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**west virginia** department of environmental protection

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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 11, 2015

**WELL WORK PLUGGING PERMIT**

**Plugging**

This permit, API Well Number: 47-8504003, 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: 4942  
Farm Name: BRITTON  
**API Well Number: 47-8504003**  
**Permit Type: Plugging**  
Date Issued: 06/11/2015

**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

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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: April 6, 2015  
2) Operator's Well Number  
604942 (E. Britton #4942)  
3) API Well No.: 47 085 - 04003 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 John L. and Karen J. Sampson  
Address Rt. 1, Box 136  
West Union, WV 26415  
  
(b) Name \_\_\_\_\_  
Address \_\_\_\_\_  
  
(c) Name \_\_\_\_\_  
Address \_\_\_\_\_  
  
6) Inspector David Cowan  
Address 1597 Devil Hole Road  
Harrisville, WV 26362-7543  
Telephone (304) 389-3509

5) (a) Coal Operator:  
Name None  
Address \_\_\_\_\_  
  
(b) Coal Owner(s) with Declaration  
Name Connie G. Shaw  
108 Currey Rice Court  
Address Deland, FL 32724-8820  
  
Name See Attachment  
Address \_\_\_\_\_  
  
(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.

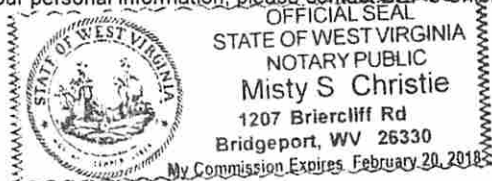
The reason you received these documents is that you have rights regarding the application which are summarized in the instructions on the reverses side. However, you are not required to take any action at all.

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

Subscribed and sworn before me this 6th day of April, 2015  
Misty S. Christie Notary Public  
My Commission Expires: 2/20/18

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 deprivacyofficer@wv.gov.



Received  
Office of Oil & Gas  
April 8, 2015

06/12/2015

WW4-A

85-4003P

**Additional Coal Owners**

Adam Minerals, LLC  
360 Circle Drive  
Mt. Clare, WV 26408-6806

EQT Production Company  
EQT Plaza  
625 Liberty Avenue  
Suite 1700  
Pittsburgh, PA 15222

Adelene Spiker  
2095 Sycamore Lick Road  
Jane Lew, WV 26378-8102

Charles Evans Maxson  
122 Sistersville Pike  
West Union, WV 26456-1050

Delores J. Pinion Administrator  
Estate of Mildred Ross  
302 Lincoln Street  
Clarksburg, WV 26301-3032

Ernestine Britton  
141 Harrison St., Apt. 4  
Clarksburg, WV 26301-3165

Judith P. See  
17543 McIntosh Road  
Wellsville, OH 43968-9777

Margaret E. McWilliams  
Route 2, Box 255-A  
Mt. Clare, WV 26408-9734

South Fork Baptist Church  
Cemetery Fund Agent  
c/o Edra Grimm Treasurer  
Route 1, Box 169  
West Union, WV 26456-9718

Wilma D. Ratliff  
10708 Wadesville Road  
Rockport, WV 26169-8108

Janice M. Britton Trustee  
QTIP Marital Trust U/A Dated 6/1/2000  
12 Dogwood Drive  
Washington, PA 15301-1578

4708504003

Received  
Office of Oil & Gas  
APR 08 2015

06/12/2015

- 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.

1. Article Addressed to:

John L. and Karen J. Sampson  
Rt. 1, Box 136  
West Union, WV 26415

#604942 Plugging Permit

2. Article Number

(Transfer from service label)

7014 0150 0001 0654 8839

PS Form 3811, July 2013

Domestic Return Receipt

<input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4708504003	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

NV 26330

mark

85-4003P

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

John L. and Karen J. Sampson  
Rt. 1, Box 136  
West Union, WV 26415

Sent To: \_\_\_\_\_  
Street, Apt. \_\_\_\_\_  
or PO Box # \_\_\_\_\_  
City, State, \_\_\_\_\_

#604942 Plugging Permit

PS Form 3811, August 2008

7014 0150 0001 0654 8839



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Office of Oil & Gas  
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04/06/2015  
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04111928892

\$07.40

06/12/2015

Print your name and address on the back 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.

