

#### west virginia department of environmental protection

Office of Oil and Gas 601 57<sup>th</sup> Street, S.E. Charleston, WV 25304 (304) 926-0450 fax: (304) 926-0452

Austin Caperton, Cabinet Secretary www.dep.wv.gov

Friday, May 18, 2018 WELL WORK PERMIT Horizontal 6A / New Drill

XTO ENERGY, INC. 810 HOUSTON STREET

FORT WORTH, TX 76102

Permit approval for ICE SOUTH UNIT 10H Re: 47-033-05913-00-00

This well work permit is evidence of permission granted to perform the specified well work at the location described on the attached pages and located on the attached plat, subject to the provisions of Chapter 22 of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder, and to any additional specific conditions and provisions outlined in the pages attached hereto. Notification shall be given by the operator to the Oil and Gas Inspector at least 24 hours prior to the construction of roads, locations, and/or pits for any permitted work. In addition, the well operator shall notify the same inspector 24 hours before any actual well work is commenced and prior to running and cementing casing. Spills or emergency discharges must be promptly reported by the operator to 1-800-642-3074 and to the Oil and Gas Inspector.

Please be advised that form WR-35, Well Operators Report of Well Work is to be submitted to this office within 90 days of completion of permitted well work, as should form WR-34 Discharge Monitoring Report within 30 days of discharge of pits, if applicable. Failure to abide by all statutory and regulatory provisions governing all duties and operations hereunder may result in suspension or revocation of this permit and, in addition, may result in civil and/or criminal penalties being imposed upon the operators.

Per 35 CSR 4-5.2.g this permit will expire in two (2) years from the issue date unless permitted well work is commenced. If there are any questions, please feel free to contact me at (304) 926-0450.

James A. Martin

Chief

Operator's Well Number: ICE SOUTH UNIT 10H Farm Name: XTO ENERGY INC

U.S. WELL NUMBER: 47-033-05913-00-00

Horizontal 6A New Drill

Date Issued: 5/18/2018

| API Number: |  |
|-------------|--|
|             |  |

# PERMIT CONDITIONS 4703305913

West Virginia Code § 22-6A-8(d) allows the Office of Oil and Gas to place specific conditions upon this permit. Permit conditions have the same effect as law. Failure to adhere to the specified permit conditions may result in enforcement action.

## **CONDITIONS**

- This proposed activity may require permit coverage from the United States Army Corps of Engineers
  (USACE). Through this permit, you are hereby being advised to consult with USACE regarding this proposed
  activity.
- 2. If the operator encounters an unanticipated void, or an anticipated void at an unanticipated depth, the operator shall notify the inspector within 24 hours. Modifications to the casing program may be necessary to comply with W. Va. Code § 22-6A-5a (12), which requires drilling to a minimum depth of thirty feet below the bottom of the void, and installing a minimum of twenty (20) feet of casing. Under no circumstance should the operator drill more than one hundred (100) feet below the bottom of the void or install less than twenty (20) feet of casing below the bottom of the void.
- 3. When compacting fills, each lift before compaction shall not be more than 12 inches in height, and the moisture content of the fill material shall be within limits as determined by the Standard Proctor Density test of the actual soils used in specific engineered fill, ASTM D698, Standard Test Method for Laboratory Compaction Characteristics of Soil Using Standard Effort, to achieve 95 % compaction of the optimum density. Each lift shall be tested for compaction, with a minimum of two tests per lift per acre of fill. All test results shall be maintained on site and available for review.
- 4. Operator shall install signage per § 22-6A-8g (6) (B) at all source water locations included in their approved water management plan within 24 hours of water management plan activation.
- 5. Oil and gas water supply wells will be registered with the Office of Oil and Gas and all such wells will be constructed and plugged in accordance with the standards of the Bureau for Public Health set forth in its Legislative rule entitled *Water Well Regulations*, 64 C.S.R. 19. Operator is to contact the Bureau of Public Health regarding permit requirements. In lieu of plugging, the operator may transfer the well to the surface owner upon agreement of the parties. All drinking water wells within fifteen hundred feet of the water supply supply well.
- 6. Pursuant to the requirements pertaining to the sampling of domestic water supply wells/springs the operator shall, no later than thirty (30) days after receipt of analytical data provide a written copy to the Chief and any of the users who may have requested such analyses.
- 7. 24 hours prior to the initiation of the completion process the operator shall notify the Chief or his designee.
- 8. During the completion process the operator shall monitor annular pressures and report any anomaly noticed to the chief or his designee immediately.
- 9. If any explosion or other accident causing loss of life or serious personal injury occurs in or about a well or well work on a well, the well operator or its contractor shall give notice, stating the particulars of the explosion or accident, to the oil and gas inspector and the Chief, within 24 hours of said accident.
- 10. During the casing and cementing process, in the event cement does not return to the surface, the oil and gas inspector shall be notified within 24 hours.

