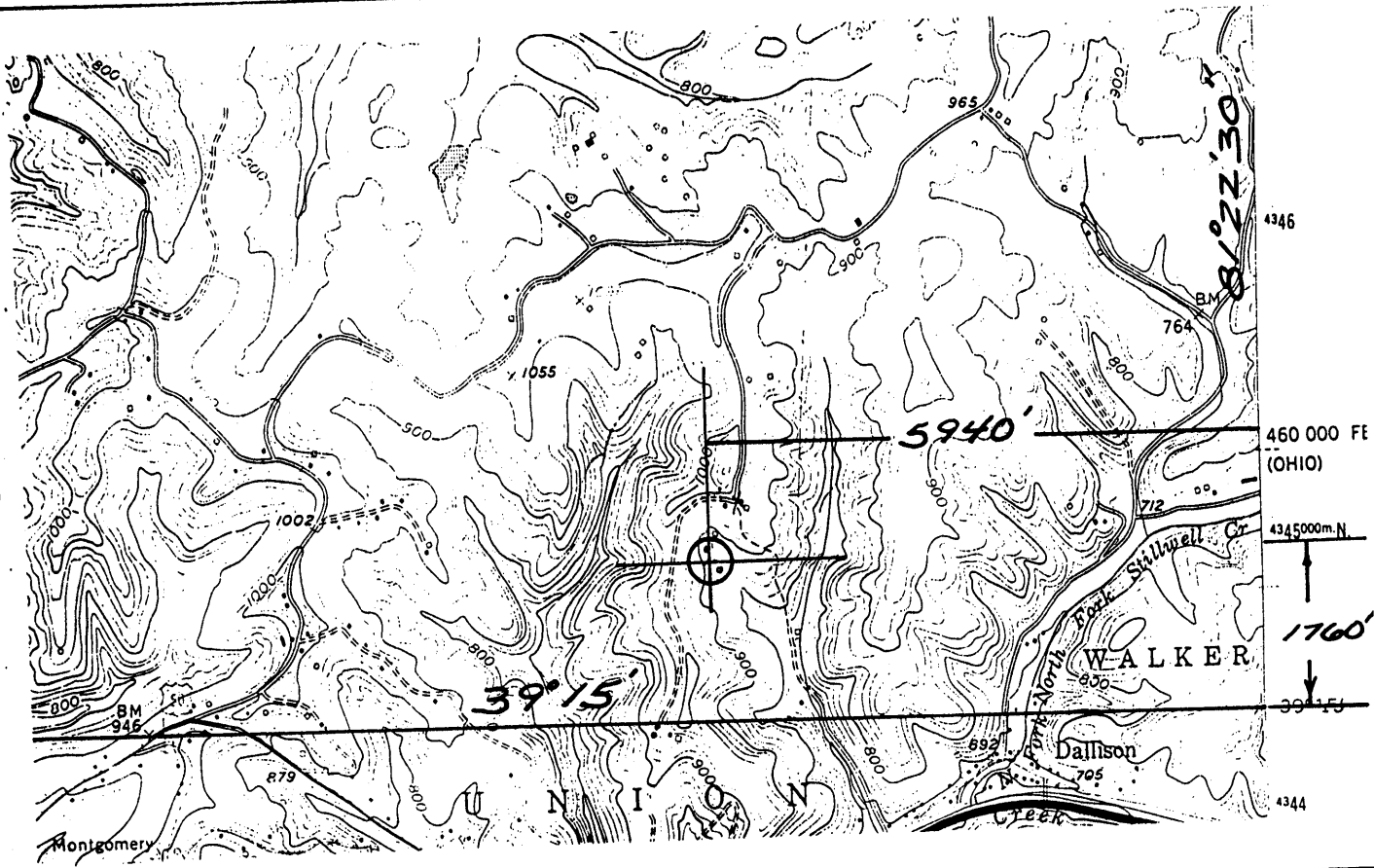


INSTRUCTIONS

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
 WV Division of
 Environmental Protection



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

SIGNED Howard G Elder
 DBA H H Elder & Son
 TITLE Owner

16717

2.58s 39 17 30
 1.09w 89 22 30

DATE Sept 30, 19 92

OPERATORS WELL NO. Sarah Makin #4

API WELL NO. 107-1515-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 870' 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 LEASE ACREAGE 33 1/2
 LEASE NO. 84 P 160

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

1538°

SEP 8 1992

Walker Mills 9

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

WELL REGISTER ASSIGNMENT

This API Number 47-107-01515, 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 #4

Farm Name: ANDERSON, JOHN LAWRENCE

API Well Number : 47-107-01515 N

Date Issued : 01/22/93