

HOPE NATURAL GAS COMPANY

LOCATION FOR WELL No. **6653**

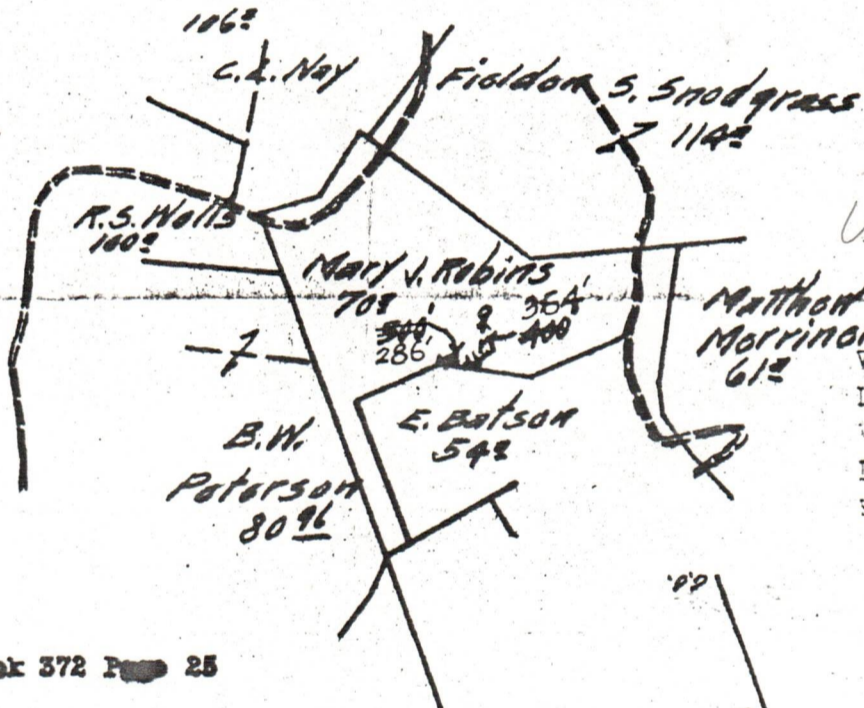
c 2 5P
Instructions u

A-3
Map of Robins Grant

Price Groat
District, *Stetzel*
Farm, on waters of *Pickensburgh Run*
County, West Virginia

Lease No. *47-6* Acres *70*
Scale one inch equals *80 poles* Location made in *Pittsburgh* *Nov. 29-24* Sent to *Clarksburg* *Dec 1-1924*
Location to be *400 feet from the corner farm at a point*
300 feet from the corner per plat

COPY SENT TO PHILADELPHIA COMPANY

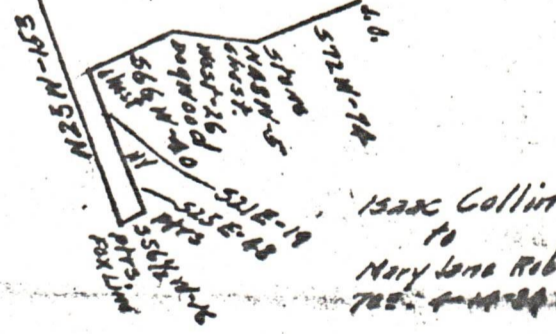


WET-719
[Signature]

Well Book _____
Lease Book _____
Wall Map _____
Line Map FEB 21 1925 A. J. D.
Sheets FEB 20 1925 M.H.S.

Field Book 372 Page 25
Ref. S59-15° W 75 feet to Chestnut
S15-30° E 134 feet to B. Walnut

Note:- USE No. (2) TWO STAKE



TITLE RESERVE *Five acres around the buildings*

SPECIAL INSTRUCTIONS: COMPLETE WELL ON OR BEFORE

Same Lease on which *is* Located Well No. *670*

09/15/2023

Location made Dec. 15, 1924 by H. D. Linger As per plat, except as noted. On field map.

Dec. 16, 1924 Returned to Pittsburgh Dec. 16, 1924

Location changed on account of Original location came in Rock Cliff

Authorized by J. B. Carrin, Date Dec. 16, 1924 Signed S. H. Bradley,
By- Talley

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 § 22-4-1k, 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 Chapter 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 wells:

X all wells owned or operated by the undersigned in West Virginia
 the wells listed below (Use 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 first time, so that this designation should also be considered the registration by the undersigned with the Deputy Director.