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

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

1. Article Addressed to:

Connie Shaw  
 108 Currey Rice Court  
 Deland, FL 32724-8820

4708504003

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7014 0150 0001 0654 8846

PS Form 3811, July 2013

Domestic Return Receipt

85-4003P

PS Form 3800, August 2008 See Reverse for Instructions

Sent To: Connie Shaw  
 Street, Apt. No., or PO Box No.: 108 Currey Rice Court  
 City, State, ZIP+4: Deland, FL 32724

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

Postmark: NR

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

EQT Production Company  
 EQT Plaza  
 625 Liberty Avenue, Suite 1700  
 Pittsburgh, PA 15222  
 #604942 Plugging Permit

**X**  Registered  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

4708504003

2. Article Number  
 (Transfer from service label)

7014 0150 0001 0654 8327

PS Form 3811, July 2013

Domestic Return Receipt

85-4003

PS Form 3800, August 2006 See Reverse for Instructions

City, State, or PO Box #  
 #604942 Plugging Permit

Street  
 625 Liberty Avenue, Suite 1700

Sent  
 EQT Plaza

Total  
 EQT Production Company

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

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rk  
V 26330

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Adam Minerals, LLC  
360 Circle Drive  
Mt. Clare, WV 26408-6806  
  
#604942 Plugging Permit

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

4708504003

2. Article Number (Transfer from service label) 7014 0150 0001 0654 8310

PS Form 3811, July 2013 Domestic Return Receipt

85-4003P

PS Form 3800, August 2006 See Reverse for Instructions

#604942 Plugging Permit  
City, State  
or PO Box  
Street, Apt  
Mt. Clare, WV 26408-6806  
Sent to Adam Minerals, LLC  
360 Circle Drive  
Total Po

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

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04111-228892

\$07.40



- 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.

1. Article Addressed to:

Adelene Spiker  
2095 Sycamore Lick Road  
Jane Lew, WV 26378-8102

#604942 Plugging Permit

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

4708504003

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7014 0150 0001 0654 8747

PS Form 3811, July 2013

Domestic Return Receipt

85-4003P

#604942 Plugging Permit

JANE LEW, WV 26378-8102

Form 3800, August 2006  
See Reverse for Instructions

#604942 Plugging Permit  
WV State, Z  
PO Box N  
Apt./Apt.  
Jane Lew, WV 26378-8102  
Adelene Spiker  
2095 Sycamore Lick Road

Postmark Here

NR

Postage \$  
Certified Fee  
Return Receipt Fee  
Restricted Delivery Fee

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- 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.

1. Article Addressed to:

Charles Evans Maxson  
 122 Sistersville Pike  
 West Union, WV 26456-1050

#604942 Plugging Permit

**X**  Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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20ark  
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 WV 26330

2. Article Number (Transfer from service label) 7014 0150 0001 0654 8754

PS Form 3811, July 2013 Domestic Return Receipt

PS Form 3800, August 2006

#604942 Plugging Permit

City, State, Zip  
 Street, Apt. No. or PO Box No.  
 West Union, WV 26456-1050

Sent To  
 Charles Evans Maxson  
 122 Sistersville Pike  
 West Union, WV 26456-1050

Total Postage

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

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IRK  
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■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Delores J. Pinion Administrator  
Estate of Mildred Ross  
302 Lincoln Street  
Clarksburg, WV 26301-3032  
#604942 Plugging Permit

B. received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7014 0150 0001 0654 8761

PS Form 3811, July 2013

Domestic Return Receipt

4700504003

85-4003P

Delores J. Pinion Administrator  
Estate of Mildred Ross  
302 Lincoln Street  
Clarksburg, WV 26301-3032  
#604942 Plugging Permit

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Return Receipt Fee \_\_\_\_\_  
Restricted Delivery Fee \_\_\_\_\_

Total Postage \_\_\_\_\_

Delores J. Pinion Administrator  
Estate of Mildred Ross  
302 Lincoln Street  
Clarksburg, WV 26301-3032  
#604942 Plugging Permit

City, State, ZIP+4®  
Clarksburg, WV 26301-3032

PS Form 3800, August 2006

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Office of Oil & Gas  
APR 08 2015

04/06/2015  
US POSTAGE  
\$07.40  
ZIP 26330  
04111 28892

06/12/2015

rk  
V 26330

- 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.

1. Article Addressed to:

Ernestine Britton  
141 Harrison St., Apt. 4  
Clarksburg, WV 26301-3165

#604942 Plugging Permit

A. Signature  Agent  Addressee

**X**

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

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

4708504003

3. Service Type

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Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7014 0150 0001 0654 8778

PS Form 3811, July 2013

Domestic Return Receipt

85-4003P

PS Form 3811, August 2008

#604942 Plugging Permit

City, St. or PO: Clarksburg, WV 26301-3165

Street: 141 Harrison St., Apt. 4

Sent to: Ernestine Britton

Total

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

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#604942 Plugging Permit

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Office of  
ADD 08 7015  
8411 2228892  
Z/6330  
06/12/2015  
\$07.40

- 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.

