

## STATE OF WEST VIRGINIA DEPARTMENT OF ENERGY DIVSION OF OIL AND GAS

## AFFIDAVIT OF PLUGGING AND FILLING WELL

AFFIDAVITE SHOULD BE IN TRIPLICATE, one copy mailed to the Division, 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:	CONSOLIDATE	D ALUMINUM	Operato	or Well No	o.: <b>9</b> 3	
LOCATION:	Elevation: District: Latitude: Longitude	UNION	-	County: 7	TYLER Min. Min.	Sec. Sec.
Well Type:	OIL	GAS				
Company: J	1+m oil+klas 1cksonburg wva2637	<u>Co.</u>	_ Coal _ or Ov _	Operator_ wner _ -		R
Agent: Permit Issue	dle roartys ed: 12/12/88	N	_ Coal _ or O	Operator_ wner		MAY 1 5 89
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the 20th			_, 19 <u>89</u> .	ling said	well wa	as completed on
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