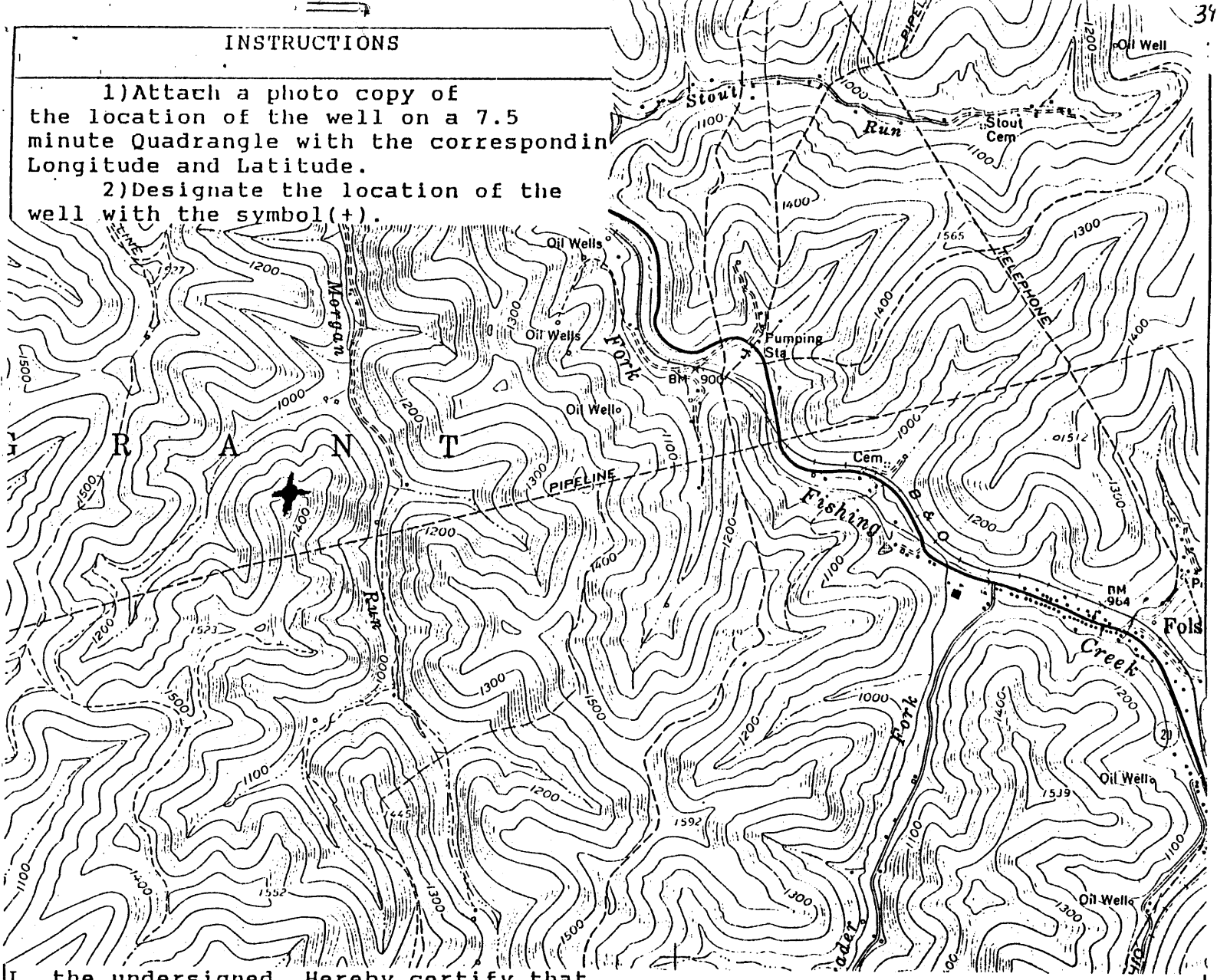


INSTRUCTIONS

- 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(+).



