Pluggi	ing Permit
	_ WW-4B
	WW-4B signed by inspector
	WW-4A
	SURFACE OWNER WAIVER or PROOF THAT APPLICATION WAS SENT BY REGISTERED OR CERITFIED MAIL
	COAL OWNER/COAL OPERATOR/COAL LESSEE WAIVERS or PROOF THAT APPLICATION WAS SENT BY REGISTERED OR CERTIFIED MAIL
	WW-9 PAGE 1 (NOTARIZED)
	WW-9 PAGE 2 with attached drawing of road, location, pit and proposed area for land application
	WW-9 GPP PAGE 1 and 2 if well effluent will be land applied
	RECENT MYLAR PLAT OR WW-7
	WELL RECORDS/COMPLETION REPORT
	TOPOGRAPHIC MAP OF WELL, SHOWING PIT IF PIT IS USED
	MUST HAVE VALID BOND IN OPERATOR'S NAME
	CHECK FOR \$100 IF PIT IS USED

WW-4A Revised 6-07

1)	Date:
2)	Operator's Well Number
-/	• F
3)	API Well No.: 47 -

STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS NOTICE 0F APPLICATION TO PLUG AND ABANDON A WELL

4) Surface Owner(s) to be served: (a) Name Address	5) (a) Coal Operator Name Address
/1 \ N T	(b) Coal Owner(s) with Declaration Name Address
(c) Name Address	Name Address
Address	(c) Coal Lessee with Declaration Name Address
 The application to Plug and well its and the plugging wor The plat (surveyor's map) sh The reason you received these documents to take and the required to the require	ats is that you have rights regarding the application which are summarized in the instructions on the reverses side. It is that you have rights regarding the application which are summarized in the instructions on the reverses side. It is wastion at all. The West Virginia Code, the undersigned well operator proposes to file or has filed this Notice and Application and to plug and abandon a well with the Chief of the Office of Oil and Gas, West Virginia Department of Environmental the location described on the attached Application and depicted on the attached Form WW-6. Copies of this Notice, in mailed by registered or certified mail or delivered by hand to the person(s) named above (or by publication in
	Well Operator By: Its: Address
	Telephone
Subscribed and sworn before me th	s day of Notary Public
My Commission Expires	

Oil and Gas Privacy Notice

The Office of Oil and Gas processes your personal information, such as name, address and phone number, as a part of our regulatory duties. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. Our office will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact DEP's Chief Privacy Officer at depprivacyoffier@wv.gov.

WW-4BRev. 2/01

1)Date		20
2)Operator's		
Well No		
3)API Well N	o. <u>47</u>	

STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION OFFICE OF OIL AND GAS

	APPLICATION FOR A PERI	MIT TO PLUG AND ABA	NDON
4)	Well Type: Oil/ Gas/ Liquid (If "Gas, Production or Und		
	(II Gas, Production or one	derground storage _	/ Deep/ Shallow
5)	Location: Elevation	Watershed	
	District	County	Quadrangle
6)	Well Operator	7)Designated Agen	t
	Address		s
8)	Oil and Gas Inspector to be notified	9)Plugging Contra	ctor
	Name	Name	
	Address	Address	
	fication must be given to the district of can commence.	il and gas inspecto	r 24 hours before permitted
Work	order approved by inspector		Date

SURFACE OWNER WAIVER

Operator's Well	
Number	

INSTRUCTIONS TO SURFACE OWNERS NAMED ON PAGE WW4-A

The well operator named on page WW-4A is applying for a permit from the State to plug and abandon a well. (Note: If the surface tract is owned by more than three persons, then these materials were served on you because your name appeared on the Sheriff's tax ticket on the land or because you actually occupy the surface tract. In either case, you may be the only owner who will actually receive these materials.) See Chapter 22 of the West Virginia Code. Well work permits are valid for 24 months. If you do not own any interest in the surface tract, please forward these materials to the true owner immediately if you know who it is. Also, please notify the well operator and the Office of Oil and Gas.

