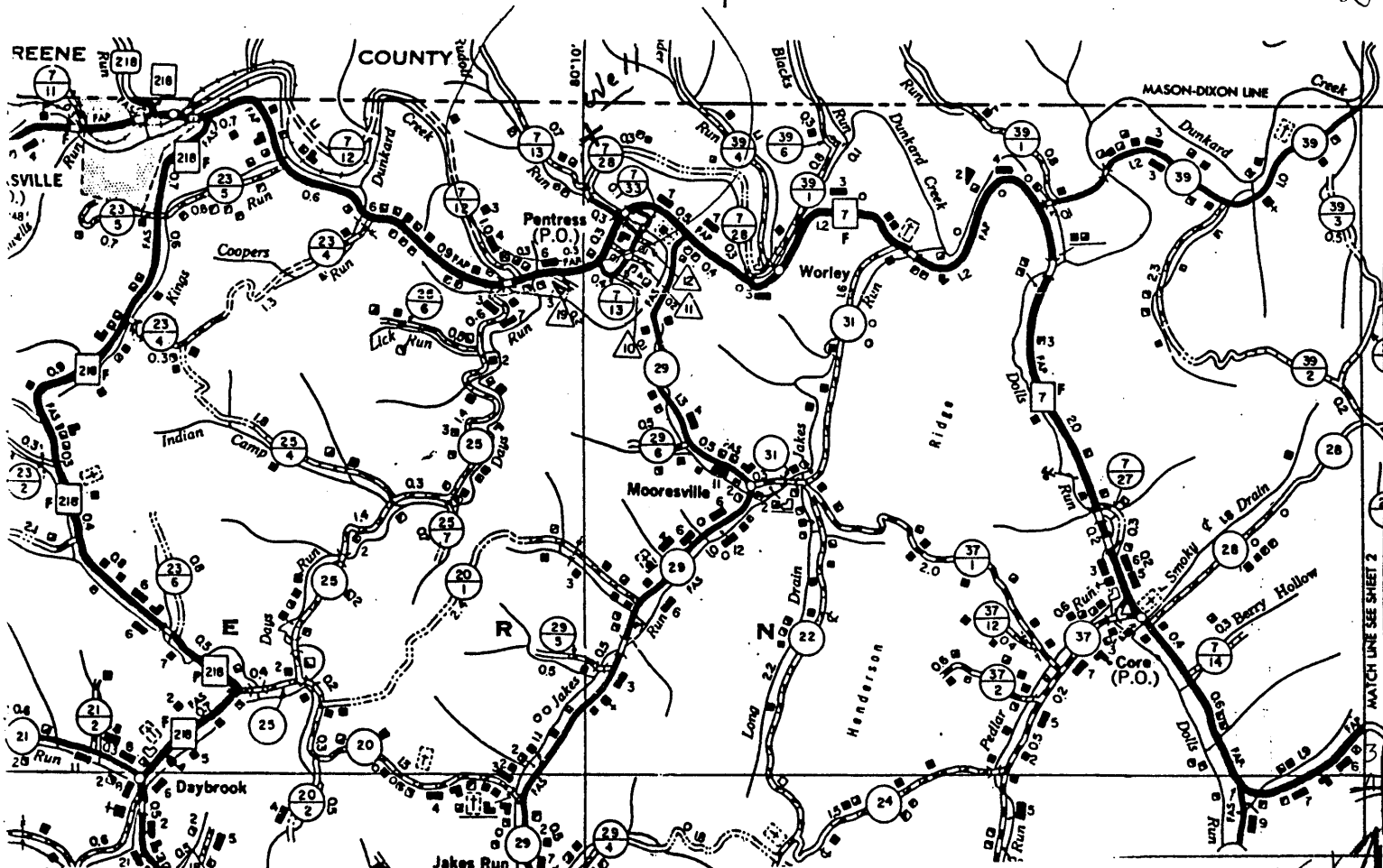


INSTRUCTIONS

39° 45'

- 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(+).



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

SIGNED George H. Williams
 TITLE Partner

DATE Sept 29, 1993

OPERATORS WELL NO. Wright # 1

API WELL NO. 061-1137-N

RECEIVED
 WV Division
 Environmental
 3 0 93
 Permitting
 Office of Oil & Gas

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION

WELL TYPE: OIL GAS LIQUID INJECTION WASTE DISPOSAL
 if "GAS" PRODUCTION STORAGE DEEP SHALLOW

LOCATION: ELEVATION 1006 WATER SHED Dunkard Creek
 DISTRICT Clay COUNTY Monongalia
 QUADRANGLE Wadestown

SURFACE OWNER D R Wright ACREAGE 40

OIL & GAS ROYALTY OWNER D R Wright LEASE ACREAGE 40
 LEASE NO. 547

PRODUCING FORMATION Gordon Stray TOTAL DEPTH 3200

WELL OPERATOR Snider & Williams DESIGNATED AGENT George H. Williams
 Box 890 Box 890

ADDRESS Hundred, WV 26575 ADDRESS Hundred, WV 26575

18043

2.235
 0.01 W = 75'
 2.235
 0.01 W = 15'

7.5" Tick

MATCH LINE SEE SHEET 2

80 10

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

WELL REGISTER ASSIGNMENT

This API Number 47- 61-01137, issued to SNIDER, DUANE M. & GEORGE H. is evidence of permission to operate the well that is referenced at the location described on the attached plat, subject to the provisions of Chapters 22 and 22B of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder. The name and telephone number of the Oil and Gas Inspector for this well is RANDAL MICK
304-986-3324.

Spills or emergency discharges must be reported to 1-800-654-3312.

Failure to abide by all statutory and regulatory provisions governing all duties and operations hereunder may result in suspension or revocation of your permits and in addition may result in civil and/or criminal penalties.

The enclosed WR-35 must be completed by you and returned to this office. In addition annual production reports must be submitted on this well and failure to do so may require you to plug the well.

Theodore M. Streit
Chief

By: 

Title: _____

Operator's Well No: WRIGHT #1

Farm Name: WRIGHT, D. R.

API Well Number : 47- 61-01137 N

Date Issued : 12/07/93