

A 7

STATE OF WEST VIRGINIA
DEPARTMENT OF MINES, OIL AND GAS DIVISION

DESIGNATION OF AGENT BY WELL OWNER OR OPERATOR

Well Operator X / Owner X / Consolidated Gas Supply Corporation
Address 445 West Main Street
Clarksburg, West Virginia 26301

Pursuant to the provisions of Code § 22-4-1k, and subject to the requirements of Regulation 7.01, the undersigned hereby designates the following person to be the agent of the undersigned for the purpose of receiving process, notices, orders and other communications which may be issued under Chapter 22 of the Code of West Virginia:

Designated Agent J. W. Hendrickson
Address 445 West Main Street
Clarksburg, West Virginia 26301
Telephone 304-623-3611

The undersigned represents that said designated agent is a bona fide resident of the State of West Virginia, and has agreed to accept the designation. This designation applies to the following wells
X all wells owned or operated by the undersigned in West Virginia
_____ the wells listed below (Use space below or reverse side or attach list)

[COMPLETE AS APPLICABLE]

- _____ The undersigned is hereby recording an existing designation of agent made prior to the initial adoption of Form IV-1.
- _____ The undersigned is proposing to own or operate wells in West Virginia for the first time, so that this designation should also be considered the registration by the undersigned with the Deputy Director.
- X The undersigned has owned and operated a well or wells in West Virginia since the year 1898, but has not heretofore appointed a designated agent.
- _____ This designation substitutes a new designated agent for the undersigned, who has owned or operated a well or wells in West Virginia since the year 19____. The present designated agent of the undersigned, who will continue as such, if he is able, until this new designation has been approved, is--

Agent being replaced _____
Address _____

Consolidated Gas Supply Corp.
Well Owner or Operator
By: J. W. Hendrickson
Its: Vice President, April 15, 1986 **09/15/2023**

ACCEPTED this January 17, 19 79

J. W. Hendrickson
(Signature of designated agent)

Taken, subscribed and sworn to before me this 17th day of January, 19 79.
Notary Public James D. Bradley My commission expires September 13, 19 86

Well owner or operator must be a responsible officer of the corporation, trustee, individual or legally qualified representative of owner of the well(s).

A-3

RECEIVED BY 4-8-08 APR 3 1908

LOCATION FOR WELL No. 1055

Greene DISTRICT.

On *Josephine Brast* Farm, on waters of *Crows Run*
Green District, *Netzel* County, West Virginia.

Lease No. *427* 483. Acres *300*. Range: N. *6* E. S. W. *5*

Scale *1" = 800'* Made 19

Aaron Bassett

LOCATION MADE *Apr 3* 1908
 BY *R.C. Brown*
 As per plat. Except as noted
 On Field Map *Apr 6* 1908
 Returned to Pittsburgh *Apr 19* 1908

A.E. & M.A. Brast

ENTERED
 LINE MAP
5/15 1908
 BY *AV*

HAZEL

A.E. & M.A. Brast
 300[±]

API:
 103-0680

Eliza Fluharty

A.E. & M.A. Brast

RESERVE:

Five hundred feet around the buildings

SPECIAL INSTRUCTIONS: *Same lease on which is located well No 6*

09/15/2023

B-1

Josephine Burt Farm Acres
 District Metcal County N.H. State
 Well No. 1055
 Rig Commenced 4-30-1908 }
 Rig Completed 1908 } Hope Nat. Gas Co Contractor.
 Drilling Commenced Aug 11 1908 }
 Drilling Completed Oct 23 1908 } Hope Nat Gas Co Contractor.

ROCK FORMATION.	TOP	BOTTOM.	REMARKS.
Conductor Native Coal	405	16 408	
1/2 lb Coal	850	853	Steel line.
Little Sunkard	1245		No break between top of Little Sunkard and bottom of Big Sunkard
Big Sunkard	1'	1358	
1st Salt Sand	1770	1905	Hole full of water at 1820.
Maxon Sand	2006	2026	Steel line Very small show oil at 2030
Little Lime	2031	2041	
Pencil Cove	2041	2052	
Big Lime	2052	2123	
Big Injion	2123		SL
Gas at	2129	2139	SL 2166 650
2nd Gas	2154	2160	SL 1316 Injion
Total Depth		2166	SL

ENTERED
 WELL BOOK 11,000 Sept
 LEASE RECORD
 LEASE DOCKET
 WALL MAP 6-12-11-2-01
 WORKING MAP
 LOCATION BOOK

CASING RECORD.