NOTE: YOU ARE NOT REQUIRED TO FILE ANY COMMENT. WHERE TO FILE COMMENTS AND OBTAIN ADDITIONAL INFORMATION:

Chief, Office of Oil and Gas Department of Environmental Protection 601 57th St. SE Charleston, WV 25304 (304) 926-0450

Time Limits and methods for filing comments. The law requires these materials to be served on or before the date the operator files his Application. You have FIVE (5) DAYS after the filing date to file your comments. Comments must be filed in person or received in the mail by the Chief's office by the time stated above. You may call the Chief's office to be sure of the date. Check with your postmaster to ensure adequate delivery time or to arrange special expedited handling. If you have been contacted by the well operator and you have signed a "voluntary statement of no objection" to the planned work described in these materials, then the permit may be issued at any time.

<u>Comments must be in writing.</u> Your comments must include your name, address and telephone number, the well operator's name and well number and the approximate location of the proposed well site including district and county from the application. You may add other documents, such as sketches, maps or photographs to support your comments.

The Chief has the power to deny or condition a well work permit based on comments on the following grounds:

- 1) The proposed well work will constitute a hazard to the safety of persons.
- 2) The soil erosion and sediment control plan is not adequate or effective;
- 3) Damage would occur to publicly owned lands or resources;
- 4) The proposed well work fails to protect fresh water sources or supplies;
- 5) The applicant has committed a substantial violation of a previous permit or a substantial violation of one or more of the rules promulgated under Chapter 22, and has failed to abate or seek review of the violation...".

If you want a copy of the permit as it is issued or a copy of the order denying the permit, you should request a copy from the Chief.

VOLUNTARY STATEMENT OF NO OBJECTION

I hereby state that I have read the instructions to surface owners and that I have received copies of a Notice and Application For A Permit To Plug And Abandon on Forms WW-4A and WW-4B, and a survey plat.

I further state that I have	•	e planned wor	rk described in these m	aterials, and I have no
objection to a permit being issued of	on those materials.			
FOR EXECUTION BY A NATURAL PERSON			FOR EXECUTION	BY A CORPORATION,
ETC.				
	Date	Name		
Signature		Ву		
_		Its		Date
			Signature	Date

W	W	-4	R

API No.	
Farm Name	
Well No.	

INSTRUCTIONS TO COAL OPERATORS OWNERS AND LESSEE

The well operator named on the obverse side of WW-4 (B) is about to abandon the well described in the enclosed materials and will commence the work of plugging and abandoning said well on the date the inspector is notified. Which date shall not be less then five days after the day on which this notice and application so mailed is received, or in due course should be received by the Department of Environmental Protection Office of Oil & Gas.

This notice and application is given to you in order that your respective representatives may be present at the plugging and filling of said well. You are further notified that whether you are represented or not the operator will proceed to plug and fill said well in the manner required by Section 24, Article 6, Chapter 22 of the Code and given in detail on obverse side of this application.

NOTE: If you wish this well to be plugged according to 22-6-24(d) then as per Regulation 35CSR4-13.9 you must complete and return to this office on form OB-16 "Request by Coal Operator, Owner, or Lessee for plugging" prior to the issuance of this plugging permit.

	WAIVER
has examined this proposed plugging wor	/ owner/ lessee/ of the coal under this well location k order. The undersigned has no objection to the work proposed to be operator has complied with all applicable requirements of the West ns.
Date:	
	By:
	T.

