



west virginia department of environmental protection

Office of Oil and Gas
601 57th Street SE
Charleston, WV 25304
(304) 926-0450
(304) 926-0452 fax

Earl Ray Tomblin, Governor
Randy C. Huffman, Cabinet Secretary
www.dep.wv.gov

June 12, 2015

WELL WORK PLUGGING PERMIT

Plugging

This permit, API Well Number: 47-8503933, issued to EQT PRODUCTION COMPANY, is evidence of permission granted to perform the specified well work at the location described on the attached pages and located on the attached plat, subject to the provisions of Chapter 22 of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder, and to all conditions and provisions outlined in the pages attached hereto. Notification shall be given by the operator to the Oil and Gas Inspector at least 24 hours prior to the construction of roads, locations, and/or pits for any permitted work. In addition, the well operator shall notify the same inspector 24 hours before any actual well work is commenced and prior to running and cementing casing. Spills or emergency discharges must be promptly reported by the operator to 1-800-642-3074 and to the Oil and Gas inspector.

Upon completion of the plugging well work, the above named operator will reclaim the site according to the provisions of WV Code 22-6-30. The above named operator will also file, as required in WV Code 22-6-23, an affidavit on form WR-38 by two experienced persons in the operator's employment and the Oil and Gas inspector that the work authorized under this permit was performed and a description given. Failure to abide by all statutory and regulatory provisions governing all duties and operations here under may result in suspensions or revocation of this permit and in addition may result in civil and/or criminal penalties being imposed upon the operator.

This permit will expire in two (2) years from date of issue. If there are any questions, please free to contact me at (304) 926-0499 ext. 1654.



James Martin
Chief

Operator's Well No: 1253
Farm Name: JONES, M. H.
API Well Number: 47-8503933
Permit Type: Plugging
Date Issued: 06/12/2015

Promoting a healthy environment.

06/12/2015

PERMIT CONDITIONS

West Virginia Code §22-6-11 allows the Office of Oil and Gas to place specific conditions upon this permit. Permit conditions have the same effect as law. Failure to adhere to the specified permit conditions may result in enforcement action.

CONDITIONS

1. All pits must be lined with a minimum of 20 mil thickness synthetic liner.
2. In the event of an accident or explosion causing loss of life or serious personal injury in or about the well or while working on the well, the well operator or its contractor shall give notice, stating the particulars of the accident or explosion, to the oil and gas inspector and the Chief within twenty-four (24) hours.
3. Well work activities shall not constitute a hazard to the safety of persons.
4. This well is under a consent order and must be plugged under the terms of that agreement.

1) Date: March 30, 2015
2) Operator's Well Number
655276 (M. H. Jones #1253)
3) API Well No.: 47 085 - 03933 **P**
State County Permit

STATE OF WEST VIRGINIA - BUREAU OF ENVIRONMENT
DIVISION OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL & GAS
NOTICE AND APPLICATION TO PLUG AND ABANDON WELL

4) Surface Owner(s) to be served:
(a) Name Randy Barnes and John Clovis
Address 140 Pine Drive
Pennsboro, WV 26415
(b) Name _____
Address _____
(c) Name _____
Address _____
6) Inspector David Cowan
Address 1597 Devil Hole Road
Harrisville, WV 26362
Telephone (304) 389-3509

5) (a) Coal Operator:
Name None
Address _____
(b) Coal Owner(s) with Declaration
Name Lillian M. Baker AIF
Heirs of Gomer T. Dotson
Address 4411 Packard Street
Parkersburg, WV 26101
Name _____
Address See Attachment
(c) Coal Lessee with Declaration
Name None
Address _____

TO THE PERSONS NAMED ABOVE: You should have received this Form and the following documents:

- (1) The application to Plug and Abandon a Well on Form WW-4B, which sets out the parties involved in the work and describes the well its and the plugging work order; and
 - (2) The plat (surveyor's map) showing the well location on Form WW-6.
- The reason you received these documents is that you have rights regarding the application which are summarized in the instructions on the reverses side. However, you are not required to take any action at all.

Take notice that under Chapter 22-6 of the West Virginia Code, the undersigned well operator proposes to file or has filed this Notice and Application and accompanying documents for a permit to plug and abandon a well with the Chief of the Office of Oil and Gas, West Virginia Division of Environmental Protection, with respect to the well at the location described on the attached Application and depicted on the attached Form WW-6. Copies of this Notice, the Application, and the plat have been mailed by registered or certified mail or delivered by hand to the person(s) named above (or by publication in certain circumstances) on or before the day of mailing or delivery to the Chief.

Well Operator: EQT Production Company
By: Victoria J. Roark
Its: Permitting Supervisor
Address: PO Box 280
Bridgeport, WV 26330
Telephone: (304) 848-0076

[Signature]
RECEIVED
Office of Oil and Gas
Notary Public
APR 02 2015

Subscribed and sworn before me this 31st day of March
[Signature] Notary Public

My Commission Expires: 2/20/18
OFFICIAL SEAL
STATE OF WEST VIRGINIA
NOTARY PUBLIC
Misty S Christie
1207 Briercliff Rd
Bridgeport, WV 26330
My Commission Expires February 20, 2018

The Office of Oil & Gas processes your personal information, such as name, address and phone number, as part of our regulatory duties. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. Our office will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.