1. Article Addressed to:

Judith P. See  
17543 McIntosh Road  
Wellsville, OH 43968-9777

#604942 Plugging Permit

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

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

4708504003

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7014 0150 0001 0654 8785

PS Form 3811, July 2013

Domestic Return Receipt

85-4003P

PS Form 3811, August 2013 See Reverse for Instructions

#604942 Plugging Permit

City, St.  
or PO B  
Street,  
Wellsville, OH 43968-9777

Sent to  
17543 McIntosh Road  
Judith P. See

Total	7014	0150	0001	0654	8785
Postage \$					
Certified Fee					
Return Receipt Fee (Endorsement Required)					
Restricted Delivery Fee (Endorsement Required)					

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ZIP 43968-9777  
0411128892

06/12/2015

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US POSTAGE  
\$07.40

26330

V 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:  
  
Margaret E. McWilliams  
Route 2, Box 255-A  
Mt. Clare, WV 26408-9734

B. Received by (Printed Name)		C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
4708504003			
3. Service Type			
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™		
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise		
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee)			<input type="checkbox"/> Yes

2. Article Number  
(Transfer from service label)  
7014 0150 0001 0654 8792

PS Form 3811, July 2013 Domestic Return Receipt

85-4003P

PS Form 3800, August 2006

Sent to Margaret E. McWilliams  
Route 2, Box 255-A  
Mt. Clare, WV 26408-9734

City, State or PO Box

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

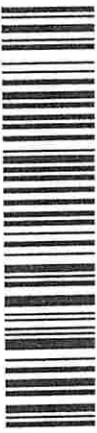
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APR 08 2015



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04111-26892

\$07.40

06/12/2015

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.

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

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

1. Article Addressed to:

South Fork Baptist Church  
 Cemetery Fund Agent  
 c/o Edra Grimm Treasurer  
 Route 1, Box 169  
 West Union, WV 26456-9718  
 #604942 Plugging Permit

4708504003

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7014 0150 0001 0654 8808

PS Form 3811, July 2013

Domestic Return Receipt

26330

PS Form 3800, August 2006 See Reverse for Instructions

#604942 Plugging Permit

City, St. or P.O. E. West Union, WV 26456-9718

Street, Route 1, Box 169

Sent To: Cemetery Fund Agent

Total: South Fork Baptist Church

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

Postmark Here

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CERTIFIED MAIL™ RECEIPT

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U.S. Postal Service™

#604942 Plugging Permit

85-4003P

7014 0150 0001 0654 8808



04/06/2015  
 US POSTAGE  
 \$07.40  
 ZIP 041L1 28892  
 Received  
 Office of Oil & Gas  
 APR 08 2015  
 06/12/2015

- 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.

1. Article Addressed to:

Wilma D. Ratliff  
10708 Wadesville Road  
Rockport, WV 26169-8108

#604942 Plugging Permit

2. Article Number  
(Transfer from service label)

7014 0150 0001 0654 8815

PS Form 3811, July 2013

Domestic Return Receipt

**X**  Agent  
 Addressee

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

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

4708504003

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

V 26330

85-4003P

PS Form 3800, August 2006 See reverse for instructions

#604942 Plugging Permit

City, State or PO Box Street, Apt  
10708 Wadesville Road  
Rockport, WV 26169-8108

Sent To Wilma D. Ratliff

Total P&C	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

OFFICIAL USE

For delivery information visit our website at [www.usps.com](http://www.usps.com)

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

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04/06/2015  
US POSTAGE  
\$07.40  
ZIP 26330  
0411 28892

Received  
Office of...

06/12/2015



- Complete items 1, 2, and 3, and 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.

1. Article Addressed to:

Janice M. Britton Trustee  
 QTIP Marital Trust U/A Dated 6/1/2006  
 12 Dogwood Drive  
 Washington, PA 15301-1578  
 #604942 Plugging Permit

**X**  Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

4708504003

2. Article Number (Transfer from service label) 7014 0150 0001 0654 8822

PS Form 3811, July 2013 Domestic Return Receipt

ark  
 V 26330

85-4003P

U.S. Postal Service™  
 CERTIFIED MAIL™ RECEIPT  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To: Janice M. Britton Trustee  
 QTIP Marital Trust U/A Dated 6/1/2006  
 12 Dogwood Drive  
 Washington, PA 15301-1578  
 #604942 Plugging Permit

City, State or PO Box, Street, Apt

PS Form 3811, July 2013

7014 0150 0001 0654 8822



Received  
 Office of...