X The undersigned has owned and operated a well or wells in West Virginia since the year 1898, 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 _____

Consolidated Gas Supply Corp.
Well Owner or Operator
By: J. W. Hendrickson
Its: Vice President, Appl. Gas Supply

ACCEPTED this January 17, 19 79

09/15/2023

J. W. Hendrickson
(Signature of designated agent)

Taken, subscribed and sworn to before me this 17th day of January, 19 79.
Notary Public J. W. Hendrickson My commission expires September 13, 19 86

Well No. 6653

Mary J. Robins

Farm B-1

June 9th

1925

District Pine Grove

Commenced May 26th, 1925

N 7 S E 7 W

REPAIRS

Completed June 5th, 1925

CASING AND TUBING RECORD

Size	Before Repairs	Pulled	Put in Well	After Repairs	Disposition of Amount Pulled
10"	336-8	none	none	336-8	in stock at well
8-1/4"	1443-0	16'	none	1443-0	
6-5/8"	2180-0	none	none	2180-0	
5-3/16"	3000-0	None	none	3000-0	
2" Teg.	3223-0	none	none	3223-0	

SHOOTING RECORD

Date	Quarts	Top of Shell	Bottom of Shell	Diameter	Sand	TEST BEFORE SHOT			TEST AFTER SHOT			Test Taken After Shot No. Hours	By Whom Shot	
						Reading	Liquid	Opening	Reading	Liquid	Opening			
SEE ORIGINAL WELL RECORD														

RECORD OF ANY DEEPER DRILLING

Formation	Top	Bottom
Commenced drilling at depth of		
We used every effort possible to pull outside casing, also tried jumbo blocks, but failed. Pulled 8 1/2" casing 16 feet off of bottom.		
Total Depth		

Names of Drillers	Time (Days)
John Lowe	8
Names of Tool Dressers	Time (Days)
Ross Kendall	8

PACKER RECORD (ALSO NOTE BELOW IF ANY PACKERS ARE PULLED)

Size	Kind	Anchor	Amount Above Anch
See Original well record			

OIL AND GAS DISCOVERIES IN DEEPER DRILLING

Oil at	Ft. in	Sat
Gas at	Ft. in	Sat

VOLUME AND PRESSURE REPORT

BEFORE REPAIRS

Reading	Liquid	Opening	Rock or Minute Pressure	Sands Gas From

AFTER REPAIRS

VOLUME TEST

Date of Test	Opening	PITOT TUBE		OPEN FLOW	Sands Gas From
		Reading	Liquid Used	Lib.	
6-5-1925 Time Blown	2" Casing	90/10	Water	452/160	Stray, Gord & 4TH
	" Tubing				

PRESSURE TEST

Date of Test	Opening	1 Min.	2 Min.	3 Min.	4 Min.	5 Min.	6 Min.	7 Min.	8 Min.	9 Min.	10 Min.	30 Min.	60 Min.	Hrs.
6-5-25 Time Blown	2" Casing	60	95	120	130	140	150	155	160	165	170	195	205	24
	" Tubing													

OIL: From Sand

Estimated Production Bbl. per Day

Remarks:

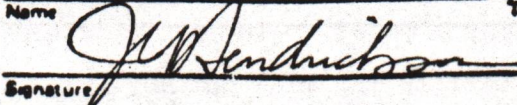
M. J. Barker
FOREMAN

09/15/2023

01

1.0 API well number (If not available, leave blank 14 digits)	47-103-719	
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 deepest completion location (Only needed if sections 103 or 107 in 2.0 above.)	- feet	
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 Seller Code 445 West Main Street 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 WETZEL W. Va. 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)	MARY J. ROBINS 6653	
(d) If code 4 or 5 in 2.0 above name of the reservoir (35 letters maximum)		
6.0 (a) Name and code number of the purchaser (35 letters and digits maximum. If code number not available, leave blank.)	General System Purchasers Name Buyer Code	
(b) Date of the contract	Mo Day Yr	
(c) Estimated annual production	5 MMcf	

	(a) Base Price (\$/MMBTU)	(b) Tax	(c) All Other Prices (Indicate (+) or (-).)	(d) Total of (a), (b) and (c).
7.0 Contract price (As of filing date. Complete to 3 decimal places.)	---	---	---	---
8.0 Maximum lawful rate (As of filing date. Complete to 3 decimal places.)	2.224	---	---	---

9.0 Person responsible for this application. Agency Use Only Date Received by Juris. Agency FEB 27 1979 Date Received by FERC	J. W. Hendrickson V.P. Gas Supply Name Title	
	 Signature	
	DEC 31 1978 304-623-3611 Date 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:

<u>Section of NGPA</u>	<u>Category Code</u>	<u>Description</u>
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:

<u>Contract Date</u> (Mo. Day Yr.)	<u>Purchaser</u>	<u>Buyer Code</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks:

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.

WELL DETERMINATION REPORT

PARTICIPANTS:

DATE:

FEB 22 1980

BUYER-SELLER CODE

WELL OPERATOR: Consolidated Gas Supply Corp.

004228

FIRST PURCHASER: General System Purchasers

N/A

OTHER:

Qualifies Section 108, string well
Forth Loop

W. Va. Department of Mines, Oil & Gas Division
WELL DETERMINATION FILE NUMBER
790227-108-103-0719
Use Above File Number on all Communications
Relating to Determination of this Well

CHECK EACH ITEM AS COMPLETE OR NOTE WHAT IS MISSING

ITEM NO.

