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:_ | Hennen #37 | | | Operator Well No.: 6500 | | | 1 | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------|-------------------------------|----------------------------------------|----------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LOCATION: | Elevation: | 1111' | | Quadra | nale: | Wadestow | m | | |
| LOOM TION. | District: | Battel | le | County | : : | ple: Wadestown Monongalia | | | |
| | | | Feet South of | | | | | | |
| | | | Feet West of | | | | | | |
| • • • • • • • • • • • • • • • • • • • | J | | | | | | | | |
| Well Type: 0 | OIL | GAS X | | | | | | | |
| Company EQT Production Company Coal Operator Consolidation Coal Company | | | | | | | | | |
| | 1710 Pennsylvania Ave. or Own | | | | | onsol Ener | | | |
| Charleston, WV 25302 | | | | | Canonsburg, PA 15317 | | | | |
| Coal Operator | | | | | | | | | |
| Agent Rex C. Ray or Owner | | | | | | | | | |
| Permit Issued Date 05/07/2012 | | | | | | | | | |
| AFFIDAVIT | | | | | | | | | |
| STATE OF WEST VIRGINIA, | | | | | | | | | |
| County of Ur | oshur | SS: | | | | | | | |
| Paul Jo | nnes | and | Tim Marsh | ı | ŀ | neino first duly | sworn according | to law depose | |
| | | | ne work of plugging | | | | | | |
| well operator | and particip | ated in the | work of plugging a | nd filling | the above | well say that | said work was o | commenced on | |
| well operator, and participated in the work of plugging and filling the above well say that said work was commenced on the 9th day of October, 2012 and the well was plugged and filled in the following manner: | | | | | | | | | |
| | | | | | | | | | |
| TYPE | | ROM | TO | | PE REMO | | U' LEFT | · | |
| Cement | 27 | 760' | 2168' | | | 000' | - | | |
| Cement | | 168' | 2100' | 5 3/1 | 6" | 281' | 0' | | |
| Gel | | 100' | 1660' | | | | _11 | | |
| Cement | | 560' | 1525' | No | other | pipe in w | 3TT | | |
| Cement | | 905' | 796' | | | 211 00000 | - 20501 - 20° | 101 +0 | |
| Cement | | 200' | 0' | Perforated 3" @2960 to 2950'; 2810' to | | | | | |
| 2800'; Cut 3" @ 2204' and 2117' | | | | | | | | | |
| | • | . 5" mir | no 51 abovre m | mind w | rith AP | T # and # | at the work of plu | oning and filling | , |
| Description of monument: 5" pipe 5' above ground with API # and that the work of plugging and filling said well was completed on the 9th day of November 2012. | | | | | | | | | 1 |
| said well was | completed of | n the <u>Jui</u> | _ day or _ revenue | , , | 20 <u></u> . | | THE STATE OF THE S | OFFICIAL SEAL NOTARY PUBLIC | 5 |
| | | | | | | | | STATE OF WEST VIRGINIA | > |
| | | | | | | | | DENISE H. PULLIAM | 7 |
| | | | Smother | K/I | as | <u>_</u> | | 49 W. LINCOLN ST. BUCKHANNON, WV 20201 | . 2 |
| | | | the V | | 1 | | M | y commission expires June 12, 2016 | 3 |
| Sworn and subscribe before me this 13 day of 7 forencer, 20/3 | | | | | | | | | |
| | | | | | | | | | |
| My commission expires: - June 12,2016 Newse N. Tulliam | | | | | | | | | |
| | 0 | · | | | Not | ary Public | ~ . | | |
| | ,, | W: 10" | | 20 | 1)- | IP. | Title: (), () + | Gas Inspector | |
| Affidavit revie | ewed by the C | mice of Oil | and Gas: | 1 1 | ريده زار | To test | Time | - Contraction of the Contraction | |
| | | | | | | | | | |