04/06/2015  
 US POSTAGE  
 ZIP 0330  
 0411188892

\$07.40

06/12/2015

47 08 50 40 03

David Cowan  
1597 Devil Hole Road  
Harrisville, WV 26362-7543

~~#604942~~ #604942 Plugging Permit :  
~~# 154381~~

neopost  
04/06/2015  
**US POSTAGE**  
FIRST-CLASS MAIL  
\$02.87  
ZIP 26330  
041110228892

Received  
Office of Oil & Gas  
JUN 08 2015

06/12/2015



4708504003

## POTENTIAL WATER SAMPLE DATA SHEET

CLIENT: EQT PRODUCTION COMPANY

LEASE NAME AND WELL No. E. Britton #4942 - WV 604942 - API No. 47-085-04003

### POTENTIAL SAMPLE LOCATIONS

There appears to be no known water samples within the required 1000 feet of the existing well WV 604942.

Received  
Office of Oil & Gas

**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**  
PO, Box 108 • 1413 Childress Rd  
Alum Creek, WV 25003  
phone: 304-756-2949  
fax: 304-756-2948

**RANSON OFFICE**  
4000 E. Main Blvd., Suite 3  
Ranson, WV 25438  
phone: 304-724-5008  
fax: 304-724-5010

4708504003

Topo Quad: Oxford 7.5'

Scale: 1" = 2000'

County: Ritchie

Date: March 23, 2015

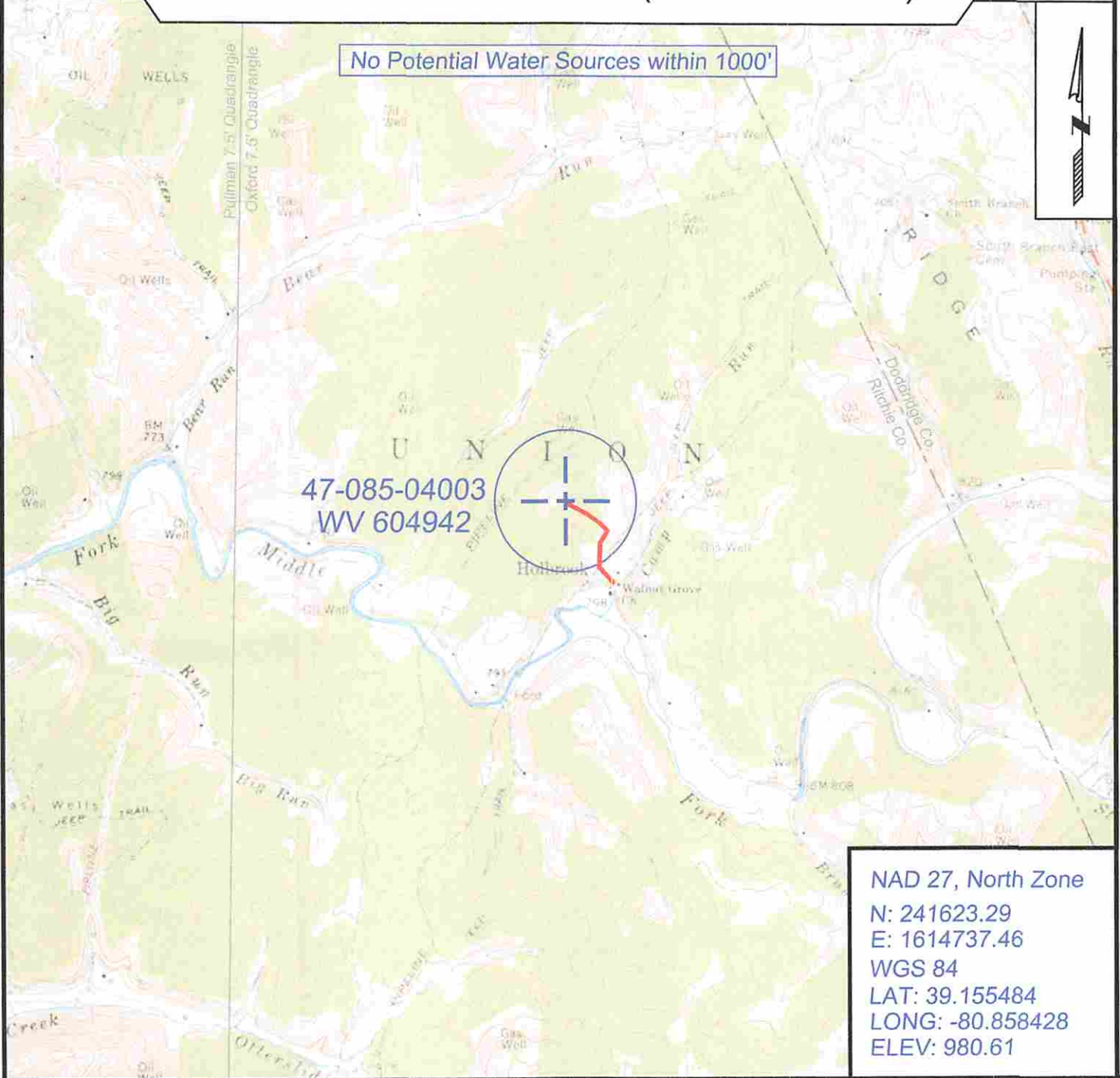
District: Union

Project No: 68-38-00-08

Water

47-085-04003 WV 604942 (E. Britton #4942)