- 1 FERC-121 Items not completed - Line No. _____
- 2 IV-1 - Agent J.W. Hendrickson
- 3 IV-2 - Well Permit _____
- 4 IV-6 - Well Plat
- 5 IV-35- Well Record Drilling Deepening _____
- 6 IV-36- Gas-Oil Test: Gas Only 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?
- 10 - 17 IV Form #51 - 52 - 53 - 54 - 55 - (56) - 57 - 58. Complete Affidavit Signed
- 18 - 28 Other: Survey _____ Logs _____ Geological Charts _____ Structure Map _____

1:4000 Map _____ Well Tabulations _____ Gas Analyses _____

- (5) Date Commenced: 5-26-25
Date Completed: 6-5-25 Deepened _____
- (5) Production Depth: N/A, N/A, N/A
- (5) Production Formation: Stray, Gordon, 4th
- (5) Final Open Flow: N/A
- (5) R.P. After Frac: N/A

- (7) Avg. Daily Gas from Annual Production: 3849/365 = 10 MCF; No Oil
- (8) Avg. Daily Gas from 90-day ending w/1-120 days: 820/90 = 9 MCF; No Oil
- (8) Line Pressure: N/A PSIG from Daily Report
- (5) Oil Production: No From Completion Report _____

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- (10-17) Does lease inventory indicate enhanced recovery being done: No
- (10-17) Is affidavit signed? Notarized?

Does official well record with the Department confirm the submitted information? No

Additional Information _____ Does computer program confirm? _____

Was Determination Objected to? _____ By Whom? _____

5776

Date 12-31 1978

STATE OF WEST VIRGINIA
DEPARTMENT OF MINES, OIL AND GAS DIVISION

Operator's
Well No. 6-6-53

API Well
No. 47 - 103 - 719
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 1158

ADDRESS 445 West Main Street Watershed PICKENPAUGH RUN

Clarksburg, W. Va. Dist. GRANT County WETZEL Quad. _____

GAS PURCHASER None; gas is de- Gas Purchase Contract No. N/A

ADDRESS livered into applicant's Meter Chart Code N/A

interstate pipeline system Date of Contract N/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.

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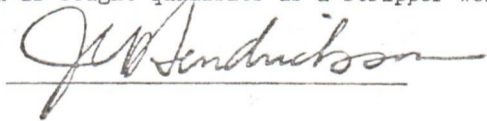
Describe the search made of any records listed above.

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 X. If yes, indicate the type and source of the information.

AFFIDAVIT

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.



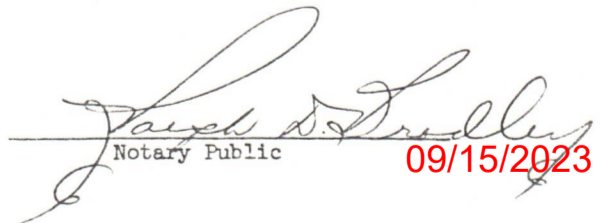
STATE OF WEST VIRGINIA,

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 ___ day of DEC 31 1978, 19___, has acknowledged the same before me, in my county aforesaid.

Given under my hand and official seal this 7 day of Feb, 19 79.

My term of office expires on the 13th day of September, 19 86.



Notary Public

09/15/2023

(NOTORIAL SEAL)

09/15/2023

CONSOLIDATED GAS SUPPLY CORPORATION—SOUTHERN REGION

LL NUMBER 6653
COMPANY FORMATION CODE 0
STRICT MANINGTN
UNITY 103
TER NUMBER-9999999999
CK PRESSURE 51 IN 0/66
RMIT NUMBER 719

DATE COMPLETED 5/23/1925
DATE INTO LINE 0/0/25
SPUD DATE 0/0/0

ORIG OPEN FLOW 452 M
ORIG ROCK PRES 210 P
PCT INTEREST 100.0000
TOWNSHIP 4
PRE 10/07/69 LEASE
LAST LINE PRESSURE 9

GROSS MONTHLY PRODUCTION IN MCF

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
176 PROD	0	0	0	0	0	0	0	0	0	0	384	400	784
ILLY AVG	0	0	0	0	0	0	0	0	0	0	12	12	12
SEC. GRAV.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	68.430	68.431	
177 PROD	428	392	422	288	0	171	0	177	96	127	153	164	2418
ILLY AVG	13	14	13	9	0	5	0	5	3	4	5	5	6
SEC. GRAV.	68.431	68.428	68.431	68.428	68.400	68.430	68.431	68.431	68.428	68.431	68.430	68.431	
178 PROD	276	112	188	357	437	408	437	412	402	415	405	0	3849
ILLY AVG	8	4	6	11	14	13	14	13	13	13	13	0	11
SEC. GRAV.	68.431	68.428	68.428	68.430	68.431	68.430	68.431	68.431	68.430	68.431	68.430	0.0	