| API Num | per: |
|---------|------|
|---------|------|

## PERMIT CONDITIONS 4703305913

11. The operator shall provide to the Office of Oil and Gas the dates of each of the following within 30 days of their occurrence: completion of construction of the well pad, commencement of drilling, cessation of drilling, completion of any other permitted well work, and completion of the well. Such notice shall be provided by sending an email to DEPOOGNotify@wv.gov.

| WW-6B   |  |
|---------|--|
| (04/15) |  |

| API NO. 47     |        |                    |
|----------------|--------|--------------------|
| OPERATOR WELL  | NO.    | Ico South Unit 10H |
| Well Pad Name: | ice Pa | d                  |

# STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION. OFFICE OF OIL AND GAS WELL WORK PERMIT APPLICATION

| I) Well Operat                    | or: XTO E     | nergy Inc.       |             | 494487940                                 | Harrison                              | Clay             | Shinnston       |
|-----------------------------------|---------------|------------------|-------------|-------------------------------------------|---------------------------------------|------------------|-----------------|
| · •                               |               |                  | ·           | Operator ID                               | County                                | District         | Quadrangle      |
| 2) Operator's V                   | Vell Numbe    | r: Ice South     | Unit 10H    | Well Pad                                  | Name: Ice Pa                          | ad               |                 |
| 3) Farm Name/                     | Surface Ow    | mer: XTO E       | nergy Inc.  | Public Road                               | d Access: CR                          | 8/6 (Nutte       | r Run)          |
| 4) Elevation, c                   | urrent groun  | d: <u>1,352'</u> | Ele         | evation, proposed p                       | post-construction                     | on: <u>1,364</u> |                 |
| 5) Well Type                      | (a) Gas       | X                | _ Oil       | Unde                                      | rground Storag                        | ge               |                 |
|                                   | Other         |                  |             |                                           |                                       |                  |                 |
|                                   | (b)If Gas     | Shallow          | <u>x</u>    | Deep                                      |                                       |                  |                 |
| 0.01.1.                           |               | Horizontal       | <u>x</u>    |                                           |                                       |                  |                 |
| 6) Existing Pac                   |               |                  |             |                                           |                                       |                  |                 |
|                                   | •             |                  | • •         | pated Thickness at<br>, Anticipated Thick | •                                     | • •              | sure: 4,650 psi |
| 8) Proposed To                    | otal Vertical | Depth: 7,4       | 98'         |                                           |                                       |                  |                 |
| 9) Formation a                    | t Total Vert  | ical Depth:      | Marcellus   |                                           | · · · · · · · · · · · · · · · · · · · |                  |                 |
| 10) Proposed T                    | otal Measu    | red Depth:       | 17,914      | ·                                         |                                       |                  |                 |
| l 1) Proposed I                   | Iorizontal L  | eg Length:       | 10,021      |                                           |                                       |                  |                 |
| l 2) Approxima                    | ate Fresh Wa  | ater Strata De   | epths:      | 115', 250'                                |                                       |                  |                 |
| 13) Method to                     | Determine I   | Fresh Water I    | Depths:     | Offsetting Reports                        |                                       |                  |                 |
| l4) Approxima                     | ite Saltwatei | Depths: 1        | 200'        |                                           |                                       |                  |                 |
| 15) Approxima                     | ite Coal Sea  | m Depths: 3      | 390', 490'  |                                           |                                       |                  |                 |
| l 6) Approxima                    | ite Depth to  | Possible Vo      | id (coal mi | ne, karst, other): _                      | 480'-490'                             |                  |                 |
| 17) Does Propo<br>directly overly |               |                  |             | ns<br>Yes                                 | No                                    | <u>x</u>         |                 |
| (a) If Yes, pro                   | ovide Mine    | Info: Name       | ::          |                                           |                                       |                  |                 |
| -                                 |               | Depti            | 1:          |                                           |                                       |                  |                 |
|                                   |               | Seam             | :           |                                           |                                       |                  |                 |
|                                   |               | Owne             | er:         |                                           |                                       |                  |                 |
|                                   |               |                  |             |                                           |                                       |                  |                 |



#### west virginia department of environmental protection

Office of Oil and Gas 601 57th Street, S.E. Charleston, WV 25304 (304) 926-0450 Fax: (304) 926-0452 Austin Caperton, Cabinet Secretary dep.wv.gov

# ORDER ISSUED UNDER WEST VIRGINIA CODE, CHAPTER 22, ARTICLE 6A

TO: XTO Energy, Inc. 810 Houston Street Fort Worth, TX 76102 DATE: May 15, 2018 ORDER NO.: 2018-W-1

### INTRODUCTION

This Order (hereinafter "Order") is issued by the Office of Oil and Gas (hereinafter "OOG"), by and through its Chief, pursuant to the authority of W. Va. Code §§ 22-1-1, 22-6-1 and 22-6A-1 et seq. to XTO Energy, Inc. (hereinafter "XTO" or "Operator"), collectively the "Parties."

