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

AFFIDAVIT OF PLUGGING AND FILLING WELL

AFFIDAVIT SHOULD BE IN TRIPLICATE, one copy mailed to the Department, one copy to be retained by the Well Operator and the third copy (and extra copies if required) should be mailed to each coal operator at their respective addresses.

Farm name: KING, JOHN Operator Well No.: I-13

LOCATION: Elevation: 963 Quadrangle: Griffithsville
District: Duval County: Lincoln
Latitude: 38.222164886 Feet South of _____ Deg. _____ Min. _____ Sec.
Longitude: -81.993894199 Feet West of _____ Deg. _____ Min. _____ Sec.

Well Type: OIL _____ GAS _____

Company Unknown DEP Paid Plugging Coal Operator _____
501 57th Street SE or Owner _____
Charleston, WV 25304 _____
Agent Jason Harmon Coal Operator _____
Permit Issued Date 2/27/2023 or Owner _____

AFFIDAVIT

STATE OF WEST VIRGINIA,
County of Lincoln ss:

Terry Rexroad and Bailey Deel being first duly sworn according to law depose and say that they are experienced in the work of plugging and filling oil and gas wells and were employed by the above named well operator, and participated in the work of plugging and filling the above well say that said work was commenced on the 13th day of March, 2023, and the well was plugged and filled in the following manner:

TYPE	FROM	TO	PIPE REMOVED	LEFT
Cement	2510	2315	1260' of 4 1/2	1255' of 4 1/2
Cement	1310	1190		332' of 8 5/8
Cement	1015	890		
Cement	390	265		
Cement	100	Surface		
6% Gel	Between all plugs			

RECEIVED
Office of Oil and Gas
MAR 21 2023
WV Department of Environmental Protection

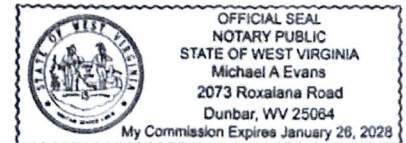
Description of monument: 7" Casing with API# and Date welded on and that the work of plugging and filling said well was completed on the 15th day of March, 2023.

And further deponents saith not. Terry Rexroad
Bailey Deel

Sworn and subscribe before me this 17th day of March, 2023

My commission expires: 01/26/28

[Signature]
Notary Public



Affidavit reviewed by the Office of Oil and Gas: Jason Harmon Title: _____