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

SIGNED William R. Ice
 TITLE Agent

DATE Feb. 15, 1991
 OPERATORS WELL NO. M.A. CARLIN #1
 API WELL NO. 47-103-1442

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION

WELL TYPE: OIL GAS LIQUID INJECTION WASTE DISPOSAL
 (ie "GAS" PRODUCTION STORAGE DEEP SHALLOW

LOCATION: ELEVATION N 2 E 4 WATER SHED FISHING CREEK
 DISTRICT GRANT COUNTY WETZEL
 QUADRANGLE FOLSOM

SURFACE OWNER CARLIN HEIRS ACREAGE _____
 OIL & GAS ROYALTY OWNER CARLIN HEIRS LEASE ACREAGE 40
 LEASE NO. 46803

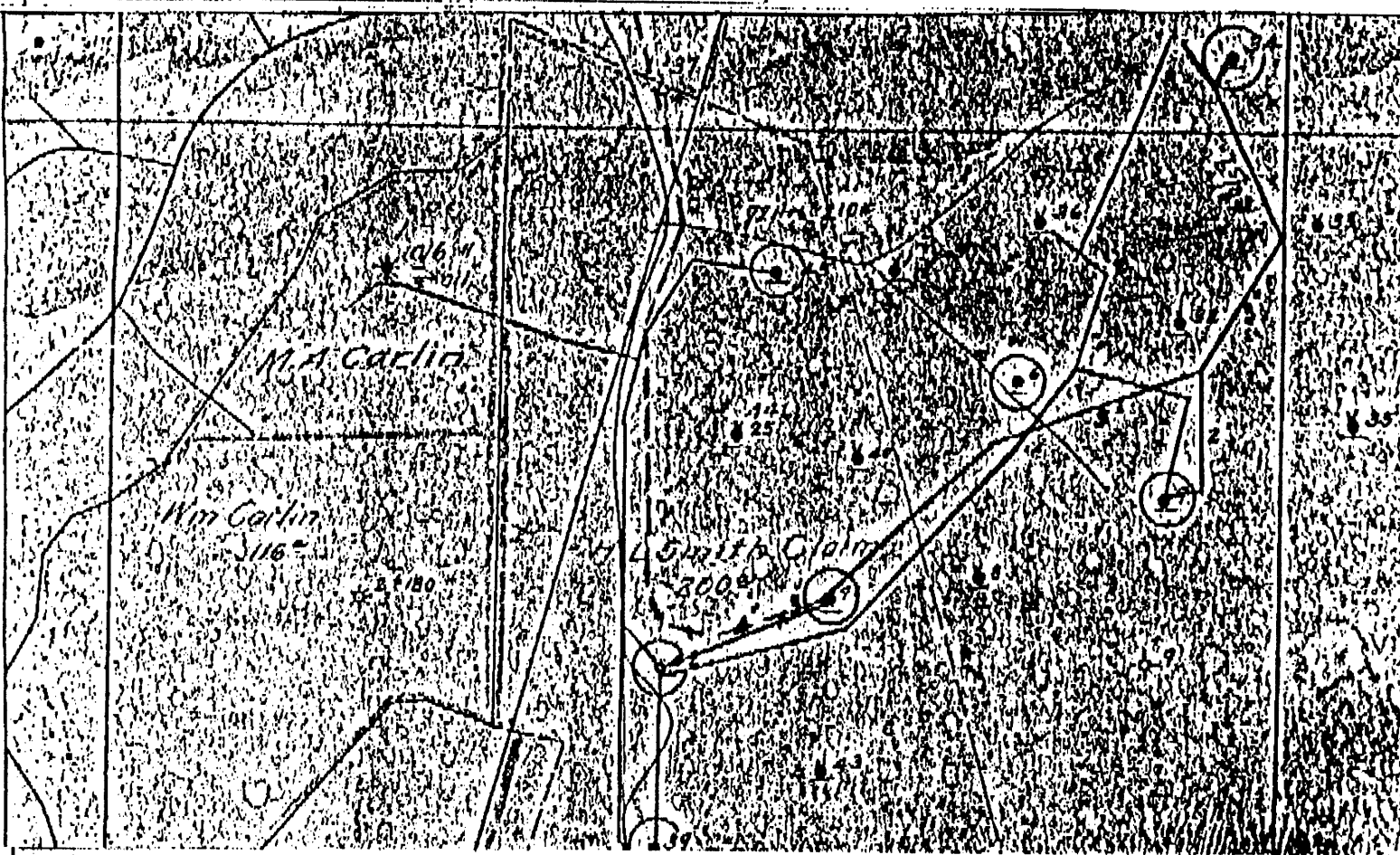
PRODUCING FORMATION FOURTH SAND TOTAL DEPTH 3293

WELL OPERATOR ROYAL E. MOORE & WILLIAM R. ICE DESIGNATED AGENT WILLIAM R. ICE
 ADDRESS RT #1 Box 179 ADDRESS RT #1 Box 179
FAIRVIEW W.V 26570 FAIRVIEW WV 26570

FORM WR-6 Mailed 5-13-88

INSTRUCTIONS

- 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(+).



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

SIGNED _____

TITLE _____

DATE May 13, 1988

OPERATORS WELL NO. _____

API WELL NO. _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
OIL AND GAS DIVISION

WELL TYPE: OIL GAS _____ LIQUID INJECTION _____ WASTE DISPOSAL _____
(i.e. "GAS" PRODUCTION STORAGE _____ DEEP _____ SHALLOW _____)

LOCATION: ELEVATION N. 2 E 4 WATER SHED FISHING CREEK
DISTRICT GRANT COUNTY NETZEL
QUADRANGLE _____

SURFACE OWNER CARLIN HEIRS ACREAGE _____

OIL & GAS ROYALTY OWNER CARLIN HEIRS LEASE ACREAGE 40
LEASE NO. 46803

PRODUCING FORMATION Fourth SAND TOTAL DEPTH 3293

WELL OPERATOR ROYAL E. MOORE & WILLIAM R. ICE DESIGNATED AGENT WILLIAM R. ICE

ADDRESS: RT #1, Box 179 ADDRESS RT #1, Box 179