#### FINDINGS OF THE CHIEF

In support of this Order, the Chief hereby finds the following:

- 1. OOG, an office within the West Virginia Department of Environmental Protection, is the agency with the duty and authority to execute and enforce W. Va. Code §22-6-1 and §22-6A-1 et seq., and the rules and regulations promulgated thereunder.
- 2. XTO is a "person" as defined by W. Va. Code §22-6-1(n), with a corporate address as 810 Houston Street, Fort Worth, Texas 76102
- 3. On May 19, 2017, XTO submitted a well work permit application identified as API# 47-033-05898. Then on November 1, 2017 and January 10, 2018, XTO Energy, Inc. also submitted well work permit applications identified as API#s 47-033-05913 and 47-033-05919. The three proposed wells are to be located on the Ice Pad in Clay District of Harrison County, West Virginia.
- 4. On May 19, 2017, XTO requested a waiver for Wetlands A and B outlined in Attachment 1, from well location restriction requirements in W. Va. Code §22-6A-12(b) for the well work permit applications identified as API#s 47-033-05898, 47-033-05913 and 47-033-05919.

#### **CONCLUSIONS OF LAW**

- 1. West Virginia Code §22-1-6(d) requires, in part, that "in addition to other powers, duties and responsibilities granted and assigned to the secretary by this chapter, the secretary is authorized and empowered to...(3) Enter private lands to make surveys and inspections for environmental protection purposes; to investigate for violations of statutes or rules which the Office of Oil and Gas is charged with enforcing; to serve and execute warrants and processes; to make arrests; issue orders, which for the purposes of this chapter include consent agreements; and to otherwise enforce the statutes or rules which the Office of Oil and Gas is charged with enforcing."
- 2. West Virginia Code §22-6A-2(a)(6) requires, in part, that "Concomitant with the broad powers to condition the issuance of well work permits, the secretary should also have broad authority to waive certain minimum requirements of this article when, in his or her discretion, such waiver is appropriate: *Provided*, That the secretary shall submit a written report of the number of waivers granted to the Legislature commencing January 1, 2013, and each year thereafter."
- 3. West Virginia Code §22-6A-12(b) requires, in part, that "no well pad may be prepared or well drilled within one hundred feet measured horizontally from any perennial stream, natural or artificial lake, pond or reservoir, or a wetland, or within three hundred feet of a naturally reproducing trout stream. No well pad may be located within one thousand feet of a surface or ground water intake of a public water supply. The distance from the public water supply as identified by the Office of Oil and Gas shall be measured as follows: (1) For a surface water intake on a lake or reservoir, the distance shall be measured from the boundary of the lake or reservoir. (2) For a surface water intake on a flowing stream, the distance shall be measured from a semicircular radius extending upstream of the surface water intake. (3) For a groundwater source, the distance shall be measured from the wellhead or spring. The Office of Oil and Gas may, in its discretion, waive these distance restrictions upon submission of a plan identifying sufficient measures, facilities or practices to be employed during well site construction, drilling and operations to protect the waters of the state. A waiver, if granted, shall impose any permit conditions as the secretary considers necessary."

#### **ORDER**

West Virginia Code §22-6A-12(b) requires, in part, that "no well pad may be prepared or well drilled within one hundred feet measured horizontally from any perennial stream, natural or artificial lake, pond or reservoir, or a wetland. The Office of Oil and Gas grants the request for a waiver for Wetlands A and B from well location restriction requirements in W. Va. Code §22-6A-12(b) for the well work permit applications identified as API#s 47-033-05898, 47-033-05913 and 47-033-05919. The Office of Oil and Gas hereby **ORDERS** that XTO shall meet the following site construction and operational requirements for the Ice Well Pad:

- a. A berm shall be constructed around the perimeter of the pad to contain any potential spills and storm water runoff. Berm is to be at least twenty-four inches (24") in height;
- b. Erosion control blankets shall be installed on all slopes and down gradient locations of the pad as erosion and sediment controlling BMPs;
- c. Wetland A is not at risk sedimentation due to its location upslope of the well pad.
- d. Wetland B shall be protected by the berm constructed around the pad but due to its location across the slope from the pad it is unlikely to be at risk for sedimentation or impact. Extra care shall be provided during construction to ensure no impact to the wetland shall occur.
- e. Disturbed areas not used for operations shall be seeded and mulched per the seeding tables in the WVDEP-OOG Erosion and Sediment Control Manual;
- f. Drill cuttings and associated drilling mud shall be disposed of in a permitted landfill;
- g. Waste generated by the flowback treatment systems shall be sent to offsite disposal at a permitted landfill;
- h. Weekly site inspections shall be conducted to monitor and maintain the integrity of the BMP storm water controls;
- i. Weekly storm water and spill prevention inspections shall be conducted focusing on storm water and spill prevention BMPs and maintenance of these BMPs;
- j. Inspections of the storm water and spill prevention measures shall be conducted after any major storm event defined as a half inch (½") rain within any twenty-four (24) hour period;
- k. Pad inspections shall be conducted no less than once a week to identify and mitigate potential deficiencies;
- 1. All records from inspections shall be maintained on site for the life of the project and be available upon request.

