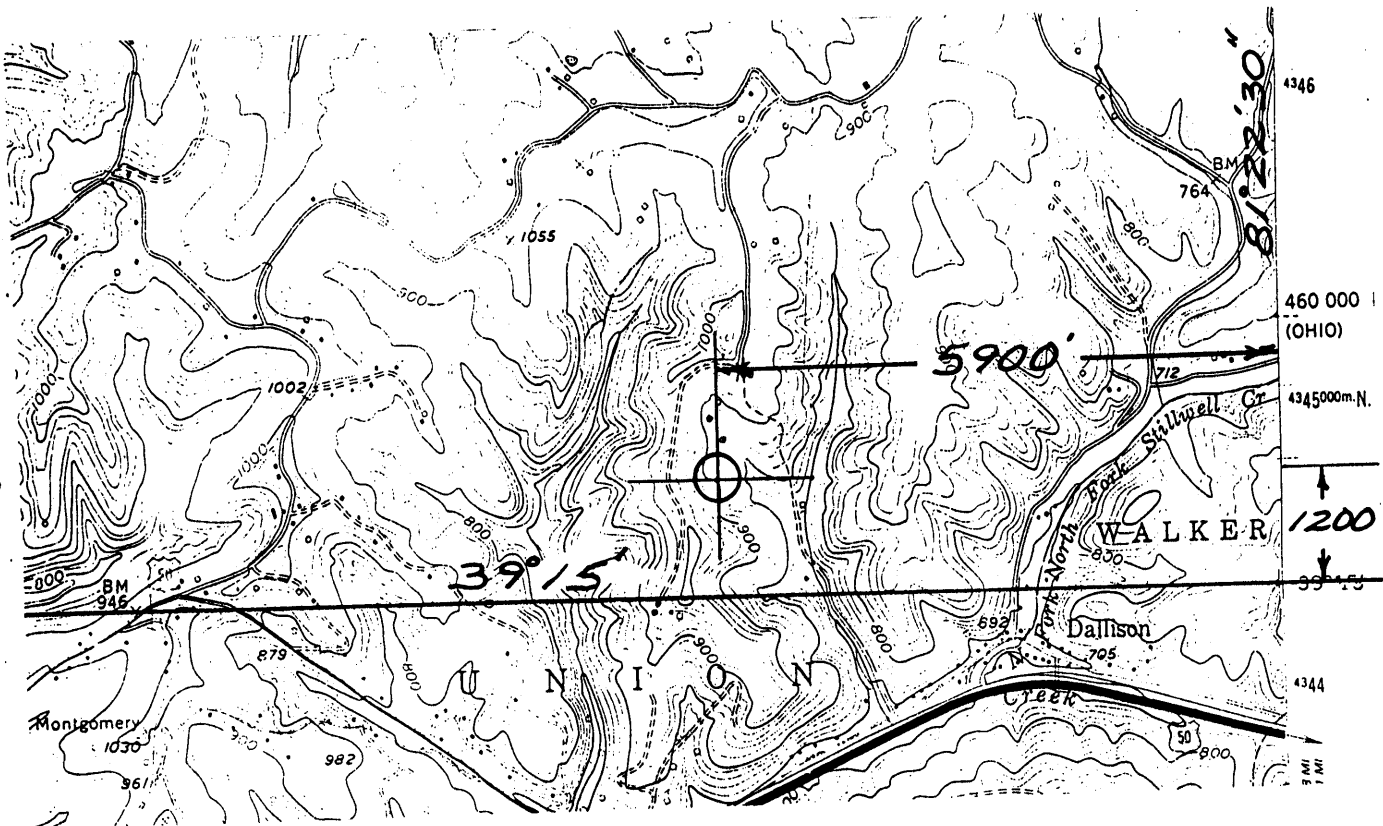


INSTRUCTIONS

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 (+).

**RECEIVED**  
 Office of Oil & Gas  
 OCT 22 92  
 Division of Environmental Protection



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

SIGNED Howard H Elder  
 DEB H H Elder & Son  
 TITLE Owner

16716  
 2.645 39 17 30  
 1.120 81 22 30

DATE Sept 30, 1992  
 OPERATORS WELL NO. Sarah Makin #3  
 API WELL NO. 107-1514-N

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 890' WATER SHED Jones Run  
 DISTRICT Union COUNTY Wood  
 QUADRANGLE \_\_\_\_\_

SURFACE OWNER John Anderson ACREAGE 33 1/2  
 OIL & GAS ROYALTY OWNER Nellie E Miller ETAL - Atty LEASE ACREAGE 33 1/2  
 LEASE NO. 84 P 215

PRODUCING FORMATION Cow Run TOTAL DEPTH 1075

WELL OPERATOR H H Elder & Son DESIGNATED AGENT Howard G Elder

ADDRESS RT 1, Box 257, Cairo, WV 26337 ADDRESS Rt 1, Box 257, Cairo, WV 26337

15380

Waller M. 115 9

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

WELL REGISTER ASSIGNMENT


This API Number 47-107-01514, issued to ELDER, H. H. & SON 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 GLEN P. ROBINSON - 304-863-8766.

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: SARAH MAKIN #3

Farm Name: ANDERSON, JOHN LAWRENCE

API Well Number : 47-107-01514 N

Date Issued : 01/22/93