



Minimum Error of Closure 1' in 200'
 Source of Elevation C.G.S.C. WELL #1805, GARRETT Fm., ELEV. 1248

"I, the undersigned, hereby certify that this map is correct to the best of my knowledge and belief and shows all the information required by paragraph 6 of the rules and regulations of the oil and gas section of the mining laws of West Virginia."

- Partial Plug
- STIMULATION
- New Location
- Drill Deeper
- Abandonment

MAP SHEET 41, S8 E15, FB 522 P.26-28

Company: CONSOLIDATED GAS SUPPLY CORP.
 Address: CLARKSBURG, WEST VIRGINIA
 Farm: L. GUM
 Tract: Acres 8[±] Lease No. 4850
 Well (Farm) No. Serial No. 3692
 Elevation (Spirit Level) 941
 Quadrangle: CLARKSBURG, C Clear
 County: HARRISON District: EAGLE
 Engineer: Jackson M. Jarvis
 Engineer's Registration No. 2397
 File No. Drawing No.
 Date: 6-13-74 Scale: 1" = 200'

STATE OF WEST VIRGINIA
 DEPARTMENT OF MINES
 OIL AND GAS DIVISION
 CHARLESTON 1002A-31946

WELL LOCATION MAP
 FILE NO. HAR-1946-PP
~~TRANSFERRED TO: HAR-32-FRAC~~

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.

DRILLER'S RECORD

Previously Requested, but NOT
AVAILABLE

DATE: _____

<u>033</u> COUNTY	<u>32F</u> PERMIT
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ID: COUNTY: 033 (HARRISON) PERMIT: 32F SFX: 0 (New Location) REASSIGNED ID #: ()

COMPLETION INFO: ELEVATION: COMP REC FLAG: (not@DOE/OGIS) * LOCATION TAX DST: 4 (Easle)
 ELEVATION TYPE: () RIG TYPE: (???) * INFO: DEGREES MINUTES MILES
 7.5' LATITUDE: 00 00.0 0.00S
 LONGITUDE: 00 00.0 0.00W
 QUADRANGLE: (?)

CLASSIFICATION: DATES: MM/DD/YYYY * 15' LATITUDE: 39 25 5.11S
 INITIAL: (unclassified) SPUD: / / WELL TYPE: * LONGITUDE: 80 20 0.40W
 FINAL: (unclassified) COMP: / / () * QUADRANGLE: 027 (Clarksbrs)
 FIELD: BATCH: / / CMPL METH: () * 5' SECT: 5 (Central)
 (?Never assigned) YEAR RPTD: () * UTM: EASTING: 556803.7 NORTHING: 4354783.2
 COORDINATE DIGITIZED (Y/N): N

OPEN GAS-BEFORE TREATMENT: (MCFPD) OIL-BEFORE TREATMENT: (BOPD) * OWNER STATUS: DATE:
 FLOW: GAS-AFTER TREATMENT: (MCFPD) OIL-AFTER TREATMENT: (BOPD) * INFO: SURFACE OWNER:
 OIL&GAS OWNER:
 COMPANY NUMBER:
 OPERATOR:

ROCK NATURAL (PSI): 0 TIME (NATURAL, IN HOURS): 0
 PRESSURE: TREATED (PSI): 0 TIME (TREATED, IN HOURS): 0

DEPTHS: TOTAL FTG: 0 NEW FTG: 0 EXPL FTG: 0

DEEPEST FM: AT TOTAL DEPTH: 999 TESTED: 999
 (undetermined unit) (undetermined unit)

MECHANICAL LOG INFO: STATUS: RANGE OF INTERVALS: 0- 1713 DEEPEST FM LOGGED:
 LOGS AVAILABLE: GR,I,N,* MICROFILM ROLL NUMBER(S): 17
 COMMENT:
 LOG TYPES: GR-gamma ray; D-density; T-temperature; I-induction; N-neutron; S-sonic; *Other types not noted



STATE OF WEST VIRGINIA
DEPARTMENT OF MINES

RECEIVED
JUN 14 1974

Oil and Gas Division

OIL & GAS DIVISION
DEPT. OF MINES

OIL AND GAS WELL PERMIT APPLICATION

TO THE DEPARTMENT OF MINES,
Charleston, W. Va.

DATE June 13, 1974

Surface Owner Guy R. Johnson

Company Consolidated Gas Supply Corporation

Address Route #3, Clarksburg, W. Va.

Address Clarksburg, W. Va.

Mineral Owner Same

Farm L. Gum Acres 8

Address _____

Location (waters) Lamberts Run

Coal Owner None

Well No. 3692 Elevation 941'

Address _____

District Eagle County Harrison

Coal Operator None

Quadrangle CLARKSBURG

Address _____

THIS PERMIT MUST BE POSTED AT THE WELL SITE

All provisions being in accordance with Chapter 22, of the W. Va. Code, the location is hereby approved for fracturing. This permit shall expire if operations have not commenced by 10-17-74

INSPECTOR TO BE NOTIFIED Paul Garrett
Clarksburg, W. Va. PH 622-3871

GENTLEMEN:

The undersigned well operator is entitled to drill upon the above named farm or tract of land for oil and gas, having fee title thereto, (or as the case may be) under grant or lease dated 2-28-05 19 by A. J. Gum made to Hope Gas and recorded on the 16th day of March 1905, in Harrison County, Book 119 Page 334

 NEW WELL DRILL DEEPER REDRILL XXXX FRACTURE OR STIMULATE
XXX OIL AND GAS WELL ORIGINALLY DRILLED BEFORE JUNE 5, 1969.