No Potential Water Sources within 1000'



47-085-04003  
WV 604942

NAD 27, North Zone  
 N: 241623.29  
 E: 1614737.46  
 WGS 84  
 LAT: 39.155484  
 LONG: -80.858428  
 ELEV: 980.61



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

Received  
 Office of Oil &  
 APR 03 2015

06/12/2015

*CK# 19261*  
*300.00*  
*for #11(3)*

*4708504003*  
April 8 2015

Date: \_\_\_\_\_  
Operator's Well \_\_\_\_\_  
Well No. 604942 (E. Britton #4942)  
API Well No.: 47 085 - 04003 P

**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: 981 ft Watershed: Middle Fork of Hughes River  
Location: Union County: Ritchie Quadrangle: Oxford  
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 26362-7543

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.**

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 Phone Date 6/10/15

Received  
Office of Oil & Gas  
APR 08 2015

06/12/2015

## PLUGGING PROGNOSIS –Weston

**Britton, E. #4942 (604942)**

Ritchie Co., WV

API # 47-085-04003 P

Quad: Union

BY: Craig Duckworth

DATE: 2/10/15

**CURRENT STATUS:**

10" csg @ 340'  
 8 1/4" csg @ 880'  
 6 5/8" csg @ 1791'

**TD @ 1940**

**Fresh Water @ 170'**                      **Salt Water @ None reported**  
**1<sup>st</sup> Salt Sand @ 1315'**                      **Coal @ None reported**  
**Gas Shows @ Slate 1896'-1905'; Big Injun @1880'-1883'; Sand @ 1625'**  
**Oil Shows @ None reported**  
**Stimulation: None reported**  
**Elevation: 953'**

1. Notify State Inspector, **David Cowan 304-389-3509**, 24 hrs. Prior to commencing operations.
2. TIH w/ tbg @ 1940'; Set 200' C1A Cement Plug @ 1940' to 1740' ( Slate @ 1896'-1905'; Big Injun @ 1880'-1883' & 6 5/8" @ 1791')
3. Set a 100' C1A Cement Plug 50' In/Out of cut. Perf all FW, Coal, Oil and Gas shows below casing cuts. Do not omit any plugs
4. TOOH w/tbg Freepoint 6 5/8" Cut 6 5/8" @ freepoint TOOH with 6 5/8"
5. TIH w/ tbg @ 1740'; gel hole @ 1740' to 1625'
6. TOOH w/ tbg @ 1625'; Set 100' C1A Cement Plug @ 1625' to 1525' ( Sand @ 1625')
7. TOOH w/ tbg @ 1525'; gel hole @ 1525' to 1315'
8. TOOH w/ tbg @ 1315'; Set 100' C1A Cement Plug @ 1315' to 1215' (Salt Sand @ 1315')
9. TOOH w/ tbg @ 1215'; gel hole @ 1215' to 953'
10. TOOH w/ tbg @ 953'; Set 123' C1A Cement Plug @ 953' to 830 ( 8 1/4" csg @ 880' & elev. @ 953')
11. Set a 100' C1A Cement Plug 50' In/Out of cut. Perf all FW, Coal, Oil and Gas shows below casing cuts. Do not omit any plugs
- ~~12. TOOH w/ tbg @ 1079'; Set 100' C1A Cement Plug @ 1079' to 947 ( 8 1/4" csg @ 997' & elev. @ 1079')~~
13. TOOH w/ tbg @ 830'; gel hole @ 830' to 390'
14. TOOH w/ tbg @ 390'; Set 390' C1A Cement Plug @ 390' to 0 ( Surface & 10" csg @ 340')
15. Set a 100' C1A Cement Plug 50' In/Out of cut. Perf all FW, Coal, Oil and Gas shows below casing cuts. Do not omit any plugs
16. Top off as needed
17. Set Monument to WV-DEP Specifications
18. Reclaim Location & Road to WV-DEP Specifications

IF UNABLE PERF ←

10" casing.