WW4-A

Additional Coal Owners

Barbara J. Davis, AIF
Star Route, Box 6
Middleborne, WV 26149

Eben E. Duty
312 Borman Avenue
Middlebourne, WV 26149-9502

Orma M. Johnson
3315 Higley Road
Rocky River, OH 44116-3832

Carolyn M. Jones, AIF
Heirs of Columbia Jones
1379 Gnats Run
Pennsboro, WV 26415-6272

Denzil Jones
139 Filmore Ave., Apt. #3L
Dover, OH 44622-2087

Blonda Keefer
Heirs of Cora Jones
1704 Dewey Street
Parkersburg, WV 26101-3671

Gladdine McCrimmon, AIF
Heirs of Mary H. Prevot
3824 West Run Road
Munhall, PA 15120

Gary L. Pratt
1311 E. Main Street
P. O. Box 93
Harrisville, WV 26362-0093

ET Bluegrass Apollo Division
P. O. Vox 2347
Charleston, WV 25328

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Office of Oil and Gas

APR 02 2015

WV Department of
Environmental Protection

06/12/2015

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Restricted Delivery Fee (Endorsement Required)		
Total Po		

Sent To: Gary L. Pratt
 1311 E. Main Street
 P. O. Box 93
 Harrisville, WV 26362-0093

Street, Apt or PO Box
 City, State

#655276 Plugging Permit
 PS Form 3800, August 2006 See Reverse for Instructions

1. Article Addressed to:
 Gary L. Pratt
 1311 E. Main Street
 P. O. Box 93
 Harrisville, WV 26362-0093
 #655276 Plugging Permit

2. Article Number
 (Transfer from service label)
 PS Form 3811, July 2013

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 C. Date of Delivery

X Addressee

Complete items 1, 2, and 3 on the reverse.
 Print your name and address on the reverse.
 So that we can return the card to you.
 Attach this card to the back of the mailpiece,
 or on the front if space permits.

06/12/2015

26330

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post: ET Bluegrass Apollo Division
 Sent To: P. O. Box 2347
 Street, Apt. or PO Box: Charleston, WV 25328
 City, State: #655276 Plugging Permit

PS Form 3800, August 2006 See Reverse for Instructions

26330

so that we can return the card to you.
 Attach this card to the back of the mailpiece,
 or on the front if space permits.

1. Article Addressed to:
 ET Bluegrass Apollo Division
 P. O. Box 2347
 Charleston, WV 25328
 #655276 Plugging Permit

2. Article Number
 (Transfer from service label)
 7014 0150 0001 0654 8730
 Domestic Return Receipt
 PS Form 3811, July 2013

3. Service Type
 Certified Mail®
 Priority Mail Express™
 Registered
 Priority Mail Express™
 Insured Mail
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 C. Date of Delivery

06/12/2015

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	Gladdine McCrimmon, AIF

Sent To: Heirs of Mary H. Prevot
 Street, Apt. 1: 3824 West Run Road
 or PO Box #: Munhall, PA 15120
 City, State, :
 #655276 Plugging Permit

PS Form 3800, August 2009

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 041110728692
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PS Form 3811, July 2013

2. Article Number (Transfer from service label)
 7014 0150 0001 0654 8716

1. Article Addressed to:
 Gladdine McCrimmon, AIF
 Heirs of Mary H. Prevot
 3824 West Run Road
 Munhall, PA 15120
 #655276 Plugging Permit

3. Service Type
 Certified Mail®
 Priority Mail Express™
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 C. Date of Delivery

X Addressee

Item 4 If Restricted Delivery is desired, so that we can return the card to you. Print your name and address on the reverse. Add this card to the back of the mailpiece, or on the front if space permits.

06/12/2015

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Postage	\$	<i>me</i>	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage		Blonda Keefer	
Sent To	Heirs of Cora Jones		
Street, Apt. No. or PO Box No.	1704 Dewey Street		
City, State, Zip	Parkersburg, WV 26101-3671		
#655276 Plugging Permit		See Reverse for Instructions	

PS Form 3800, August 2006



7014 0150 0001 0654 8709
7014 0150 0001 0654 8709

PS Form 3811, July 2013
Domestic Return Receipt
(Transfer from service label)

2. Article Number
7014 0150 0001 0654 8709

#655276 Plugging Permit

Blonda Keefer
Heirs of Cora Jones
1704 Dewey Street
Parkersburg, WV 26101-3671

1. Article Addressed to:
Print your name and address on the reverse so that we can return the card to you.
Each of us card to the back of the mailpiece, or on the front if space permits.

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
C. Date of Delivery

6330

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7014 0150 0001 0654 8693

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Mc

Postmark Here

Total Post: Denzil Jones

Sent To: 139 Filmore Ave., Apt. #3L
Dover, OH 44622-2087
City, State, ZIP: #655276 Plugging Permit

PS Form 3800, August 2006

See Reverse for Instructions

26330

PS Form 3811, July 2013
Domestic Return Receipt
(Transfer from service label)

2. Article Number
7014 0150 0001 0654 8693

1. Article Addressed to:
Denzil Jones
139 Filmore Ave., Apt. #3L
Dover, OH 44622-2087
#655276 Plugging Permit

3. Service Type
 Certified Mail®
 Priority Mail Express™
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 Addressee
 Agent
 Signature

C. Date of Delivery

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post	Carolyn M. Jones, AIF	
Sent To	Heirs of Columbia Jones	
Street, Apt. or PO Box	1379 Gnats Run	
City, State	Pennsboro, WV 26415-6272	
	#655276 Plugging Permit	

PS Form 3800, August 2006 See Reverse for Instructions

ark
V 26330

PS Form 3811, July 2013
Domestic Return Receipt
(Transfer from service label)

2. Article Number
7014 0150 0001 0654 8686

#655276 Plugging Permit
Pennsboro, WV 26415-6272
1379 Gnats Run
Heirs of Columbia Jones
Carolyn M. Jones, AIF

1. Article Addressed to:

Complete items 1, 2, and 3, and also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse of this card to the back of the mailpiece, or on the front if space permits.
 Attach this card to the back of the mailpiece.

