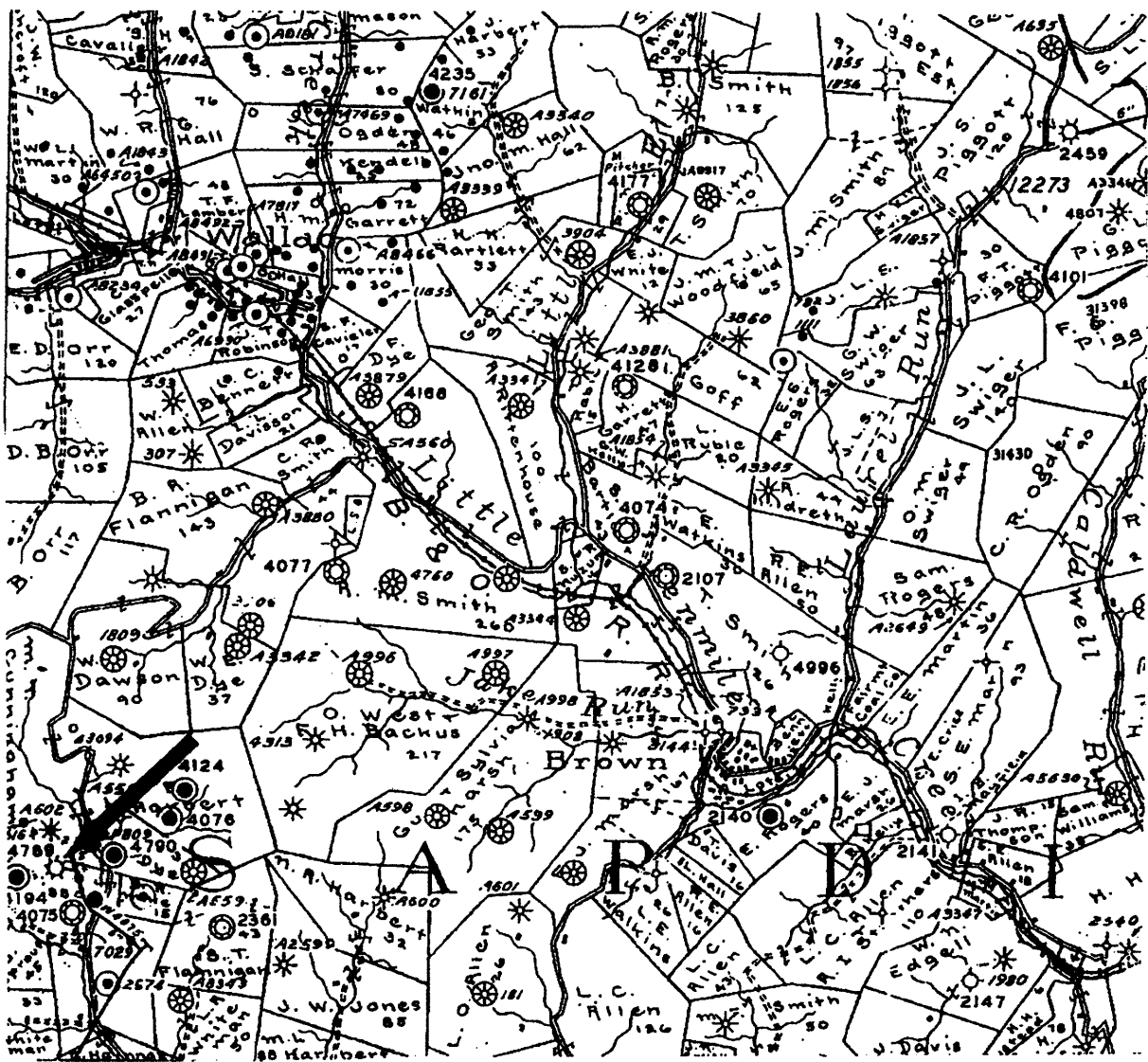
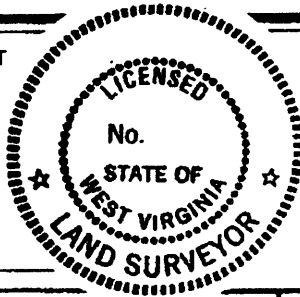


NORTH



**FOR REFERENCE ONLY
NO PLAT AVAILABLE**

I THE UNDERSIGNED, HEREBY CERTIFY THAT THIS PLAT 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 DEPARTMENT OF ENERGY.



(+) DENOTES LOCATION OF WELL ON UNITED STATES TOPOGRAPHIC MAPS.
 DATE April 28, 19 94
 OPERATORS WELL NO. 4789
 API WELL NO. 47 - 033 - 1674
 STATE COUNTY PERMIT
 Was 70970

MINIMUM DEGREE OF ACCURACY 1 / 200 FILE NO. _____
 PROVEN SOURCE OF ELEVATION _____ SCALE _____

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 _____ WATERSHED Little Rockcamp Run

DISTRICT Sardis COUNTY Harrison QUADRANGLE Wallace

SURFACE OWNER _____ ACREAGE _____
 ROYALTY OWNER Davisson (George Davisson) LEASE ACREAGE _____

PROPOSED WORK: LEASE NO. _____
 DRILL CONVERT DRILL DEEPER REDRILL FRACTURE OR STIMULATE PLUG OFF OLD

FORMATION PERFORATE NEW FORMATION PLUG AND ABANDON CLEAN OUT AND REPLUG OTHER

PHYSICAL CHANGE IN WELL (SPECIFY) _____ TARGET FORMATION _____
 ESTIMATED DEPTH _____

WELL OPERATOR Equitable Gas Co. DESIGNATED AGENT _____
 ADDRESS _____ ADDRESS _____

COUNTY NAME PERMIT