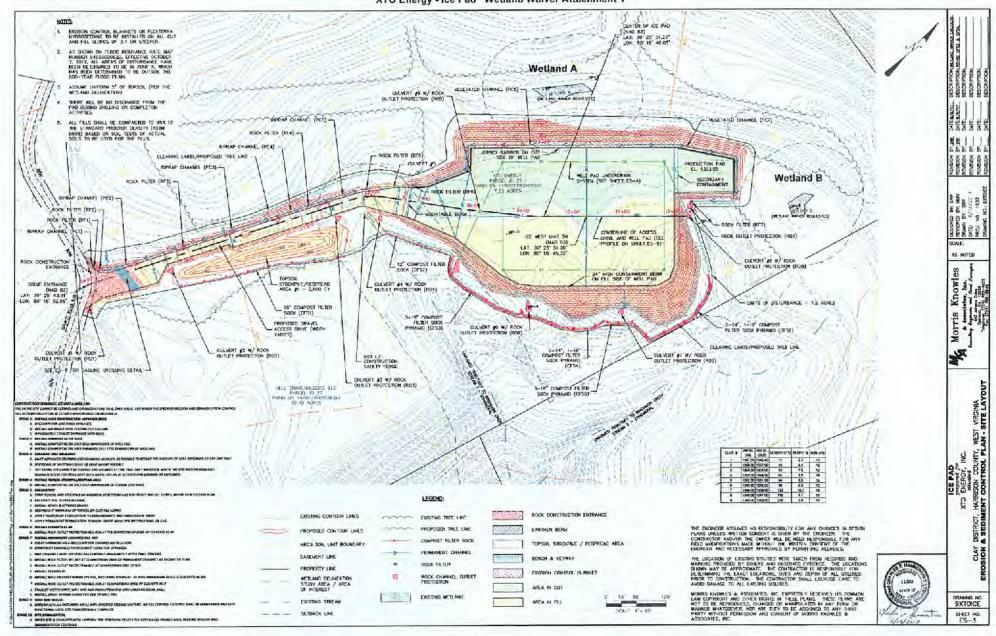
Thus ORDERED, the 15th day of May, 2018.

## IN THE NAME OF THE STATE OF WEST VIRGINIA:

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

By: A MARTIN CHIE

#### XTO Energy - Ice Pad Wetland Waiver Attachment 1



WW-6B (04/15)

| API NO. 47              |                    |
|-------------------------|--------------------|
| <b>OPERATOR WELL NO</b> | Ice South Unit 10H |
| Well Pad Name: Ice P    | ad                 |

## 18)

## CASING AND TUBING PROGRAM

| ТҮРЕ         | Size<br>(in) | New<br>or<br>Used | Grade | Weight per ft. (lb/ft) | FOOTAGE: For<br>Drilling (ft) | INTERVALS:<br>Left in Well<br>(ft) | CEMENT:<br>Fill-up<br>(Cu. Ft.)/CTS |
|--------------|--------------|-------------------|-------|------------------------|-------------------------------|------------------------------------|-------------------------------------|
| Conductor    | 24           | New               | PE&B  | 95                     | 40                            | 40                                 | 59 / CTS                            |
| Fresh Water  | 13.375       | New               | H40   | 48                     | 550                           | 550                                | 515 / CTS                           |
| Coal         |              |                   |       |                        |                               |                                    |                                     |
| Intermediate | 9.625        | New               | J55   | 36                     | 3,000                         | 3,000                              | 1,303 / CTS                         |
| Production   | 5.5          | New               | J55   | 20                     | 17,914                        | 17,914                             | 3,601 / 5,823                       |
| Tubing       |              |                   |       |                        |                               |                                    |                                     |
| Liners       |              |                   |       |                        |                               |                                    |                                     |

SDW 10/30/2017

| ТҮРЕ         | Size (in) | Wellbore<br>Diameter (in) | Wall<br>Thickness<br>(in) | Burst Pressure<br>(psi) | Anticipated Max. Internal Pressure (psi) | Cement<br>Type          | Cement Yield (cu. ft./k) |
|--------------|-----------|---------------------------|---------------------------|-------------------------|------------------------------------------|-------------------------|--------------------------|
| Conductor    | 24        | 28                        | 0.375                     | 940                     | 40                                       | Standard                | 1.19                     |
| Fresh Water  | 13.375    | 17.5                      | 0.33                      | 1,730                   | 470                                      | Standard                | 1.19                     |
| Coal         |           |                           |                           |                         |                                          |                         |                          |
| Intermediate | 9.625     | 12.25                     | 0.352                     | 3,520                   | 2,600                                    | Standard                | 1.19                     |
| Production   | 5.5       | 8.5                       | 0.361                     | 12,640                  | 6,100                                    | 50:50 PCZ /Class H Tall | 1.13 / 1.18              |
| Tubing       |           |                           |                           |                         |                                          |                         |                          |
| Liners       |           |                           |                           |                         |                                          |                         |                          |

## **PACKERS**

| Kind:       |  |  |
|-------------|--|--|
| Sizes:      |  |  |
| Depths Set: |  |  |