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail®
 Priority Mail Express™
 Registered
 Return Receipt for Merchandise
 Insured Mail
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

B. Received by (Printed Name)
C. Date of Delivery

X
 Agent
 Addressee

06/12/2015

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 WV Department of Environmental Protection
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Postage	\$	mc Postmark Here
Certified Fee		
Return Receipt Fee (endorsement Required)		
Restricted Delivery Fee (endorsement Required)		
Total Postage & Fees		

Sent To: **Orma M. Johnson**
3315 Higley Road
Rocky River, OH 44116-3832

Street, Apt. No.,
 PO Box No.,
 City, State, ZIP+4
#655276 Plugging Permit

Form 3800, August 2006 See Reverse for Instructions

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ROCKY RIVER, OH 44116-3832

#655276 Plugging Permit

rk
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PS Form 3811, July 2013
 (Transfer from service label)

2. Article Number
 7024 0150 0001 0654 8679

1. Article Addressed to:
Orma M. Johnson
3315 Higley Road
Rocky River, OH 44116-3832
 #655276 Plugging Permit

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Collect on Delivery
 Restricted Delivery? (Extra Fee) Yes No

4. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

A. Signature Agent Addressee
 B. Received by (Printed Name)
 C. Date of Delivery

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

10/21/2015

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Office of Oil and Gas
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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		

Sent To: **Eben E. Duty**
312 Borman Avenue
Middlebourne, WV 26149-9502
City, State: #655276 Plugging Permit

PS Form 3800, August 2006 See Reverse for Instructions



7014 0150 0001 0654 8662
7014 0150 0001 0654 8662

PS Form 3811, July 2013
(Transfer from service label)

2. Article Number
7014 0150 0001 0654 8662

1. Article Addressed to:
Eben E. Duty
312 Borman Avenue
Middlebourne, WV 26149-9502
#655276 Plugging Permit

3. Service Type
 Certified Mail®
 Registered
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery
 Insured Mail

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
C. Date of Delivery

X Addressee

Complete items 1, 2, and 3, also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse. Attach this card to the back of the mailpiece, or on the front if space permits.

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 7014 0150 0001 0654 8655

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

mc
 Postmark
 Here

Total Postage **Barbara J. Davis, AIF**
Star Route, Box 6
Middleborne, WV 26149
 Sent To
 Street, Apt. #
 or PO Box #
 City, State, Z
#655276 Plugging Permit
 See Reverse for Instructions
 PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

2. Article Number
 (Transfer from service label)
 PS Form 3811, July 2013

3. Service Type
 Certified Mail®
 Registered Mail
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from Item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 C. Date of Delivery
 Agent
 Addressee

Barbara J. Davis, AIF
 Star Route, Box 6
 Middleborne, WV 26149
 #655276 Plugging Permit

7014 0150 0001 0654 8655
 Domestic Return Receipt

06/12/2015

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03/31/2015
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APR 02 2015

WV Department of
Environmental Protection
ZIP 26330
1110228892



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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To
Lillian M. Baker AIF
Heirs of Gomer T. Dotson
4411 Packard Street
Parkersburg, WV 26101
#655276 Plugging Permit

PS Form 3800, August 2006 See Reverse for Instructions

PS Form 3811, July 2013

2. Article Number (Transfer from service label)
7014 0150 0001 0654 8648

Domestic Return Receipt

1. Article Addressed to:
Lillian M. Baker AIF
Heirs of Gomer T. Dotson
4411 Packard Street
Parkersburg, WV 26101
#655276 Plugging Permit

3. Service Type
 Certified Mail
 Registered Mail
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 C. Date of Delivery
 A. Signature

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

06/2/2015

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 WV Department of Environmental Protection
 APR 02 2015
 0011022686



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 7014 0150 0001 0654 8631

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Postage	\$	Postmark Here <i>mc</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		

Sent To: Randy Barnes and John Clovis
 140 Pine Drive
 Street, Apt. or PO Box: Pennsboro, WV 26415
 City, State: #655276 Plugging Permit

PS Form 3800, August 2006

PS Form 3811, July 2013
 Domestic Return Receipt

2. Article Number (Transfer from service label)
 7014 0150 0001 0654 8631

1. Article Addressed to:
 Randy Barnes and John Clovis
 140 Pine Drive
 Pennsboro, WV 26415
 #655276 Plugging Permit

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 C. Date of Delivery

A. Signature Agent Addressee

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Fill in your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Randy Barnes and John Clovis
 140 Pine Drive
 Pennsboro, WV 26415
 #655276 Plugging Permit

ark
 VV 26330

06/12/2015

03/17/2015
US POSTAGE \$03.29⁰⁰

ZIP 26330
0411 10228892

David Cowan
1597 Devil Hole Road
Harrisville, WV 26362

#651791, #604548, #655276 & 651076 Plugging Permit

RECEIVED
Office of Oil and Gas
APR 02 2015
WV Department of
Environmental Protection

06/12/2015



POTENTIAL WATER SAMPLE DATA SHEET

CLIENT: EOT PRODUCTION COMPANY
LEASE NAME AND WELL No. M. H. Jones #1253 - WV 655276 - API No. 47-085-03933

POTENTIAL SAMPLE LOCATIONS

There appears to be no known water samples within the required 1000' of the existing well WV 655276.