The enclosed plat was prepared by a registered engineer or licensed land surveyor and all coal owners and/or operators have been notified as of the above date.

The above named coal owners and/or operator are hereby notified that any objection they wish to make, or are required to make by Section 3 of the Code, must be received by, or filed with the Department of Mines within ten (10) days. *

Copies of this notice and the enclosed plat were mailed by registered mail, or delivered to the above named coal operators or coal owners at their above shown respective address day before, or on the same day with the mailing or delivery of this copy to the Department of Mines at Charleston, West Virginia.

Very truly yours,
(Sign Name) [Signature] Manager of Prod.
Well Operator

Consolidated Gas Supply Corporation
Street
1415 West Main Street
City or Town
Clarksburg, W. Va.
State

Address of Well Operator

PLEASE SUBMIT COPIES OF ALL GEOLOGICAL LOGS DIRECTLY TO:
West Virginia Geological and Economic Survey
P. O. Box 879
Morgantown, W. Va. 26505
AC 504-296-4451

*SECTION 3 . . . If no objections are filed or found by the Department of mines, within said period of ten days from the receipt of notice and plat by the department of mines, to said proposed location, the department shall forthwith issue to the well operator a permit reciting the filing of such plat, that no objections have been made by the coal operators or found thereto by the department and that the same is approved and the well operator authorized to proceed.

HAR-32-FRAC. PERMIT NUMBER

[Handwritten signature]
CLARKSBURG

THIS IS AN ESTIMATE ONLY
ACTUAL INFORMATION WILL BE SUBMITTED ON OG-10 UPON COMPLETION

PROPOSED WORK ORDER TO _____ DRILL _____ DEEPEN xx FRACTURE-STIMULATE
 DRILLING CONTRACTOR: (If Known) _____ RESPONSIBLE AGENT: _____
 NAME Company tools _____ NAME R. E. Bayne _____
 ADDRESS _____ ADDRESS Bridgeport, W. Va. _____
 TELEPHONE _____ TELEPHONE 623-3611 _____
 ESTIMATED DEPTH OF COMPLETED WELL: Injun _____ ROTARY _____ CABLE TOOLS xxx _____
 PROPOSED GEOLOGICAL FORMATION: 1600' _____
 TYPE OF WELL: OIL _____ GAS xx COMB. _____ STORAGE _____ DISPOSAL _____
 RECYCLING _____ WATER FLOOD _____ OTHER _____

TENTATIVE CASING PROGRAM:

CASING AND TUBING SIZE	USED FOR DRILLING	LEFT IN WELL	CEMENT FILL UP OR SACKS - CUBIC FT.
20 - 16			
13 - 10			
9 - 5/8			
8 - 5/8			
7			
5 1/2			
4 1/2	1600'	1600'	125 Bags
3			Perf. Top
2			Perf. Bottom
Liners			Perf. Top
			Perf. Bottom

APPROXIMATE FRESH WATER DEPTHS N.R. FEET _____ SALT WATER N. R. FEET _____
 APPROXIMATE COAL DEPTHS None _____
 IS COAL BEING MINED IN THE AREA? No _____ BY WHOM? _____

TO DRILL:

SUBMIT FIVE (5) COPIES OF OG - 1, \$100.00 PERMIT FEE, PERFORMANCE BOND AND PERMANENT COPY OF PLAT.

TO DRILL DEEPER OR REDRILL:

SUBMIT FIVE (5) COPIES OF OG - 1, SHOWING ORIGINAL PERMIT NUMBER AND PERFORMANCE BOND. ON WELLS DRILLED PRIOR TO 1929, A PERMANENT COPY OF THE PLAT AND THE ORIGINAL WELL RECORD MUST ALSO BE SUBMITTED.

TO FRACTURE - STIMULATE:

OIL AND/OR GAS WELL ORIGINALLY DRILLED BEFORE JUNE 5, 1929, FIVE (5) COPIES OG - 1, PERFORMANCE BOND, PERMANENT PLAT AND ORIGINAL WELL RECORD.

OIL AND/OR GAS WELL ORIGINALLY DRILLED ON AND/OR AFTER JUNE 5, 1929, FIVE COPIES OG - 1, SHOWING ORIGINAL PERMIT NUMBER, AND PERFORMANCE BOND.

Required forms must be filed within ninety (90) days of completion for bond release. Inspector to be notified twenty-four (24) hours in advance.

The following waiver must be completed by the coal operator if the permit is to be issued within ten days of receipt thereof.

WAIVER: I the undersigned, Agent for _____ Coal Company, Owner or Operator of the coal under this lease have examined and place on our mine maps this proposed well location.

We the _____ Coal Company have no objections to said well being drilled at this location, providing operator has complied with all rules and regulations in Articles 4, 5, and 7, Chapter 22 of the West Virginia Code.

 For Coal Company

 Official Title