Page 2 of 3

RECEIVED Office of Oil and Gas

NOV - 1 2017

| WW-6B                                                                                                                                                                                                                                        | API NO. 47                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (10/14)                                                                                                                                                                                                                                      | OPERATOR WELL NO. loe South Unit 10H                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                              | Well Pad Name: Los Pad                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 19) Describe proposed well work, including the                                                                                                                                                                                               | drilling and plugging back of any pilot hole:                                                                                                                                                                                                                                                                                                                                                                               |
| Drill a new horizontal Marcellus well, utilizing and completion. Install new casing with cent                                                                                                                                                | synthetic mud and a closed loop system for both drilling tralizers.                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 20) Describe fracturing/stimulating methods in d                                                                                                                                                                                             | letail, including anticipated max pressure and max rate:                                                                                                                                                                                                                                                                                                                                                                    |
| 2. Sand / Proppant Stages - Several stages of rate. The highest pressure and rate anticipated 100 mesh to 30/50 mesh size. 12,500 bbls slid and 2,200 gals FR 133, 1,500 gals Bioplex 301 water stage to fill the wellbore to flush the sand | hydrochloric acid to clear the perforation path in the wellbore. If pumping water combined with sand at a targeted 80 bpm is 9,500 psig and 100 bpm. The sand size may vary from ick water with 220,000 lbs 40/70, 270,000 lbs 100 mesh sands if and 1,190 gals antiscale 30. 3. Flush Stage - Slickwater is from the wellbore. Depending on the water quality, a biocide it may be injected during the completion as well. |
| 21) Total Area to be disturbed, including roads, s                                                                                                                                                                                           | stockpile area, pits, etc., (acres): 10.4 +/-                                                                                                                                                                                                                                                                                                                                                                               |
| 22) Area to be disturbed for well pad only, less a                                                                                                                                                                                           | ccess road (acres): 3.4 +/-                                                                                                                                                                                                                                                                                                                                                                                                 |
| 23) Describe centralizer placement for each casin                                                                                                                                                                                            | ng string:                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Conductor: None Fresh Water: Every 3rd joint from shoe to surface Mine: Every 3rd joint from shoe to surface (if applicable                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                             |

## 24) Describe all cement additives associated with each cement type:

Production: Every 3rd joint from shoe to 1,000' above the kick-off point

Conductor: None

Fresh Water: Calcium Chloride and super flake Mine: Calcium Chloride and super flake (if applicable) Intermediate: Calcium Chloride and super flake

Intermediate: Every 3rd joint from shoe to surface

Production: Calcium Chloride, Bentonite, super flake, Air-Out, CR-1, FL-300, SEC10

## 25) Proposed borehole conditioning procedures:

Conductor: Hole is auger drilled: No conditioning required.

Fresh Water: Condition hole with air at TD until visibly clean, run casing, circulate and clear 1.5x pipe volume with fresh water before cementing.

Mine: Condition hole with air at TD until visibly clean, run casing, circulate and clear 1.5x pipe volume with water before cementing (if applicable).

Intermediate: Condition hole with air at TD until visibly clean, run casing, circulate and clear 1.5x pipe volume with water before cementing. Production: Circulate hole with synthetic based drilling fluid at TD (1 bottoms up for each 2,000' of lateral drilled). TOOH and circulate minimum of 1 bottoms up and until returns are minimal at the base of the curve. Run casing, circulate and ensure good returns before cementing.

\*Note: Attach additional sheets as needed.

Page 3 of 3

RECEIVED
Office of Oil and Gas

NOV - 1 2017

## Ice South Unit 10H - Mine Void Encounter Plan

Per communications with the WV Geology and Economic Survey there is a possible mine void in the Pittsburgh Coal seam under the Ice Pad in Harrison County, WV. In preparation for drilling through a mine void, we will nipple up an annular preventer to be able to handle any flow should the void actually be encountered. We expect it to come in around 480-490' TVD from GL. We plan to set 13 3/8" casing as a surface/coal protective string ~50' below the base of this void.

A cement basket will be run as close as possible to the top of the void.

A cement balance job will be performed to cement the shoe and the annulus below the mine if circulation cannot be established. A grout cement job will be performed on the annulus to cement above the mine.

