of Economic Development

BIRCH RIVER OFFICE
P.O. Box 438 • 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 Road
Alum Creek, WV 25003
phone: 304-756-2949
fax: 304-756-2948

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

Date: 3-17-14
Operator's Well
Well No. 154821 (Burk Well # 1-W122)
API Well No.: 47 021 - 01436

*CK 17273
10000*

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

APPLICATION FOR A PERMIT TO PLUG AND ABANDON

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

5) Elevation: 1104' Watershed: Bull Run of Cedar Creek of Little Kanawha River
Location: Center County: Gilmer Quadrangle: Cedarville 7.5' *285*
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 Bryan Harris
Name: P.O. Box 157
Address: Volga, WV 26238

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.

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

MAR 19 2014

Office of Oil and Gas
WV Dept. of Environmental Protection

04/25/2014