Size.	Charged to Well.		Put in Well.		Pulled Out.		Left in Well.		Transferred Before Completion.		Left at Well, Not in Use.	
	Feet.	In.	Feet.	In.	Feet.	In.	Feet.	In.	Feet.	In.	Feet.	In.
13	212		185				185				27	
10	1400		1322				1322				78	
8 1/2	2100		1893				1893				207	
6 7/8	2175		2100				2100				75	

Production }
 First 24 hours }
 Test: 2 1/2 miles thru 4" }
 Approved by H. Wallace Supt. 09/15/2023

PROOF: Sum of Three right hand columns equals First or "Charged to Well."
 Use as many sheets as necessary to make a complete record.
 In making out this record please use copying ink or an indelible pencil.

103-0680

RECEIVED

FEB 27 1979

FERC-121 - 299b -

OIL & GAS DIVISION
DEPT. OF MINES

1.0 API well number (If not available, leave blank 14 digits)	47-103-0680			
2.0 Type of determination being sought (Use the codes found on the front of this form.)	108 Section of NGPA	- Category Code		
3.0 Depth of the deepest completion location (Only needed if sections 103 or 107 in 2.0 above.)	- feet			
4.0 Name, address and code number of applicant (35 letters per line maximum. If code number not available, leave blank.)	Consolidated Gas Supply Corporation Name 445 West Main Street Street Clarksburg City		004228 Seller Code	W. Va. 26301 State Zip Code
5.0 Location of this well. (Complete (a) or (b).) (a) For onshore wells (35 letters maximum for field name.)	West Virginia Other A-85772 Field Name WETZEL County		W. Va. State	
(b) For OCS wells	Area Name		Block Number	Date of Lease Mo Day Yr OCS Lease Number
(c) Name and identification number of this well (35 letters and digits maximum.)	JOSEPHINA BRAST		1055	
(d) If code 4 or 5 in 2.0 above, name of the reservoir (35 letters maximum.)				
6.0 (a) Name and code number of the purchaser (35 letters and digits maximum. If code number not available, leave blank.)	General System Purchasers Name		Buyer Code	
(b) Date of the contract	Mo Day Yr			
(c) Estimated annual production	3 MMcf			
7.0 Contract price (As of filing date. Complete to 3 decimal places.)	(a) Base Price (\$/MMBTU)	(b) Tax	(c) All Other Prices (Indicate (+) or (-).)	(d) Total of (a), (b) and (c).
8.0 Maximum lawful rate (As of filing date. Complete to 3 decimal places.)	2.224			
9.0 Person responsible for this application.	J. W. Hendrickson Name		V.P. Gas Supply Title	
Agency Use Only	Signature: <i>J. W. Hendrickson</i>			
Date Received by Juris. Agency FEB 27 1979	DEC. 31, 1978 Date Application is Completed		304-623-3611 Phone Number	
Date Received by FERC				

FT79 XE 622

09/15/2023

U.S. DEPARTMENT OF ENERGY
Federal Energy Regulatory Commission
Washington, D.C. 20426

**APPLICATION FOR DETERMINATION OF THE MAXIMUM LAWFUL
PRICE UNDER THE NATURAL GAS POLICY ACT (NGPA).**
(Sections 102, 103, 107 and 108)

PLEASE READ BEFORE COMPLETING THIS FORM:

General Instructions:

Complete this form if you are applying for price classification under sections 102, 103, 107 or 108 of the NGPA. A separate application is required for each well. If any reservoir qualifies for a category which differs from the category applicable to the producing well, separate applications must be made for the producing well and the reservoir. Complete each appropriate item on the reverse side of this page. The code numbers used in items 4.0 and 6.0 can be obtained from the Buyer/Seller Code Book. If there is more than one purchaser or contract, identify the additional information in the space below. Enter any additional remarks in the space below.

Submit the completed application to the appropriate Jurisdictional Agency as listed in title 18 of the CFR, part 270.103. If there are any questions, call (202) 275-4539.