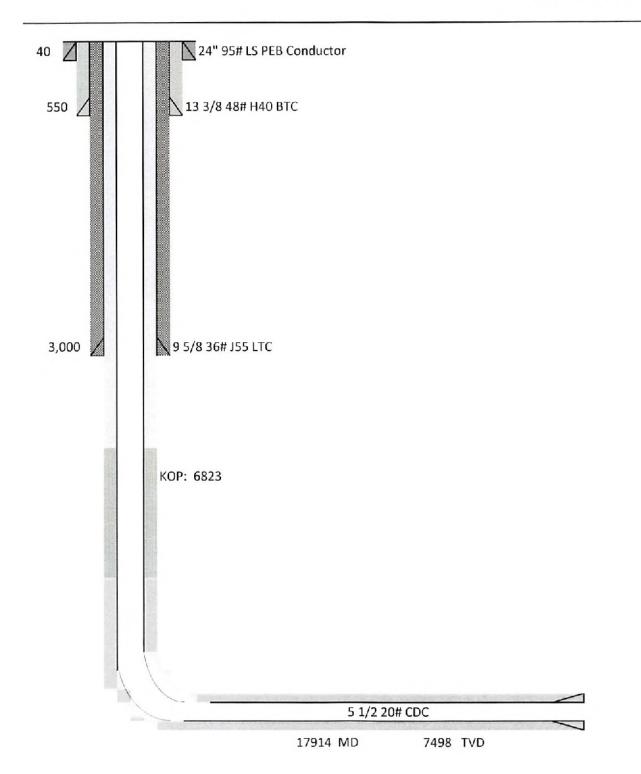
Once cemented in place, we will continue on with our normal casing design, which would be to set 95/8" intermediate casing at  $\sim 3,000$  ft.

Jake Coykendall XTO Energy Drilling Engineer 724-766-6968 Jacob\_coykendall@xtoenergy.com

> RECEIVED Office of Oil and Gas

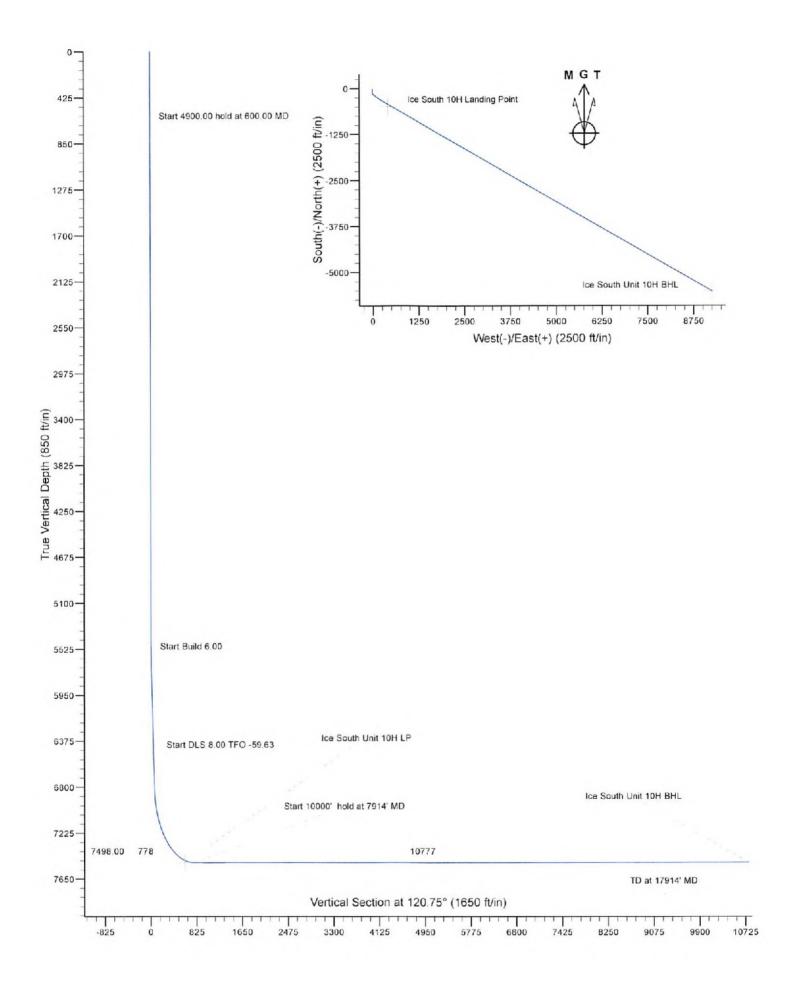
## Ice South 10H Marion County, West Virginia





RECEIVED
Office of Oil and Gas

NOV - 1 2017



Office of Oil and Gas

NOV - 1 2017

WV Department of Environmental Protection

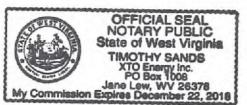
|                        |              |           |             | Ice South Unit 10H               | nit 10H     |                       |                 |                                                                            |
|------------------------|--------------|-----------|-------------|----------------------------------|-------------|-----------------------|-----------------|----------------------------------------------------------------------------|
|                        |              |           |             |                                  | Perforated  |                       | Producing Zones | Known or reasonably expected to penetrate a depth that could be within the |
| Operator               | API          | Elevation | Total Depth | Total Depth Producing Zones      | Depths      | Producing Zone Depths | Not Perforated  | range of the fracture propagation?                                         |
| Interstate Energy Inc. | 47-033-03784 | NA        | AN          | NA                               | AN          | NA                    | NA              | Never Drilled " 출                                                          |
| Waco Oil & Gas Co Inc. | 47-033-04605 | 1300      | 4209        | BD, BT, SL, FM, FS, 30', 50', BI | 1901 - 4161 | 1901 - 4161           | NA              | No Se                                  |
| Waco Oil & Gas Co Inc. | 47-033-04663 | 1191      | 4100        | BF, BA, SL, 4S, 5S, TF & FF      | 2120 - 4100 | 2120 - 4100           | NA              |                                                                            |
| Waco Oil & Gas Co Inc. | 47-033-04653 | 1159      | 4172        | BF, BA, 4S, 5S, TF, FF, BI       | 1661 - 4050 | 1661 - 4050           | NA              | I -                                                                        |
|                        |              |           |             |                                  |             |                       |                 | ٨                                                                          |
|                        |              |           |             |                                  |             |                       |                 | oith<br>VW<br>Oxiv                                                         |
|                        |              |           |             |                                  |             |                       |                 | <del>ш</del>                                                               |
|                        |              |           |             |                                  |             |                       |                 |                                                                            |
|                        |              |           |             |                                  |             |                       |                 |                                                                            |
|                        |              |           |             |                                  |             |                       |                 |                                                                            |