API Number	47	
Operator's W	ell No	

STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION OFFICE OF OIL AND GAS

FLUIDS/ CUTTINGS DISPOSAL & RECLAMATION PLAN

Operator Name	OP Code	
Watershed (HUC 10) Quadrangle		
Do you anticipate using more than 5,000 bbls of water to comp	plete the proposed well work? Yes No	
Will a pit be used? Yes No		
If so, please describe anticipated pit waste:		
Will a synthetic liner be used in the pit? Yes	No If so, what ml.?	
Proposed Disposal Method For Treated Pit Wastes:		
Reuse (at API NumberOff Site Disposal (Supply form W	it Number)	
Will closed loop systembe used? If so, describe:		
Drilling medium anticipated for this well (vertical and horizon	tal)? Air, freshwater, oil based, etc.	
-If oil based, what type? Synthetic, petroleum, etc		
Additives to be used in drilling medium?		
Drill cuttings disposal method? Leave in pit, landfill, removed	l offsite, etc	
-If left in pit and plan to solidify what medium will be	e used? (cement, lime, sawdust)	
-Landfill or offsite name/permit number?		
	Gas of any load of drill cuttings or associated waste rejected at any d within 24 hours of rejection and the permittee shall also disclose	
on April 1, 2016, by the Office of Oil and Gas of the West Vi provisions of the permit are enforceable by law. Violations of or regulation can lead to enforcement action. I certify under penalty of law that I have personall application form and all attachments thereto and that, based on	conditions of the GENERAL WATER POLLUTION PERMIT issued reginia Department of Environmental Protection. I understand that the any term or condition of the general permit and/or other applicable law by examined and am familiar with the information submitted on this amy inquiry of those individuals immediately responsible for obtaining ate, and complete. I am aware that there are significant penalties for or imprisonment.	
Company Official Signature		
Company Official (Typed Name)		
Company Official Title		
Subscribed and sworn before me thisday of	, 20	
	Notary Public	

My commission expires_____

Operator's	Well No.	
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osed Revegetation Trea	tment: Acres Disturbed	Preveg etation pI	· I
Lime	Tons/acre or to correct to pH		
Fertilizer type			
Fertilizer amount	lbs/a	cre	
Mulch	Tons/acre	2	
	Seed M	<u>lixtures</u>	
Temporary		Permanent	
Seed Type	lbs/acre	Seed Type	lbs/acre
ch: s(s) of road, location, pi ided). If water from the V), and area in acres, of	it and proposed area for land application pit will be land applied, provide water the land application area.	on (unless engineered plans includ	ling this info have been
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API Number 47	
Operator's Well No	

STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION OFFICE OF OIL AND GAS GROUNDWATER PROTECTION PLAN

Oŗ	perator Name:
W	atershed (HUC 10): Quad:
Fa	rm Name:
1. Г	List the procedures used for the treatment and discharge of fluids. Include a list of all operations that could contaminate the groundwater.
2.	Describe procedures and equipment used to protect groundwater quality from the list of potential contaminant sources above.
3.	List the closest water body, distance to closest water body, and distance from closest Well Head Protection Area to the discharge area.
4. _	Summarize all activities at your facility that are already regulated for groundwater protection.

5. Discuss any existing groundwater quality data for your facility or an adjacent property.

WW-9- GPP	Page of
Rev. 5/16	API Number 47
	Operator's Well No
6. Provide a statement that no waste material will be used	for deicing or fill material on the property.
7. Describe the groundwater protection instruction and t	raining to be provided to the employees. Job procedures shall
provide direction on how to prevent groundwater conta	amination.
8. Provide provisions and frequency for inspections of all	GPP elements and equipment
s. The vide provisions and nequency for inspections of an	torr elements and equipment.
Signature:	
Date:	



West Virginia Department of Environmental Protection Office of Oil and Gas WELL LOCATION FORM: GPS

API: WELL NO .:

(AI I •	· · · · · · · · · · · · · · · · · · ·
FARM NAME:	
RESPONSIBLE PARTY NAME:	
COUNTY:	DISTRICT:
QUADRANGLE:	
SURFACE OWNER:	
ROYALTY OWNER:	
UTM GPS NORTHING:	
UTM GPS EASTING:	GPS ELEVATION:
*	s chosen to submit GPS coordinates in lieu of

preparing a new well location plat for a plugging permit or assigned API number on the above well. The Office of Oil and Gas will not accept GPS coordinates that do not meet the following requirements:

- 1. Datum: NAD 1983, Zone: 17 North, Coordinate Units: meters, Altitude: height above mean sea level (MSL) – meters. 2. Accuracy to Datum – 3.05 meters Data Collection Method: Survey grade GPS ____: Post Processed Differential _____ Real-Time Differential _____ Mapping Grade GPS ____: Post Processed Differential _____ Real-Time Differential _____
- 4. Letter size copy of the topography map showing the well location. I the undersigned, hereby certify this data is correct to the best of my knowledge and belief and shows all the information required by law and the regulations issued and prescribed by the Office of Oil and Gas.

Signature	Title	Date