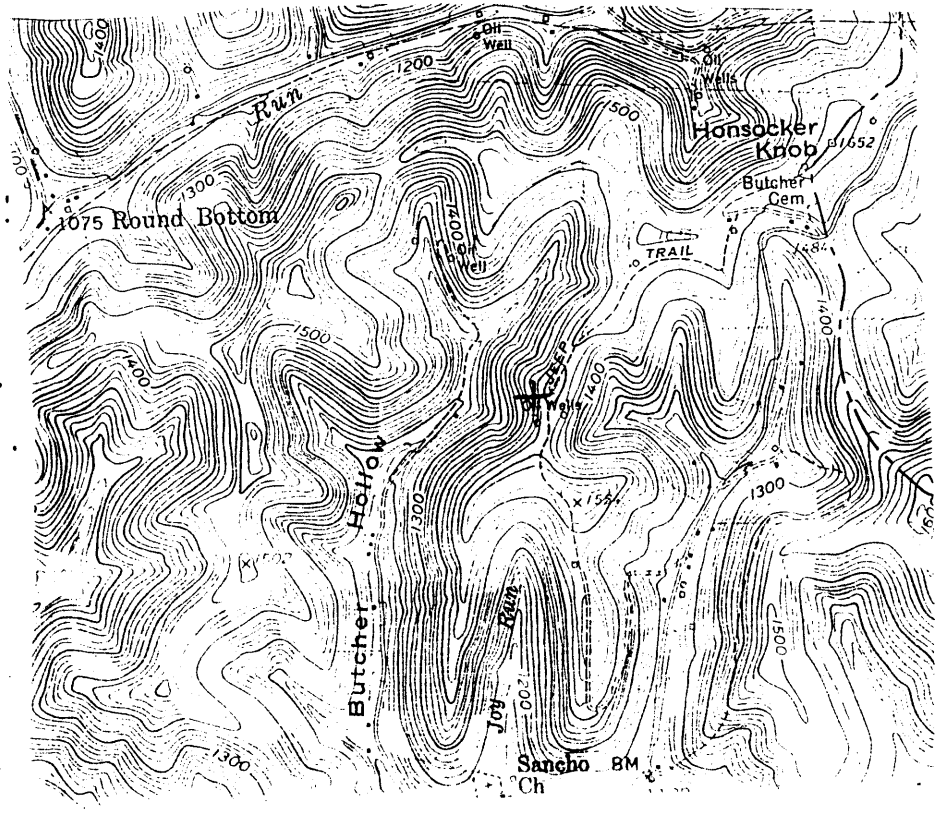


1) Attach a photo copy of the location of the well on a 7.5 minute Quadrangle with the corresponding Longitude and Latitude.
 2) Designate the location of the well with the symbol(+).

39 42 30

LATITUDE 39° 41' 38"



LONGITUDE 80° 25' 01"

52.08 80.25 00.97

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

3.855 } calc
 0.07W } 15' loc

SIGNED [Signature]
 TITLE VICE-PRESIDENT

17002

DATE MARCH 15, 1993
 OPERATORS WELL NO. #1
 API WELL NO. 103-1557-N

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION

WAD 31229

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

LOCATION: ELEVATION 1465 WATER SHED CHURCH FORK
 DISTRICT CHURCH COUNTY WETZEL
 QUADRANGLE HUNDRED Manington NW

SURFACE OWNER J. ULLOM ACREAGE _____

OIL & GAS ROYALTY OWNER _____ LEASE ACREAGE _____
 LEASE NO. _____

PRODUCING FORMATION 4th SAND TOTAL DEPTH 3375

WELL OPERATOR CHELSEA OIL & GAS CO. INC DESIGNATED AGENT AL ANDERSON

ADDRESS Box 1145 ADDRESS 901 W MAIN ST
BRIDGEPORT WV 26330 BRIDGEPORT WV 26330

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

WELL REGISTER ASSIGNMENT

This API Number 47-103-01557, issued to CHELSEA OIL & GAS, INC 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 RANDAL MICK
304-986-3324.

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: 1

Farm Name: ULLOM, I.

API Well Number : 47-103-01557 N

Date Issued : 01/03/94