WW-9 (4/16)

API Number 47 - \_\_\_\_ - Operator's Well No, loe South Unit 10H

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

| FLUIDS/ CUTTINGS DISPOSAL & RECLAMATION PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Operator Name XTO Energy Inc. OP Code 494487940                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |
| Watershed (HUC 10) Lower West Fork River Quadrangle Shinnston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |
| Do you anticipate using more than 5,000 bbls of water to complete 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 20/2017                                                                                              |
| Land Application   Lol   Underground Injection (UIC Permit Number 4708509721, 4708505151, 3416729577, 3412                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 124086, 3412123995                                                                                   |
| Reuse (at API Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |
| Off Site Disposal (Supply form WW-9 for disposal location) Other (Explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |
| Will closed loop system be used? If so, describe: Depending on brend, system would entail 2 centrifuges & another cutting drying method: grinder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , drying shakers or verti-g mud.                                                                     |
| Drilling medium anticipated for this well (vertical and horizontal)? Air, freshwater, oil based, etc. Air/water to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | /100', then switch to synthetic                                                                      |
| -If oil based, what type? Synthetic, petroleum, etc. Synthetic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |
| Additives to be used in drilling medium? See additional page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |
| Drill cuttings disposal method? Leave in pit, landfill, removed offsite, etc. Landfill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |
| -If left in pit and plan to solidify what medium will be used? (cement, lime, sawdust) NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |
| -Landfill or offsite name/permit number? Meadowbrook Landfill - #SWF 1032                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |
| Permittee shall provide written notice to the Office of Oil and Gas of any load of drill cuttings or associated West Virginia solid waste facility. The notice shall be provided within 24 hours of rejection and the permitte where it was properly disposed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |
| I certify that I understand and agree to the terms and conditions of the GENERAL WATER POLL on August 1, 2005, by the Office of Oil and Gas of the West Virginia Department of Environmental Protection provisions of the permit are enforceable by law. Violations of any term or condition of the general permit law or regulation can lead to enforcement action.  I certify under penalty of law that I have personally examined and am familiar with the information form and all attachments thereto and that, based on my inquiry of those individuals immobtaining the information, I believe that the information is true, accurate, and complete. I am aware the penalties for submitting false information, including the possibility of fine or imprisonment.  Company Official Signature  Company Official Title Production Superintendent | on. I understand that the tand/or other applicable nation submitted on this ediately responsible for |
| Subscribed and sworn before me this 24th day of October , 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |
| Subscribed and sworn before me this 24th day of October , 2017  Tip Sans Notary Public  My commission expires December 22, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECEIVED<br>Office of Oil and Gas                                                                    |
| My commission expires December 22, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NOV - 1 2017                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WV Department of<br>Environmental Protection                                                         |