Attempt to pull 10" casing

GCS  
6/10/15

Received  
 Office of Oil & Gas  
 APR 08 2015

06/12/2015



604942

4708504003

STATE OF WEST VIRGINIA  
DEPARTMENT OF MINES  
OIL AND GAS DIVISION

WELL RECORD

Permit No. D 35-04003

Oil or Gas Well "GAS"

Company Pittsburgh & West Va. Gas Company.  
 Address Clarksburg, West Va.,  
 Farm Elizabeth Britton Acres \_\_\_\_\_  
 Location (waters) Holbrook N/E. 3-1-3  
 Well No. 4942 Elev. 953'  
 District Union County Ritchie  
 The surface of tract is owned in fee by \_\_\_\_\_  
 Address \_\_\_\_\_  
 Mineral rights are owned by \_\_\_\_\_  
 Address \_\_\_\_\_  
 Drilling commenced December 16, 1926  
 Drilling completed January 28, 1927  
 Date Shot \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 With \_\_\_\_\_  
 Open Flow /10ths Water in \_\_\_\_\_ Inch  
/10ths Merc. in \_\_\_\_\_ Inch  
 Volume \_\_\_\_\_ Cu. Ft.  
 Rock Pressure \_\_\_\_\_ lbs. \_\_\_\_\_ hrs.  
 Oil \_\_\_\_\_ bbls., 1st 24 hrs.  
 Fresh water \_\_\_\_\_ feet \_\_\_\_\_ feet  
 Salt water \_\_\_\_\_ feet \_\_\_\_\_ feet

Casing and Tubing	Used in Drilling	Left in Well	Packers
Size			Kind of Packer
16.			
13.			
10.	340'	340'	Size of _____
8 3/4	880'	880'	
6 3/4	1791'	1791'	Depth set
5 3/16			
3			Perf. top
2			Perf. bottom
Liners Used			Perf. top
			Perf. bottom

CASING CEMENTED \_\_\_\_\_ SIZE \_\_\_\_\_ No. Ft. \_\_\_\_\_ Date \_\_\_\_\_

COAL WAS ENCOUNTERED AT \_\_\_\_\_ FEET \_\_\_\_\_ INCHES

\_\_\_\_\_ FEET \_\_\_\_\_ INCHES \_\_\_\_\_ FEET \_\_\_\_\_ INCHES  
 \_\_\_\_\_ FEET \_\_\_\_\_ INCHES \_\_\_\_\_ FEET \_\_\_\_\_ INCHES

Formation	Color	Hard or Soft	Top	Bottom	Oil Gas or Water	Depth Found	Remarks
Lay		Soft	0	15			
lime			15	45			
ed Rock		Soft	45	60			
ime		Hard	60	120			
ed Rock	Red	Soft	120	160			
and			160	185	Water	170'	
ed Rock	Red	Soft	185	250			
ime			250	310			
and	White		310	330			
Slate	Dark	Soft	330	350			
ed Rock	Red	"	350	390			
ime & Slate			390	495			
ed Rock	Red	Soft	495	600			
ime & Slate			600	795			
ed Rock	Red	Soft	795	810			
ime		Hard	810	840			
ime & Slate			840	970			
Slate&Shells			970	1227			
Lime	White	Hard	1227	1240			
Slate&Shells			1240	1315			
1st Salt Sand	White	Hard	1315	1355			
Slate&Shells			1355	1465			
Lime	Dark	Hard	1465	1480			
Slate&Shells			1480	1505			
2nd Salt Sand		Hard	1505	1535			
Slate&Shells			1535	1625			
Sand			1625	1630	Sh. Gas	1625'	
Slate			1630	1649			
Lime	Dark	Hard	1649	1668			
Slate-Shell		Soft	1668	1681			
Lime-Gritty	White	Hard	1681	1735			
Slate	Black	Soft	1735	1740			
Lime	Dark	Hard	1740	1757			
Slate			1757	1764			
Little Lime		Hard	1764	1774			
Pencil Cave	Dark	Soft	1774	1781			
Big Lime	White	Hard	1781	1860			
Big Injun	"	"	1860	1913	Gas	1880-1883'	
Slate&Shell			1913	1940	Gas	1896-1905'	
Total Depth				1940			

(Over)

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APR 08 2015

06/12/2015

**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: Middle Fork of Hughes River Quadrangle: Oxford  
Elevation: 981 ft County: Ritchie District: Union

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:  
X 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 *Victoria Roark*

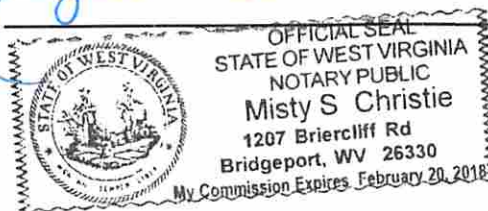
Company Official (Typed or Printed) Victoria Roark

