

INSTRUCTIONS

39° 25' 00"

1) Attach a photo copy of the location of the well on a 7.5 minute Quadrangle with the corresponding Longitude and Latitude.
2) Designate the location of the well with the symbol(+).

11,000'

2.45s
0.37w

1,975'

80° 52' 30"

I, the undersigned, Hereby certify that this plat is correct to the best of my knowledge and belief.

SIGNED Harvey H. Hatfield

TITLE _____

DATE _____, 19____

OPERATORS WELL NO. 1

API WELL NO. 47-095-1644-1

21720

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 1080 WATER SHED Middle Island Creek
DISTRICT Centerville COUNTY TYLER
QUADRANGLE MIDDLEBOURNE 7.5 (410)

SURFACE OWNER J. S. Hamilton Heirs (Gary Barnard) ACREAGE 144

OIL & GAS ROYALTY OWNER Richard Barnard LEASE ACREAGE 144
LEASE NO. 1915

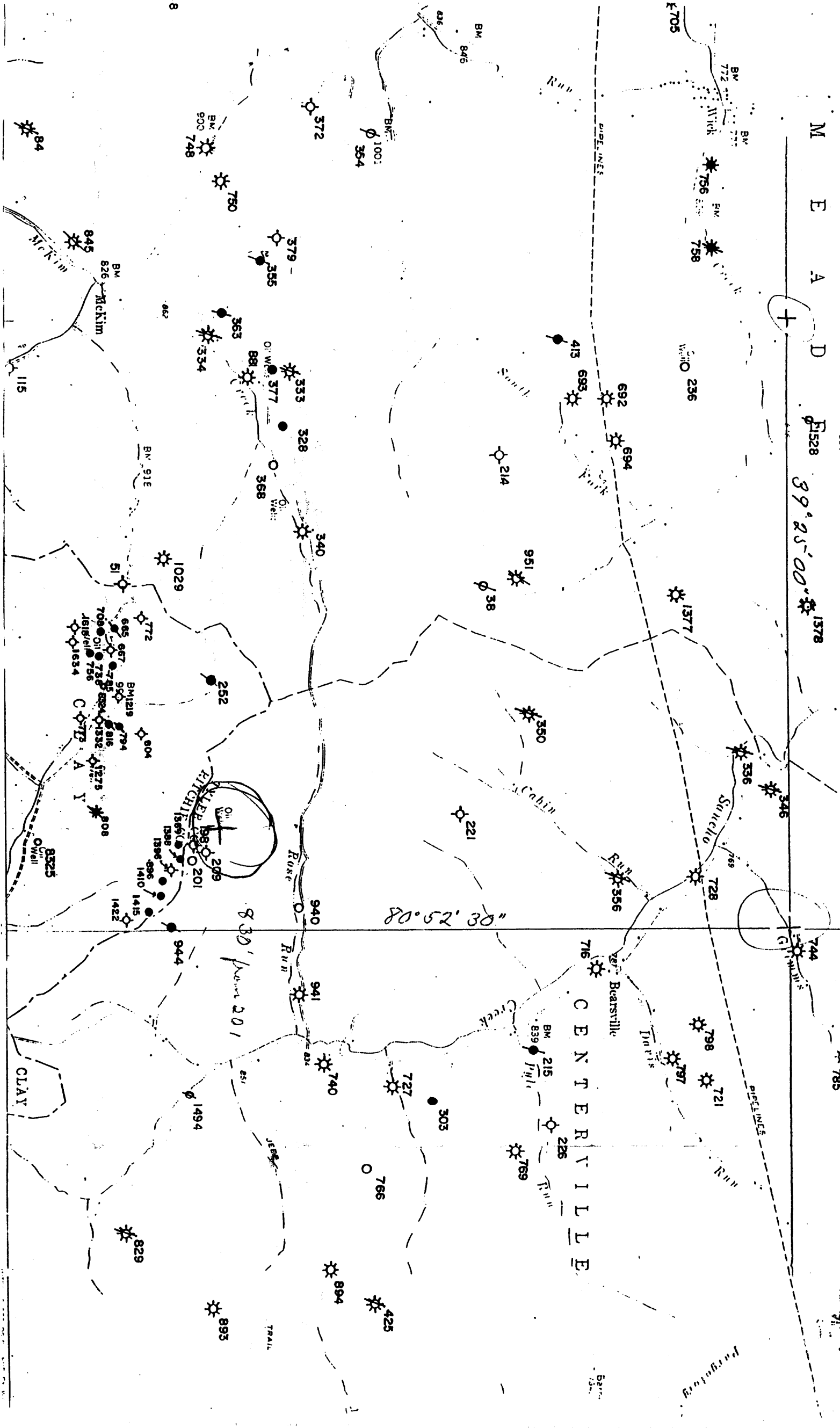
PRODUCING FORMATION Cow Run TOTAL DEPTH 1200±

WELL OPERATOR OFD a limited liability Co DESIGNATED AGENT Harvey Hatfield

ADDRESS PO Box 122 ADDRESS Box 122
St Marys WV St Marys WV 26170

304-684-3674

M E A D $\phi 1528$ $39^{\circ}25'00''$ $\phi 1378$



STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
SECTION OF OIL AND GAS

WELL REGISTER ASSIGNMENT

This API Number 47- 95-01644, issued to OFD, A LIMITED LIABILITY CO. is evidence of permission to operate the well that is referenced at the location described on the attached plat, subject to the provisions of Chapters 22 and 22B of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder. The name and telephone number of the Oil and Gas Inspector for this well is MIKE UNDERWOOD -
304-759-0579.