Specific Instructions for Item 2.0, Type of Determination

<u>Section of NGPA</u>	<u>Category Code</u>	<u>Description</u>
102	1	New OCS Lease
102	2	New onshore well (2.5 mile test)
102	3	New onshore well (1,000 feet deeper test)
102	4	New onshore reservoir
102	5	New reservoir on old OCS Lease
103	-	New onshore production well
107	-	High cost natural gas
108	-	Stripper well

Other Purchasers/Contracts:

<u>Contract Date</u> (Mo. Day Yr.)	<u>Purchaser</u>	<u>Buyer Code</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks:

Applicant is an interstate pipeline company. Its production from the subject well is delivered into its pipeline system and is therefore not subject to a field sales contract.

09/15/2023

PARTICIPANTS: _____ DATE: FEB 29 1980 BUYER-SELLER CODE 004228
 WELL OPERATOR: Consolidated Gas Supply Corp.
 FIRST PURCHASER: General System Purchasers none
 OTHER: _____

*Quarryman Section 108, stopper well
Pit & trap*

W. Va. Department of Mines, Oil & Gas Division
 WELL DETERMINATION FILE NUMBER
790227-108-103-0680
 Use Above File Number on all Communications
 Relating to Determination of this Well

CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING

ITEM NO. _____

1 FERC-121 Items not completed - Line No. _____

2 IV-1 - Agent J.W. Hendrickson

3 IV-2 - Well Permit _____

4 IV-6 - Well Plat

5 IV-35- Well Record Drilling Deepening _____

6 IV-36- Gas-Oil Test: Gas Only Was Oil Produced? 8 Ratio _____

7 IV-39- Annual Production 3 years

8 IV-40- 90 day Production 90-annual Days off Line: _____

9 IV-48- Application for Certification. Complete?

10 - 17 IV Form #51 - 52 - 53 - 54 - 55 - 56 - 57 - 58. Complete Affidavit Signed

18 - 28 Other: Survey _____ Logs _____ Geological Charts _____ Structure Map _____

1:4000 Map _____ Well Tabulations _____ Gas Analyses _____

(5) Commenced: 8-11-08
 Date Completed: 10-23-08 Deepened _____
 Frac Date: _____

(5) Production Depth: 2123-2139; 2154-2160

(5) Production Formation: Big Trjuni; Big Trjuni

(5) ~~Final Open Flow:~~ N/A
~~Initial Potential:~~ N/A
 after frac: N/A

(5) Static R.P. N/A

(6) Other Gas Test: _____

(7) Avg. Daily Gas from Annual Production: $2884/365 = 8 \text{ MCF}$

(8) Avg. Daily Gas from 90-day endit. w/1-120 days $240/90 = 3 \text{ MCF}$

(3) Line Pressure: N/A PSIG from Daily Report _____

(5) Oil Production: NO From Completion Report _____

(10-17) Does lease inventory indicate enhanced recovery being done: N/A 09/15/2023

(10-17) Is affidavit signed? Notarized?

Does official well record with the Department confirm the submitted information? Yes

Additional Information _____ Does computer program confirm? _____

Was Determination Objected to? _____ By Whom? _____

JMK

STATE OF WEST VIRGINIA
DEPARTMENT OF MINES, OIL AND GAS DIVISION

Date DEC. 31, 1978

Operator's Well No. 1055

API Well No. 47 - 103 - 0680
State County Permit

WELL CLASSIFICATION FORM

STRIPPER GAS WELL

NGPA Section 108

DESIGNATED AGENT J. W. Hendrickson

ADDRESS 445 West Main Street

Clarksburg, West Virginia 26301

WELL OPERATOR Cons. Gas Supply Corp. LOCATION: Elevation _____

ADDRESS 445 West Main Street Watershed _____

Clarksburg, W. Va. Dist. _____ County _____ Quad. _____

GAS PURCHASER None; gas is de- Gas Purchase Contract No. N/A

ADDRESS livered into applicant's Meter Chart Code N/A

interstate pipeline system Date of Contract N/A

* * * * *

Provide a complete inventory of the lease and production equipment used for the well for the previous 24 months or, if less than 24 months, the period the well has been in production. Include a complete list of equipment or processes used in connection with recognized enhanced recovery techniques during completion or production. (Attach separate sheets, if necessary.)

See attachment; compression, dehydration, or related equipment indicated on the attached inventory, and hydraulic fracturing, shooting, or similar completion processes indicated on the attached well records, are used in connection with recognized enhanced recovery techniques during production or completion.