BIRCH RIVER OFFICE
237 Birch River Road
Birch River, WV 26610
phone: 304-649-8606
fax: 304-649-8608

BRIDGEPORT OFFICE
172 Thompson Drive
Bridgeport, WV 26330
phone: 304-848-5035
fax: 304-848-5037

CALDWELL OFFICE
212 Cumberland Street
Caldwell, OH 43724
phone: 740-305-5007
fax: 740-305-5126

ALUM CREEK OFFICE
P.O. Box 108 • 1413 Childress Rd
Alum Creek, WV 25003
phone: 304-756-2949
fax: 304-756-2948

RANSON OFFICE
301 South Fairfax Blvd, Suite 3
Ranson, WV 25438
phone: 304-724-5105
fax: 304-724-5010

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WV Department of
Environmental Protection

Topo Quad: Pennsboro 7.5'

Scale: 1" = 2000'

County: Ritchie

Date: March 16, 2015

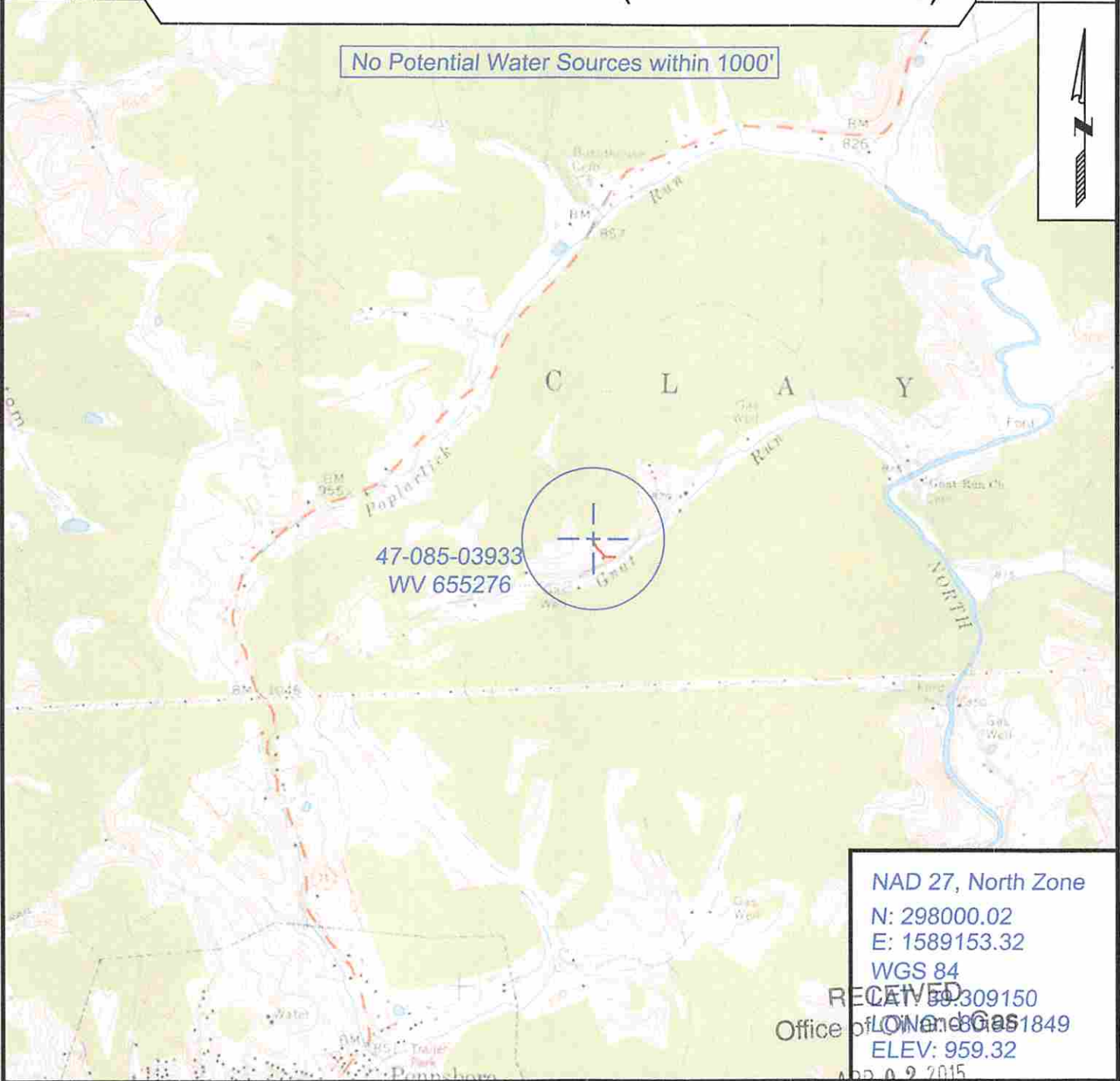
District: Clay

Project No: 68-38-00-08

Water

47-085-03933 WV 655276 (M. H. Jones #1253)

No Potential Water Sources within 1000'



NAD 27, North Zone

N: 298000.02

E: 1589153.32

WGS 84

N: 59.309150

E: 118.1849

ELEV: 959.32

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SURVEYING AND MAPPING SERVICES PERFORMED BY:

ALLEGHENY SURVEYS, INC.