Company Official Title Permitting Supervisor-WV

Subscribed and sworn before me this 6th day of April, 2015

*Misty S. Christie* Notary Public  
My Commission Expires 2/20/18

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Office of Oil & Gas  
APR 08 2015



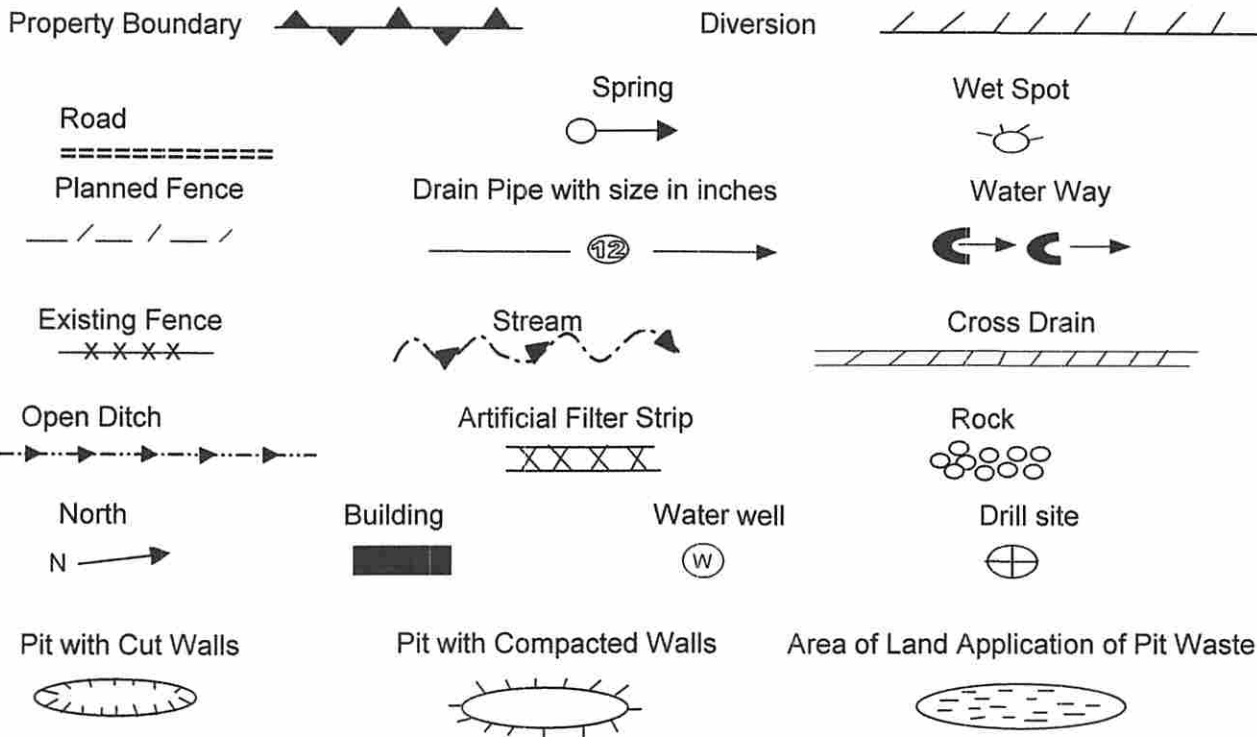
06/12/2015



85-4003P

4708504003  
OPERATOR'S WELL NO.:  
604942 (E. Britton #4942)

### 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 by Gene Smith (phone)

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

Title: inspection  
Field Reviewed?  Yes  No

Date: 6/10/15

Received  
Office of Oil & Gas

APR 08 2015

06/12/2015

47 08 50 40 03

Topo Quad: Oxford 7.5'

Scale: 1" = 2000'

