Form 1136- 1M 2 13 4.3 HOPE NATURAL GAS CO. LOCATION FOR WELL No. 38/4 Joanner & Statut in DISTRICTO on of dillorgan turm on waters of Delley cher Trant O District Detale County, West Virginia. 11 s. 6 Lease No 3280 ... Acres 14/ N. Scale, one inch equals 80 Colo Sent to Clarksburg Office after 30 1.9.15 Location to be 700 fret from U. D. Oce Alra. and same distance from Jenner Votte farm line as Generings #1. 4-38-15 landour Homer Ice (adjoining property Earnohand W.Va. 2113/4 1500CBY3ra 9.40 B.L. Morgen \$ 400 Sollitte Morgar 1.B. NO. Hrs. 942 71/2 803 WET -69 RESERVE Lew ride from the tentoling SPICIAL INSTRUCTIONS COMPLETE WELL ON OR BEFORE Come Course and colored por really that is 572 Location made 5-13 151 by J. Q Larry A per plat except as noted. On field map. 5-14-15 Returned to Pittsburgh 5-14-05 Location changed on account of Detect of round

Location changed on account of Detect of round

Signed DAT Bradley

103-0691 Resid 103-0691

## 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-lk, 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 Chapte
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 wel
X all wells owned or operated by the undersigned in West Virginia
the wells listed below (Una 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 firs
time, so that this designation should also be considered the registration by the
undersigned with the Deputy Director.
X The undersigned has owned and opened a
X The undersigned has owned and operated a well or wells in West Virginia since the year $151898$ , 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
Compalitation of the company of the
Consolidated Gas Supply Corp.  Well Owner or Operator
By: Le feet ne trans
ACCEPTED this January 17 , 19 79  Its: Vice President, Appl. Gas Supply
09/15/2023
(Signature of designated agent)
Taken, subscribed and sworn to before me this 17th day of January , 1979 .
Notary Public Jacob My commission expires September 13 , 19 86
Well owner or operator must be
Well owner or operator must be a responsible officer of the corporation, trustee, individual or legally qualified representative of owner of the well(s).

Well No.3	Record of		The	- /	and	01		9	eru	Comp	-Li	cocito	District	SOA.
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1.0 API well number (If not everlable, leave blank 14 digits.)	47-103-069  EFT. OF
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 repest completion location. (Only needed if sections 103 or 107 in 2.0 above.)	fect
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 004228  Name 445 West Main Street Clarksburg W. Va. 26301  City 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  Wefzel  County  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.)	B.L. MORGAN 3814
(d) If code 4 or 5 in 2.0 above name of the reservoir (35 letters maximum)	
(a) Name and code number of the purchaser (35 letters and digits maximum. If code number not available, leave blank.)	General System Purchasers  Name  Buve Cco-
(b) Date of the contract	Mo Oav Yı
(c) Estimated annual production	
	(a) Base Price (b) Tax (c) All Other Prices [Indicate (b) and (c) (4) or (-).]
.0 Contract price (As of filing date Complete to 3 decimal places.)	
(As of filing date. Complete to 3 decimal places.)	2.224
Agency Use Only  Ste Received by Juris. Agency  FR 9 17 10 70  The Received by JERS	J. W. Hendrickson  Name  V.P. Gas Supply  Title    12/31/28   304-623-3611  Dete Application is Completed   Phone Number

#### 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

Section of NGPA	Category Code	Description
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:

Contract Date Purchaser Buyer Code
(Mo. Day Yr.)

#### Bemarke

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.

ARTICIPANTS: DATE: FEB 291980 BUYER-SELLER CODE
WELL OFERATOR: Consolidated Gas Supply Corp. 004228
FIRST PURCHASER General System Purchasers none
OTHER:
Qualifora Section 188 stupper well
W. Va. Department of Mines, Oil & Gas Division -WELL DETERMINATION FILE NUMBER
790227-108-103-0681
Use Above File Number on all Communications Relating to Defermination of this Well
CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING
TEM NO.
I FERC-121 Items not completed - Line No.
TW. Howdeickson
3 IV-2 - Well Permit
4 · IV-6 - Well Plat
5 IV-35- Well Record Dilling
6 - IV-36- Gas-Oil Test: Gas Only 17 Was Oil Produced? Ratio
7 IV-39- Annual Production 2 years 2 mos
8 IV-40- 90 day Production 90 Days off Line:
9 IV-48- Application for Certification. Complete? / Affidavit
10 - 17 IV Form #51 - 52 - 53 - 54 - 55 - 50 - 57 - 58. Complete V Signed V
18 - 28 Other: Survey Logs Geological Charts Structure Map
1:4000 Map Well Tabulations Gas Analyses
Commenced: 7/2/15-8/21/15 Deepened
- · n+h. //8///8//
ist soft. Bio Iniun; Gordon
Final Open Flow:
(5) Therefrac: 1/1
(6) Other Gas Test: 6275  (7) Avg. Daily Gas from Annual Production: 365 - 17 mef; No Dil
(7) Avg. Daily Cas from Annual Prodtion: 303   1051   1051   (8) Avg. Daily Cas from 90-day endir. =/1-120 days 90=12 mcf; No Oil
(8) Avg. Daily Gas from 90-day endir. 3/1-120 days 70 1274 C. PSIC from Daily Report
(8) Line Hessine.
(5) Oil Production: NO From Completion Report
(10-17) Does lesse inventory indicate enhanced recovery being done: 00/15/2023
(10-17) Is affidavit signed? Notarized?
Does official well record with the Department confirm the submitted information? Ver
The Campiller Dioxial Contain.
Was Detarmination Objected to? By Whom?  P.L.
P.L.

PARTICIPANTS:

STATE OF WEST VIRGINIA

DEPARTMENT OF MINES, OIL AND GAS DIVISION

Date Duc 3 1978

Operator's Well No. 3814

API Well No. 47 - 103 - 0697

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 Willey FORK
Clarksburg, W. Va.	Dist. GRANT County Wetzel Quad.
GAS PURCHASER None; gas is de-	Gas Purchase Contract NoN/A
ADDRESS <u>livered into applicant</u> 's	Meter Chart CodeN/A
interstate pipeline system	Date of ContractN/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.

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\_ $\chi$ \_. If yes, indicate the type and source of the information.

#### AFFIDAVIT

MI IDAVII
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 3/day of, 1978, has acknowledged the same before me, in my county aforesaid.  Given under my hand and official seal this 5 day of, 1979.
My term of office expires on the 13th day of September , 19 86.
Jacob Donley
Motary Public 09/15/2023

(NOTORIAL SEAL)

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