1-800-482-8606
237 Birch River Road
Birch River, WV 26610
PH: (304) 649-8606
FAX: (304) 649-8608

PREPARED FOR:

EQT Production Company
West Virginia Department of
Environmental Protection
P.O. Box 280
Bridgeport, WV 26330

06/12/2015

Date: March 30, 2015
Operator's Well _____
Well No. 655276 (M. H. Jones #1253)
API Well No.: 47 085 - 03933 P

*CK 19119
40000*

**STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS**

APPLICATION FOR A PERMIT TO PLUG AND ABANDON

4) Well Type: Oil _____ Gas X Liquid Injection _____ Waste Disposal: _____
If Gas, Production _____ X Or Underground storage _____ Deep _____ Shallow X

5) Elevation: 959 ft. Watershed: Gnats Run
Location: Clay County: Ritchie Quadrangle: Pennsboro
District: _____

6) Well Operator EQT Production Company
120 Professional Place
Address: Bridgeport, WV 26330

7) Designated Agent: Rex C. Ray
Address: 120 Professional Place
Bridgeport, WV 26330

8) Oil & Gas David Cowan
Name: 1597 Devil Hole Road
Address: Harrisville, WV 26362

9) Plugging Contractor:
Name: HydroCarbon Well Service
Address: PO BOX 995
Buckhannon, WV 26201

10) Work Order: The work order for the manner of plugging this well is as follows:

See Attachment for details and procedures.

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WV Department of
Environmental Protection

OFFICE USE ONLY

Notification must be given to the district oil and gas inspector 24 hours before permitted work can commence.

Work order approved by inspector

*David Cowan by
Gene Smith*

Date

6/11/15

PLUGGING PROGNOSIS

85-3933P

Jones, M.H. # 2-1253 (655276)
Ritchie, Co. WV
Clay, Union
API # 47-035-03933
BY: R.Green
DATE: 02/09/15

CURRENT STATUS:

10" @ 206' (Pulled)
8 1/4" @ 982' (Pulled)
6 5/8" @ 1818'
2" @ 1818' (2 x 6 5/8" packer @ 1845')
Elevation @ 959'

Fresh Water @ none reported
Salt Water @ none reported
Coal @ none reported
Gas Shows @ 1958' (Big Injun)
Oil Shows @ 1560' (Maxton Sand)

IF WELL NOT SHOT AND PACKER
SET 100' cement plug from TD @
1988 to 1888.

1. Notify State Inspector, Dave Cowan, 304-389-3509, 24 hrs. Prior to commencing operations.
2. Attempt to release and TOOH packer, if unsuccessful go to step #23
3. TIH shoot off packer @ 1845', TOOH tbg, inspect tbg.
4. TIH to 1845', set 100' C1A cement plug 1845' to 1745' (Gas @ 1958', 6 5/8" csg seat).
5. TOOH tbg to 1745' gel hole 1745' to 1650', TOOH tbg.
6. Free point 6 5/8" casing, cut casing @ free point (est@1650'), TOOH csg.
7. Set 100' C1A cement plug 50' in/out of casing cut, perforate all salt water, freshwater, coal, oil and gas shows below cut. Do not omit any plugs.
8. TOOH tbg to 1550' set 100' C1A cement plug 1550' to 1450' (oil show@1560').
9. TOOH tbg to 1450' gel hole 1450' to 1230'.
10. TOOH tbg to 1230', set 100' C1A cement plug 1230' to 1130' (Salt Sand).
11. TOOH tbg 1130', gel hole 1130' to 1032'.
12. TOOH tbg to 1032', set 132' C1A cement plug, 1032' to 900', (8 1/4" casing seat, elevation).
13. TOOH tbg to 900', gel hole 900' to 500'.
14. TOOH tbg to 500', set 100' C1A cement plug 500' to 400' (safety plug).
15. TOOH tbg to 400' gel hole 400' to 250'.
16. TOOH tbg to 250', set 250' C1A cement plug 250' to surface, (10" casing seat).
17. Erect monument with API#.
18. Reclaim location, road to WV-DEP specifications.

GES
6/9/15

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WV Department of
Environmental Protection

06/12/2015

655276
Jones 1253

A 1-000-05100 1801937

85-3933P

CARNEGIE NATURAL GAS COMPANY

Map Sheet No. West Union S. W. RECORD OF WELL Well No. 2-1253

Drilled on M. H. Jones Farm of 200 Acres, situate in
 Clay Township Ritchie County West Va. Lease No. 5662-61
 Shipping Point RIG Foreman WELL

Located May 14 - 1924 Commenced Drilling Sept. 25 - 1924
 Notified Gen'l Office Notified Gen'l Office
 Commenced Sept. 1 - 1924 Completed Drilling Oct. 19 - 1924
 Completed Sept. 10 - 1924 Notified Gen'l Office
 Contractor C. M. Jerwant Contractor C. W. McCall
 Address Pennsboro, West Va. Address Pittsburgh, Pa.