County: Ritchie

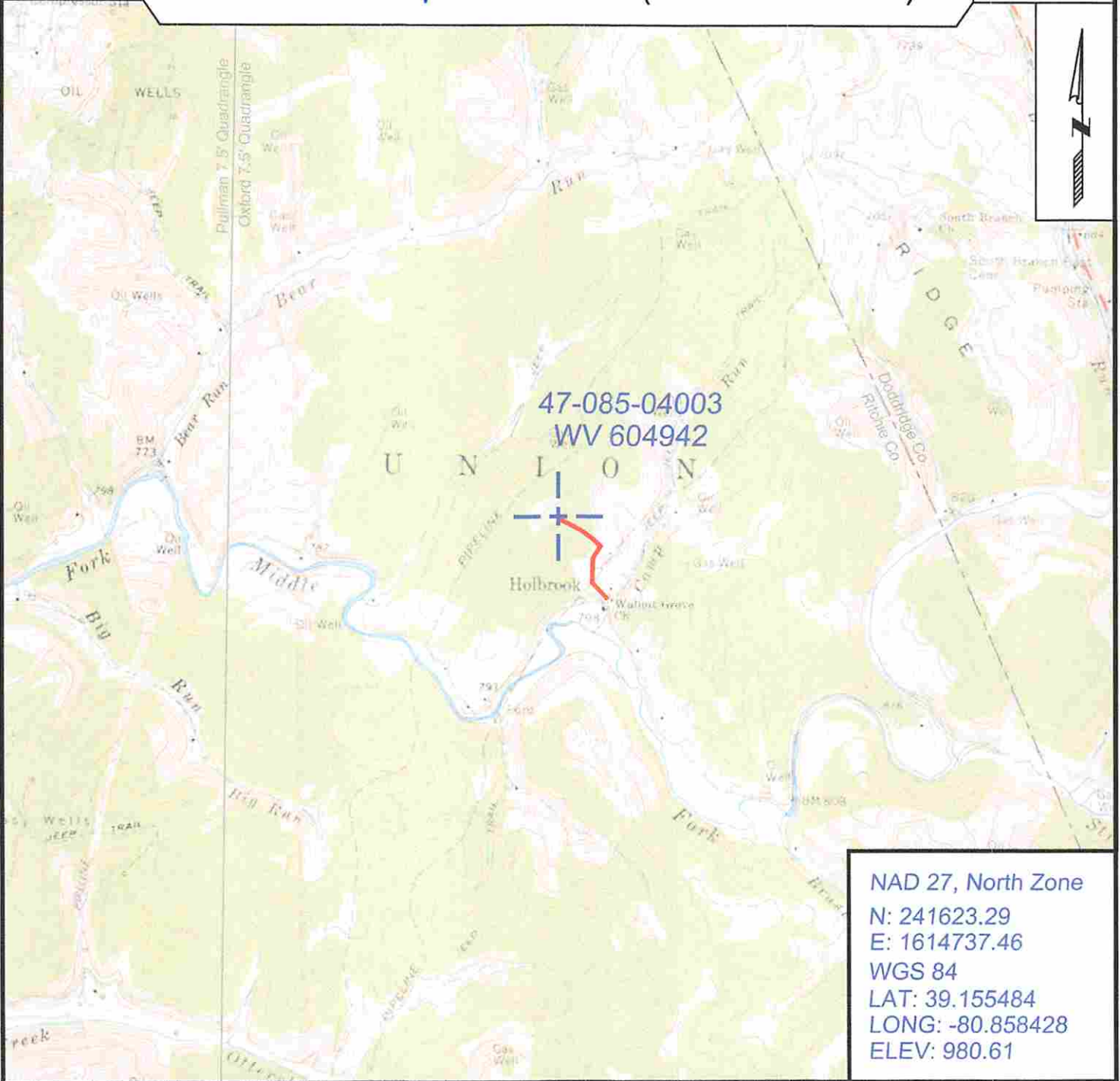
Date: March 23, 2015

District: Union

Project No: 68-38-00-08

47-085-04003 **P**WV 604942 (E. Britton #4942)

Topo



47-085-04003  
WV 604942

NAD 27, North Zone  
 N: 241623.29  
 E: 1614737.46  
 WGS 84  
 LAT: 39.155484  
 LONG: -80.858428  
 ELEV: 980.61



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** Received  
Office of Oil & Gas

P.O. Box 280  
 Bridgeport, WV 26330

MAR 08 2015

06/12/2015



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

API: 47-085-04003 P WELL NO.: WV 604942 (E. Britton #4942)

FARM NAME: Britton

RESPONSIBLE PARTY NAME: EQT Production Company

COUNTY: Ritchie DISTRICT: Union

QUADRANGLE: Oxford 7.5'

SURFACE OWNER: John L. and Karen J. Sampson

ROYALTY OWNER: Connie G. Shaw, et al.

UTM GPS NORTHING: 4334041

UTM GPS EASTING: 512232 GPS ELEVATION: 299 m (981 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.

Stacy O'Brien  
Signature

PS# 2180  
Title

3/27/15  
Date

Received  
Office of Oil & Gas  
APR 08 2015

06/12/2015

I

Operator: EQT PRODUCTION COMPANY  
API: 8504003  
WELL No: 4942  
Reviewed by: GCS Date: 6/10/15  
15 Day End of Comment: 04/13/15

\*Well is on an Agreed Order\*

**CHECKLIST FOR FILING A PERMIT**

Plugging

CK# 19261  
\$100

- WW-4B
- \*  Inspector signature on WW-4B
- 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)
- \*  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)