

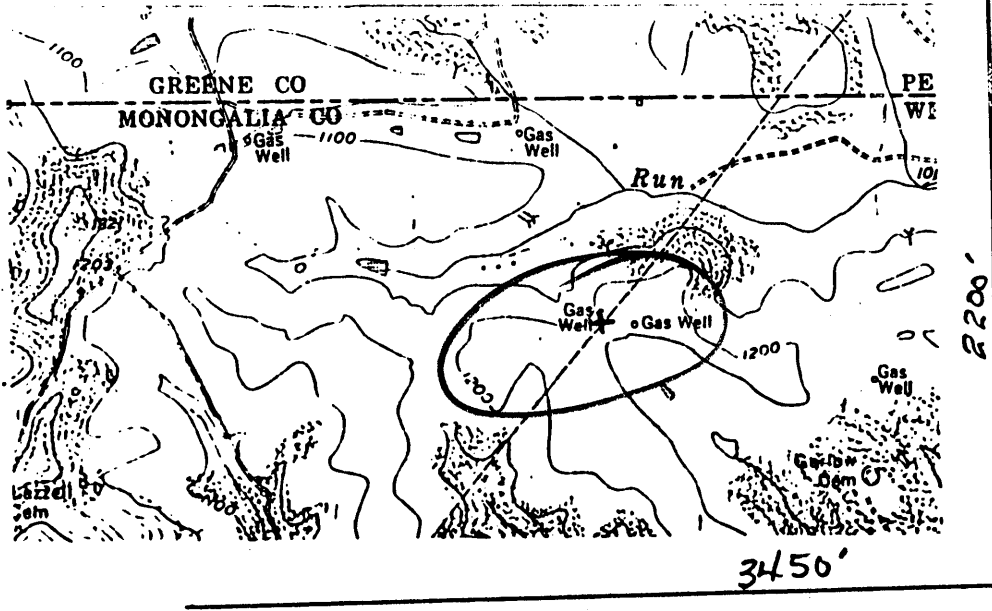
INSTRUCTIONS

3500'

39°45'00"

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 (+).

RECEIVED
 Office of Oil & Gas
 SEP 23 1993
 WV Division of Environmental Protection



2.455
 0.66w

39°42'30"
 79°57'30"

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

SIGNED



DATE March 2, 1993

OPERATORS WELL NO. 1

API WELL NO. 47-061-1198-N

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION

plotted on prop map
 11/8/97 xlw

WELL TYPE: OIL GAS LIQUID INJECTION WASTE DISPOSAL
 (IE "GAS" PRODUCTION) STORAGE DEEP SHALLOW

LOCATION: ELEVATION 1220 WATER SHED Crooked Run
 DISTRICT Cass COUNTY Monongalia
 QUADRANGLE Morgantown North 484

SURFACE OWNER G. Garlow ACREAGE 272

OIL & GAS ROYALTY OWNER John Garlow LEASE ACREAGE 272
 LEASE NO. _____

PRODUCING FORMATION Fourth Sand TOTAL DEPTH _____

WELL OPERATOR Noumenon Corporation DESIGNATED AGENT Stephen K. Shuman

ADDRESS P.O. Box 116 ADDRESS P.O. Box 116
 Core, WV 26529 Core, WV 26529

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

WELL REGISTER ASSIGNMENT

This API Number 47- 61-01198, issued to NOUMENON CORPORATION, a W.VA. 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 -
304-759-0579.

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: JOHN GARLOW #1

Farm Name: GARLOW, G.

API Well Number : 47- 61-01198 N

Date Issued : 07/12/95