ROCK FORMATION	TOP	BOTTOM	REMARKS	PRESSURE AND VOLUME	
				1/2 Minute	Lbs.
Conductor		15			
Waynesburg Coal				1 " 175	"
Mapleton Coal				2 " 225	"
Pittsburgh Coal				3 " 250	"
Little Dunkard	830	865		4 " 265	"
Big Dunkard	No			5 " 273	"
Gas Sand	No			10 " "	"
1st Salt Sand	1250	1365		15 " "	"
2nd Salt Sand	1385	1455		30 " "	"
3rd Salt Sand				1 Hour	"
Maxton Sand	1620	1695	Show oil at 1560-1565	Rock 365	"
Little Lime	1763	1796	1710-1758	Size of Tubing 2" Inch	"
Pencil Cave	No			Casing	"
Big Lime	1803	1870		Vol by Water 10/10 in 4"	
Big Injun	1870	1962	Gas at 1958-1962	" " Mercury	
Gantz Sand				" " Pressure	
50 Foot Sand					
30 Foot Sand					
Gordon Stray					
Gordon Sand					
4th Sand					
5th Sand			Turned in line		
Bayard Sand			Jan. 5th 1925 by		
Elizabeth			O. Dotson		
Speechley					
Tiona					
Bradford					

RELEASE

Gas furnished by Total Depth 1988' Feet at \$ per Foot \$
 Carnegie Natural Gas Co. Flat rate. Gas Furnished at Cents per Foot

SIZE	CHARGED TO WELL		PUT IN WELL		PULLED		LEFT IN WELL		TRANSFERRED		LEFT AT WELL	
	Feet	In.	Feet	In.	Feet	In.	Feet	In.	Feet	In.	Feet	In.
10"	260		206		206		None		260		None	
8 1/2"	1068		982		982		"		1068		"	
6 3/4"	1923		1818		None		1818		105		"	
3"	167		170		"		170		None		"	
2"	1898		1818		"		1818		"		"	
							1985					

PACKER
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 Kind 6 3/4" x 3"
 Size 6 3/4" x 3"
 Set at 1845 APR 02 2015
 WELL SHOT
 By WV Department of
 Environmental Protection

STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL & GAS
CONSTRUCTION AND RECLAMATION PLAN AND SITE REGISTRATION APPLICATION FORM
GENERAL PERMIT FOR OIL AND GAS PIT WASTE DISCHARGE

Operator Name: EQT PRODUCTION COMPANY OP ID: _____

Watershed: Gnats Run Quadrangle: Pennsboro

Elevation: 959 ft. County: Ritchie District: Clay

Description of anticipated Pit Waste: Formation Fluids

Do you anticipate using more than 5,000 bbls of water to complete the proposed well work? Yes__ No X

Will synthetic liner be used in the pit? Yes Is so, what ml.? 10 ml

Proposed Disposal Method for Treated Pit Wastes:

- Land Application
- Underground Injection - UIC Permit Number _____
- Reuse (at API Number) _____
- Offsite Disposal Permit #. _____
- Other: Explain _____

Drilling medium anticipated for this well? Air, freshwater, oil based, etc. _____

If oil based, what type? Synthetic, petroleum, etc. _____

Additives to be used? _____

Will closed loop system be used? _____


Drill Cuttings disposal method? Leave in pit, landfill, remove offsite, etc. _____

If left in pit and plan to solidify what medium will be used? Cement, Lime, sawdust _____

Landfill or offsite name/permit number? _____

I certify that I understand and agree to the terms and conditions of the GENERAL WATER POLLUTION PERMIT issued on August 1, 2005, by the Office of Oil and Gas of the West Virginia Division of Environmental Protection. I understand that the provisions of the permit are enforceable by law. Violations of any terms or condition of the general permit and/or other applicable law or regulation can lead to enforcement action.


I certify under penalty of law that I have personally examined and am familiar with the information submitted on this application form and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

