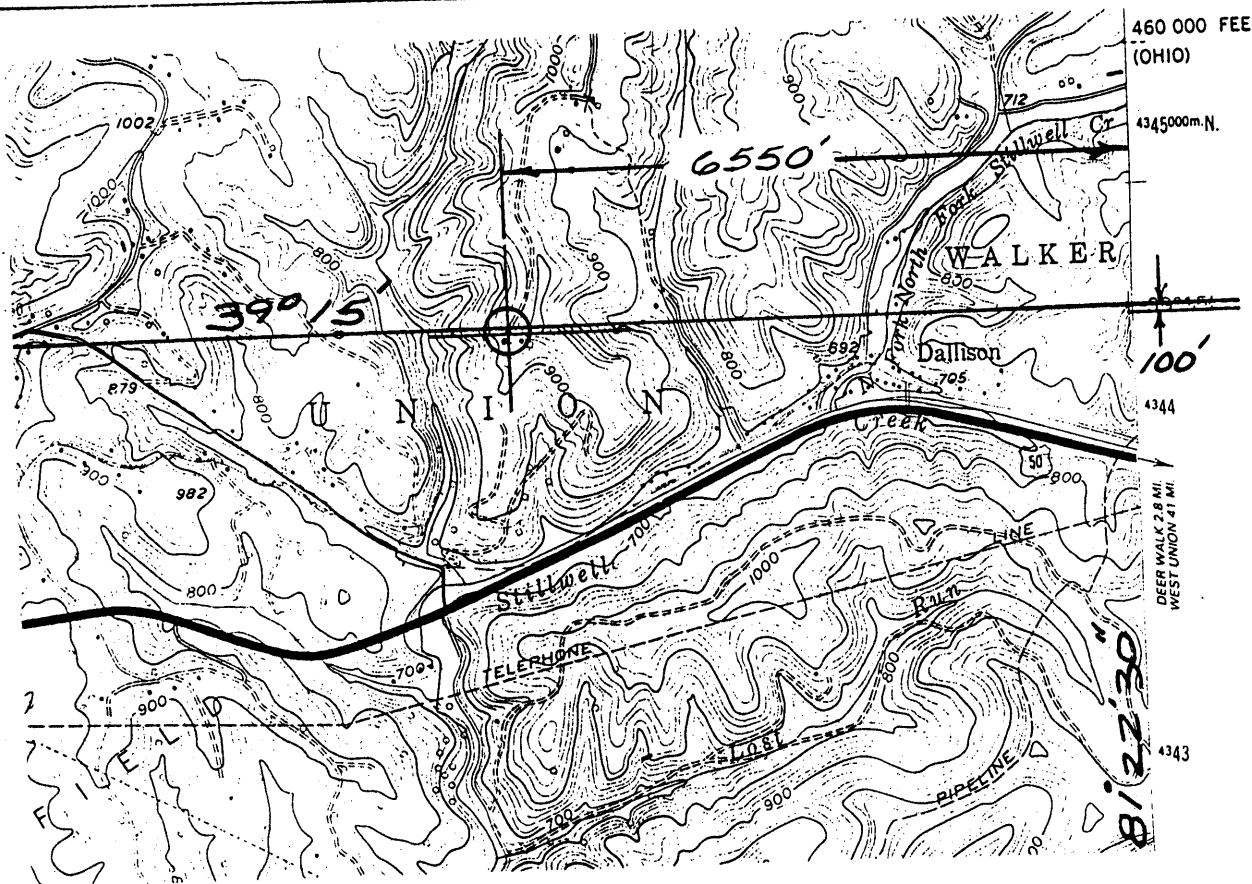


INSTRUCTIONS

- 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 H Elder
dba H H Elder & Son
TITLE Owner

16719

2.86S 39 17 30
1.24W 81 22 30

DATE Sept 30, 19 92
OPERATORS WELL NO. S J West #2
API WELL NO. 107-1517-N

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
OIL AND GAS DIVISION

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

LOCATION: ELEVATION 950' WATER SHED Stillwell Creek
DISTRICT Union COUNTY Wood
QUADRANGLE _____

SURFACE OWNER Samuel Hammett ACREAGE 59
OIL & GAS ROYALTY OWNER Caskey, Hamilton, Manning, Norton, LEASE ACREAGE 59
LEASE NO. 154 P 23 Norton, Nicholson

PRODUCING FORMATION Cow Run TOTAL DEPTH 1000'

WELL OPERATOR H H Elder & Son DESIGNATED AGENT Howard G Elder
ADDRESS: Rt 1, Box 257 ADDRESS Rt 1, Box 257
Cairo, WV 26337 ADDRESS Cairo, WV 26337

1538°

Valley Mills 9

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

WELL REGISTER ASSIGNMENT

This API Number 47-107-01517, 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: S.J. WEST #2

Farm Name: HAMMETT, SAMUEL

API Well Number : 47-107-01517 N

Date Issued : 01/22/93