Spills or emergency discharges must be reported to 1-800-654-3312.

Failure to abide by all statutory and regulatory provisions governing all duties and operations hereunder may result in suspension or revocation of your permits and in addition may result in civil and/or criminal penalties.

The enclosed WR-35 must be completed by you and returned to this office. In addition annual production reports must be submitted on this well and failure to do so may require you to plug the well.

Theodore M. Streit
Chief

By: 

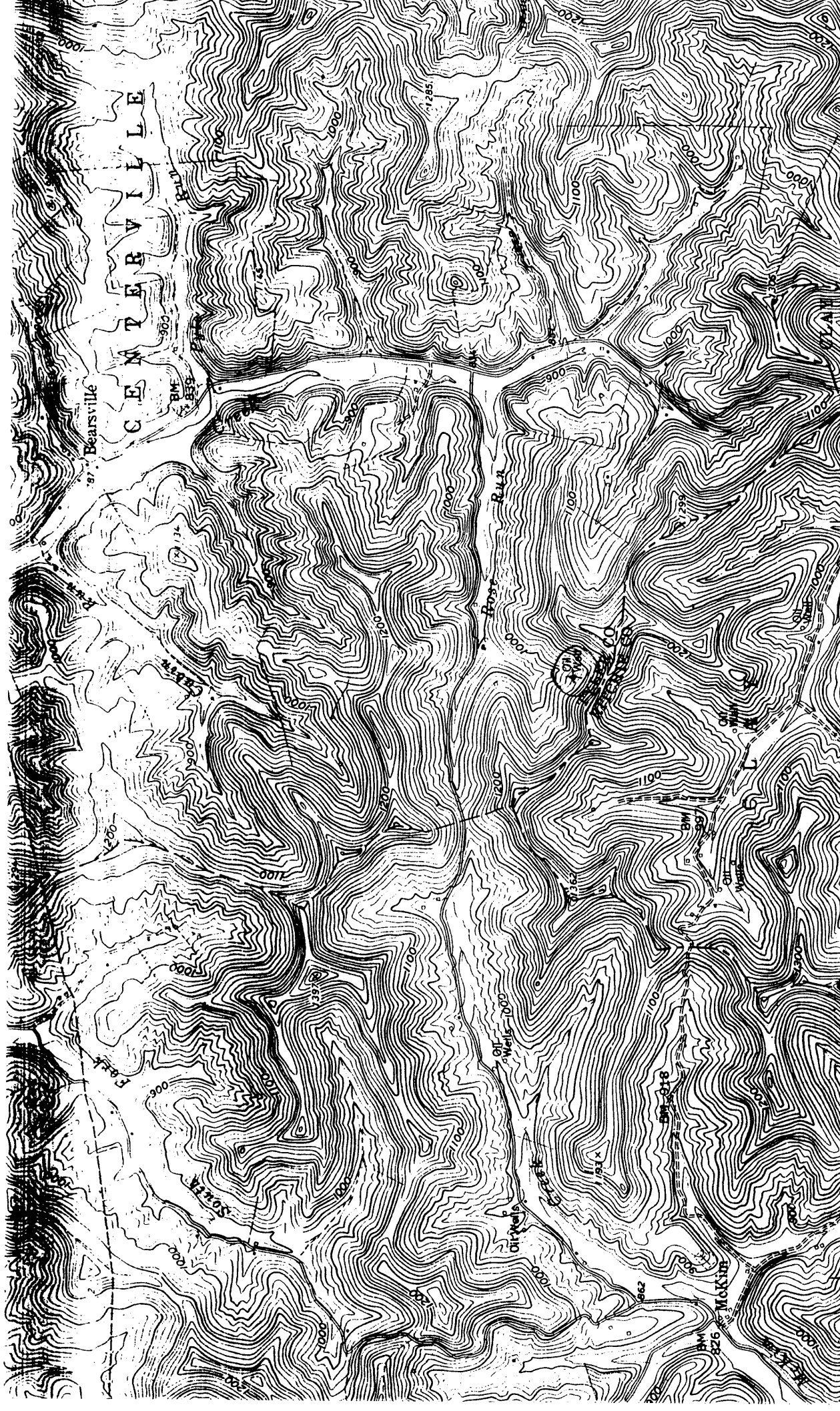
Title: _____

Operator's Well No: BARNARD #1

Farm Name: HAMILTON, J.S.

API Well Number : 47- 95-01644 N

Date Issued : 03/13/96



(PENNSYLVANIA)
4882 IV SW
MOUNTAIN (W. VA. 76) 1:4 MI.

ROAD
Heavy-duty
Medium-duty



SCALE 1:24,000

CONTOUR INTERVAL 20 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