Company Official Signature 

Company Official (Typed or Printed) Victoria Roark

Company Official Title Permitting Supervisor-WV **RECEIVED**

Subscribed and sworn before me this 31st day of March Office of Oil and Gas

 Notary Public APR 02 2015

My Commission Expires 2/29/18



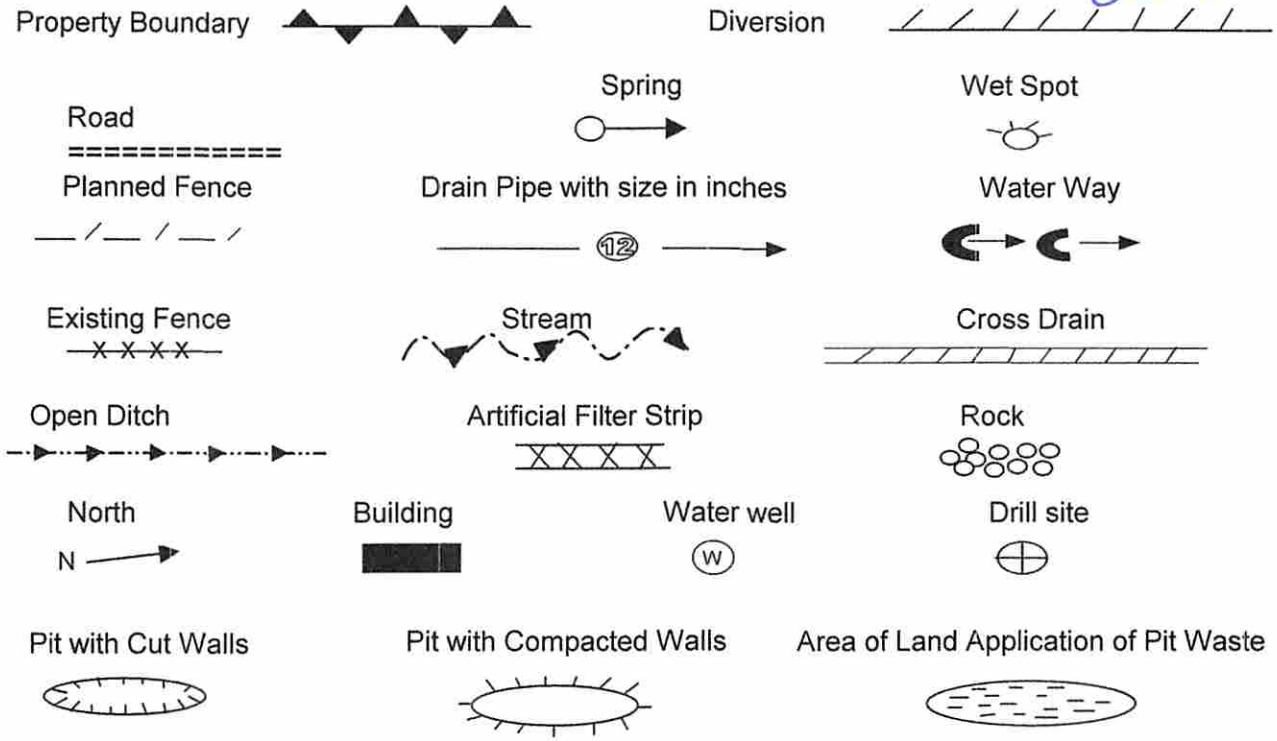
WV Department of Environmental Protection

06/12/2015

OPERATOR'S WELL NO.:
655276 (M. H. Jones #1253)

85-3933P

LEGEND



Proposed Revegetation Treatment: Acres Disturbed: 1± Prevegetation pH _____
 Lime 3 Tons/acre or to correct to pH 6.5
 Fertilizer (10-20-20) or equivalent 1/3 ton lbs/acre (500 lbs minimum)
 Mulch 2 Tons/acre or hydroseed.

SEED MIXTURES

Area I		Area II	
Seed Type	lbs/acre	Seed Type	lbs/acre
Red Fescue	40	Red Fescue	15
Alsike Clover	5	Alsike Clover	5
Annual Rye	15		

ATTACH:

Drawing(s) of road, location, pit and proposed area for land application.
 Photocopies section of involved 7.5' topographic sheet.

Plan approved by: Dave Cowan

Comments: _____

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Title: Inspector Date: 4/14/15
 Field Reviewed? Yes No APR 02 2015

WV Department of
Environmental Protection

06/12/2015

Topo Quad: Pennsboro 7.5'

Scale: 1" = 2000'