List all records reasonably available to you which contain information relevant to a determination of eligibility (including production records, B&O Tax Records and royalty payment records) and indicate the location of such records:

Applicant's oil and gas production records (which are largely computerized) constitute its primary and most reliable source of information relevant to a determination of eligibility. From these records Applicant derives information used by it in connection with royalty payments, tax payments, and general statistical uses, and records of these matters are also maintained. All of the above records are located at Applicant's offices at 445 West Main Street, Clarksburg, West Virginia.

09/15/2023

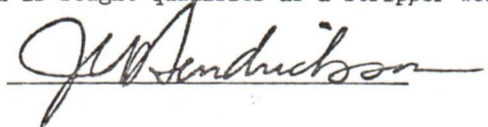
Describe the search made of any records listed above.

As indicated, Applicant's primary oil and gas production records have been largely computerized. In preparing this application, Applicant, by use of its computers, generated a listing of those of its wells which produced non-associated natural gas at a rate not exceeding an average of 60 Mcf per production day (at maximum efficient rates of flow) during the 90 day production period indicated on the attachment. These listings were checked and verified manually by two or more Applicant's employees. The results of this diligent search and examination indicated that the well which is the subject of this application qualifies as a stripper well; see attached data submitted in compliance with applicable regulations of this agency and the Federal Energy Regulatory Commission.

Are you aware of any other information which would tend to be inconsistent with the information specified above? Yes ___ No X. If yes, indicate the type and source of the information.

AFFIDAVIT

I, J. W. Hendrickson, having been first sworn according to law, state that I have caused to be made a diligent search of those records hereinbefore indicated in the manner herein described, that the information contained in this document is true and accurate and that on the basis of the records and examinations hereinbefore described, and to the best of my information, knowledge and belief, the well for which this certification is sought qualifies as a stripper well.



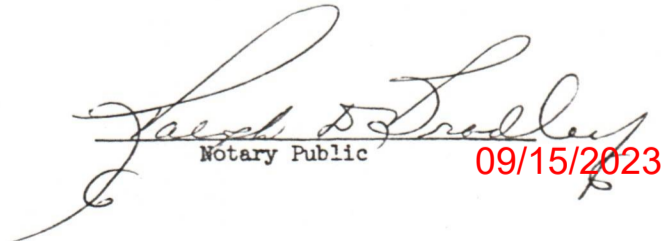
STATE OF WEST VIRGINIA,

COUNTY OF HARRISON, TO WIT:

I, Ralph D. Bradley, a Notary Public in and for the state and county aforesaid, do certify that J.W. Hendrickson, whose name is signed to the writing above, bearing date the ___ day of DEC 31 1978, 19___, has acknowledged the same before me, in my county aforesaid.

Given under my hand and official seal this 8 day of Feb, 19 79.

My term of office expires on the 13th day of September, 19 86.


Notary Public

09/15/2023

(NOTORIAL SEAL)

CONSOLIDATED GAS SUPPLY CORPORATION---SOUTHERN REGION

WELL NUMBER 1055
 COMPANY FORMATION CODE 0
 DISTRICT MANINGTN
 COUNTY 103
 METER NUMBER-999999999
 ROCK PRESSURE 33 IN 0/72
 PERMIT NUMBER 680

DATE COMPLETED 10/23/1908
 DATE INTO LINE 11/10/8
 SPUD DATE 0/0/0

ORIG OPEN FLOW 3519
 ORIG ROCK PRES 300
 PCT INTEREST 100.0000
 TOWNSHIP 5
 PRE 10/07/69 LEASE
 LAST LINE PRESSURE

GROSS MONTHLY PRODUCTION IN MCF

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1976 PROD	0	0	0	0	0	0	0	0	0	0	288	468	75
DAILY AVG	0	0	0	0	0	0	0	0	0	0	9	15	1
SPEC. GRAV.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	72.330	72.331	
1977 PROD	304	367	344	315	360	375	388	341	366	338	453	161	411
DAILY AVG	9	13	11	10	11	12	12	11	12	10	15	5	1
SPEC. GRAV.	72.331	72.328	72.331	72.330	72.331	72.330	72.331	72.331	72.330	72.331	72.330	72.331	
1978 PROD	586	328	344	381	248	369	388	0	0	0	240	0	288
DAILY AVG	18	11	11	12	8	12	12	0	0	0	8	0	0
SPEC. GRAV.	72.331	72.328	72.331	72.330	72.331	72.330	72.331	72.331	72.330	72.331	72.330	0.0	

90-Day

09/15/2023