

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: Wornall, Martha Operator Well No.: Hurricane 3

LOCATION: Elevation: 770' Quadrangle: Pritchard  
District: Butler County: Wayne  
Latitude: 38.187564 Feet South of \_\_\_\_\_ Deg. \_\_\_\_\_ Min. \_\_\_\_\_ Sec.  
Longitude: -82.593443 Feet West of \_\_\_\_\_ Deg. \_\_\_\_\_ Min. \_\_\_\_\_ Sec.

Well Type: OIL \_\_\_\_\_ GAS X \_\_\_\_\_

Company WVDEP plugging contract Coal Operator N/A  
original- Target Oil & Gas or Owner \_\_\_\_\_  
Agent Jason Harmon Coal Operator \_\_\_\_\_  
Permit Issued Date 2/25/26 or Owner \_\_\_\_\_

AFFIDAVIT

STATE OF WEST VIRGINIA,  
County of Wayne ss:

Brent Wright and Britton Spradlin 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 5th day of March, 2026, and the well was plugged and filled in the following manner:

TYPE	FROM	TO	PIPE REMOVED	LEFT
60sx Class A Cement	1900'	1502'		
30sx Class A Cement	1400'	1202'		7" 0-unk'
30sx Expanding cement	748'	630'		9-5/8" - 422'
120sx Expanding Cement	500'	0'		

Description of monument: 7" steel casing with welded numbers and that the work of plugging and filling said well was completed on the 10th day of March, 2026.

And further deponents saith not. Brent Wright  
Britton Spradlin

Sworn and subscribe before me this 30 day of March, 2026

My commission expires: July 3, 2026  
Jalyn R. Lora  
Notary Public

Affidavit reviewed by the Office of Oil and Gas: Brent Wright Title: Agent



04/03/2026

ADMINISTRATIVE REPORT  
DEPARTMENT OF HEALTH SERVICES  
COMMUNITY CARE LICENSING DIVISION

STATE OF KENTUCKY

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Administrative Report Form

Report Number: \_\_\_\_\_

Report Title: \_\_\_\_\_

Reporting Agency: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Report Date: \_\_\_\_\_

Report Type: \_\_\_\_\_

Report Status: \_\_\_\_\_

Report Author: \_\_\_\_\_

Report Reviewer: \_\_\_\_\_

Report Approval: \_\_\_\_\_

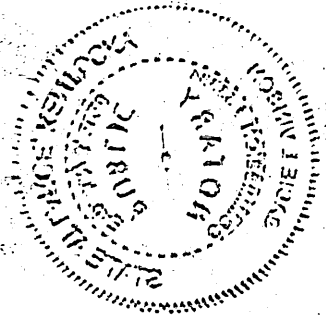
Report Distribution: \_\_\_\_\_

Report Comments: \_\_\_\_\_

Administrative Report Form

DATE	DESCRIPTION	AMOUNT	CATEGORY	STATUS
01/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
02/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
03/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
04/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
05/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
06/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
07/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
08/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
09/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
10/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
11/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID
12/01/2020	STATE OF KENTUCKY	10000	GENERAL	PAID

Administrative Report Form



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