County: Ritchie

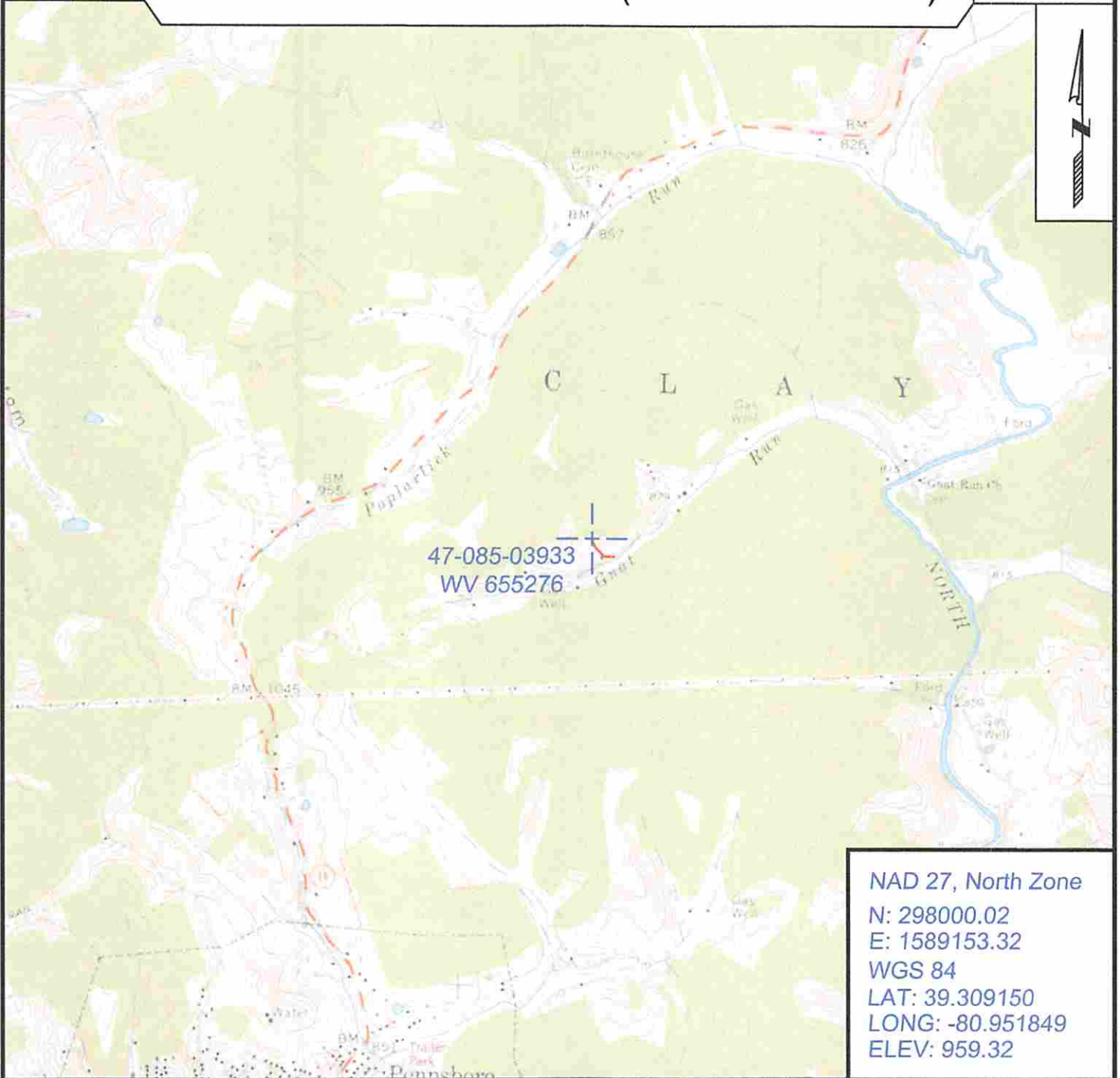
Date: March 16, 2015

District: Clay

Project No: 68-38-00-08

47-085-03933 WV 655276 (M. H. Jones #1253)

Topo



NAD 27, North Zone
 N: 298000.02
 E: 1589153.32
 WGS 84
 LAT: 39.309150
 LONG: -80.951849
 ELEV: 959.32



SURVEYING AND MAPPING SERVICES PERFORMED BY:

ALLEGHENY SURVEYS, INC.

1-800-482-8606
 237 Birch River Road
 Birch River, WV 26610
 PH: (304) 649-8606
 FAX: (304) 649-8608

PREPARED FOR:

EQT Production Company

P.O. Box 280
 Bridgeport, WV 26330

06/12/2015



West Virginia Department of Environmental Protection
Office of Oil and Gas
WELL LOCATION FORM: GPS

API: 47-085-03933 P WELL NO.: WV 655276 (M. H. Jones #1253)

FARM NAME: M. H. Jones

RESPONSIBLE PARTY NAME: EQT Production Company

COUNTY: Ritchie DISTRICT: Clay

QUADRANGLE: Pennsboro 7.5'

SURFACE OWNER: Randy Barnes & John Clovis

ROYALTY OWNER: Lillian M. Baker, et al.

UTM GPS NORTHING: 4351085

UTM GPS EASTING: 504151 GPS ELEVATION: 292 m (959 ft)

The Responsible Party named above has chosen to submit GPS coordinates in lieu of preparing a new well location plat for a plugging permit or assigned API number on the above well. The Office of Oil and Gas will not accept GPS coordinates that do not meet the following requirements:

1. Datum: NAD 1983, Zone: 17 North, Coordinate Units: meters, Altitude: height above mean sea level (MSL) – meters.
2. Accuracy to Datum – 3.05 meters
3. Data Collection Method:

Survey grade GPS : Post Processed Differential
Real-Time Differential

Mapping Grade GPS X: Post Processed Differential X
Real-Time Differential

4. **Letter size copy of the topography map showing the well location.**

I the undersigned, hereby certify this data is correct to the best of my knowledge and belief and shows all the information required by law and the regulations issued and prescribed by the Office of Oil and Gas.

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Office of Oil and Gas

APR 02 2015

Signature

PS # 2180
Title

3/18/15
Date
Department of
Environmental Protection

I

Operator: EQT PRODUCTION COMPANY
API: 8503933
WELL No: 1253
Reviewed by: GCS Date: 6/9/15
15 Day End of Comment: 6/10/15

* Well is on an Agreed Order *

CHECKLIST FOR FILING A PERMIT

Plugging

CK# 19119

100⁰⁰

- WW-4B
- Inspector signature on WW-4B *OK* *COWAN Sign?*
- Completion / Well Records of Previous Work
- WW-4A (Notarized)
- Certified Mail Receipts, Waivers, or Affidavits of Personal Service
- Surface Owner Waiver
- Coal Owner / Lessee / Operator Waiver
- WW-9 (Page 1) (Notarized) *Needs signed*
- Inspector Signature on WW-9 (Optional)
- Topographic Map of location of well
- WW-7

OR

- Mylar Plat (Surface owner on plat matches WW-4A)
- Bond
- Company is Registered with the SOS
- Worker's Compensation / Unemployment Insurance account is OK
- \$100.00 check (\$0.00 if no pit)

06/12/2015