FAIRVIEW, W.VA. 26570 FAIRVIEW W.VA. 26570

LATITUDE

3750

08 23 30
08
LONGITUDE

0 7.5
1.68
1.01

7'5 OGIS topo location

7.5' loc _____ 15' loc $\frac{1.68S}{(calc.)}$
_____ 3.24W

Company _____

Farm _____

Quad Folsom/Centerpoint A2

County _____

District _____

WELL LOCATION MAP

File No. 1031442

FORM OP-1
(REV. 12-85)

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF OIL AND GAS
OPERATOR REGISTRATION FORM
AND DESIGNATION OF AGENT FORM
TYPE OR PRINT - INSTRUCTIONS ON REVERSE

This is the initial and principal instrument that identifies an organization to the Department. It is imperative that it be fully and correctly executed and filed before an organization initiates operations.

- 1. OPERATOR ID: _____
- 2. PURPOSE OF FILING: _____ New Filing _____ Address Correction Annual Refiling
- 3. ORGANIZATIONAL NAME AND ADDRESS

Present:	Formerly (if applicable):
<u>ROYAL E. MOORE & WILLIAM R. ICE</u>	_____
<u>RT #1, Box 179</u>	_____
<u>FAIRVIEW, W.VA. 26570</u>	_____

4. DESIGNATED AGENT NAME AND ADDRESS	
Present:	Formerly (if applicable):
<u>WILLIAM R. ICE</u>	_____
<u>RT #1, Box 179</u>	_____
<u>FAIRVIEW, W.VA. 26570</u>	_____

5. SURETY NAME AND ADDRESS	
Present:	Formerly (if applicable):
<u>ROYAL E. MOORE & WILLIAM R. ICE</u>	_____
<u>RT #1, Box 179</u>	_____
<u>FAIRVIEW, W.VA. 26570</u>	_____

I declare under penalties of law that I am authorized to make this report, that this report was prepared by me or under my supervision and direction and that the data and facts stated herein are true, correct and complete, to the best of my knowledge.

Signature _____
 Name WILLIAM R. ICE
 Title AGENT
 Date _____ Phone 304-449-1689