## 4703305913

| KTO Energy Inc.                                                                                                                                                                                                                                                        |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------|
| roposed Revegetation Tre                                                                                                                                                                                                                                               | eatment: Acres Disturbe                                                                | d_10.4 +/-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Prevegetation pl         | Н                                                |
| Lime 3                                                                                                                                                                                                                                                                 | Tons/acre or to c                                                                      | orrect to pH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                  |
| Fertilizer type _10                                                                                                                                                                                                                                                    | 0-20-20                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                  |
| Fertilizer amount                                                                                                                                                                                                                                                      | 1000                                                                                   | lbs/acre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                  |
| Mulch 3                                                                                                                                                                                                                                                                |                                                                                        | Tons/acre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                  |
|                                                                                                                                                                                                                                                                        |                                                                                        | Seed Mixtures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                  |
|                                                                                                                                                                                                                                                                        | Temporary                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Perma                    | nent                                             |
| Seed Type                                                                                                                                                                                                                                                              | lbs/acre                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Seed Type                | lbs/acre                                         |
| Per plans                                                                                                                                                                                                                                                              |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | 111                                              |
| Attach:<br>Maps(s) of road, location,<br>provided). If water from the<br>acreage, of the land applica                                                                                                                                                                  | ne pit will be land applied                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | ding this info have been dimensions (L x W), and |
| Maps(s) of road, location, provided). If water from the acreage, of the land application of investion of investigation. | ne pit will be land applied ation area.                                                | r land application (unles<br>d, include dimensions (I<br>heet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | x W x D) of the pit, and | l dimensions (L x W), and                        |
| Maps(s) of road, location, provided). If water from the acreage, of the land application of inverse photocopied section of inverse plan Approved by:                                                                                                                   | ne pit will be land applied ation area.  Folved 7.5' topographic sl                    | r land application (unless), include dimensions (Inheet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | x W x D) of the pit, and | l dimensions (L x W), and                        |
| Maps(s) of road, location, provided). If water from the creage, of the land application of inverse photocopied section of inverse plan Approved by:  Comments: Pre-seed                                                                                                | ne pit will be land applied ation area.  Folved 7.5' topographic sl  d/mulch all distu | r land application (unless), include dimensions (Inheet.  South of the dimension of the dim | x W x D) of the pit, and | nably possible                                   |
| Maps(s) of road, location, provided). If water from the acreage, of the land application of inverse photocopied section of inverse plan Approved by:                                                                                                                   | ne pit will be land applied ation area.  Folved 7.5' topographic sl  d/mulch all distu | r land application (unless), include dimensions (Inheet.  South of the dimension of the dim | x W x D) of the pit, and | nably possible                                   |
| Maps(s) of road, location, provided). If water from the creage, of the land application of inverse photocopied section of inverse plan Approved by:  Comments: Pre-seed                                                                                                | ne pit will be land applied ation area.  Folved 7.5' topographic sl  d/mulch all distu | r land application (unless), include dimensions (Inheet.  South of the dimension of the dim | x W x D) of the pit, and | nably possible                                   |
| Maps(s) of road, location, provided). If water from the creage, of the land application of inverse photocopied section of inverse plan Approved by:  Comments: Pre-seed                                                                                                | ne pit will be land applied ation area.  Folved 7.5' topographic sl  d/mulch all distu | r land application (unless), include dimensions (Inheet.  South of the dimension of the dim | x W x D) of the pit, and | nably possible                                   |
| Maps(s) of road, location, provided). If water from the creage, of the land application of inverse photocopied section of inverse plan Approved by:  Comments: Pre-seed                                                                                                | ne pit will be land applied ation area.  Folved 7.5' topographic sl  d/mulch all distu | r land application (unless), include dimensions (Inheet.  South of the dimension of the dim | x W x D) of the pit, and | nably possible                                   |
| Maps(s) of road, location, provided). If water from the creage, of the land application of inverse photocopied section of inverse plan Approved by:  Comments: Pre-seed                                                                                                | ne pit will be land applied ation area.  Folved 7.5' topographic sl  d/mulch all distu | r land application (unless), include dimensions (Inheet.  South of the dimension of the dim | x W x D) of the pit, and | nably possible                                   |
| Maps(s) of road, location, provided). If water from the creage, of the land application of inverse photocopied section of inverse plan Approved by:  Comments: Pre-seed                                                                                                | ne pit will be land applied ation area.  Folved 7.5' topographic sl  d/mulch all distu | r land application (unless), include dimensions (Inheet.  South of the dimension of the dim | x W x D) of the pit, and | nably possible                                   |
| Maps(s) of road, location, provided). If water from the creage, of the land application of inverse photocopied section of inverse plan Approved by:  Comments: Pre-seed                                                                                                | d/mulch all distu<br>Upgrade E&S                                                       | r land application (unlesd, include dimensions (Include dimensions | x W x D) of the pit, and | nably possible                                   |

RECEIVED Office of Oil and Gas

NOV - 1 2017

## **XTO Drilling Additives**

| Product Name             | CAS#                 |  |  |  |  |
|--------------------------|----------------------|--|--|--|--|
| Anco Mul XL              | 8002-43-5            |  |  |  |  |
| Kensol 48H               | 64742-47-8           |  |  |  |  |
| ANCO BAR (Barite)        | 7727-43-7            |  |  |  |  |
| ANCO Drill (A, N)        | 25083-02-03          |  |  |  |  |
| Anco Mul Ow              | 68442-77-3           |  |  |  |  |
| Anco Mul P               | 70321-73-2           |  |  |  |  |
| Anco Mul S               | 71.36-3 & 64742-95-6 |  |  |  |  |
|                          | 111-76-2             |  |  |  |  |
|                          | 112-34-5             |  |  |  |  |
| Anco Mul Thin            | 104-76-7             |  |  |  |  |
|                          | 84989-14-0           |  |  |  |  |
|                          | 57-55-6              |  |  |  |  |
| ANCO Phalt S             | NA                   |  |  |  |  |
| ANCO Trol                | NA                   |  |  |  |  |
| Calcium Carbonate        | 14808-60-7           |  |  |  |  |
| Calcium Carbonate        | 1317-65-3            |  |  |  |  |
| Calcium Chloride         | 10043-52-4           |  |  |  |  |
| Cedar Fiber              | 11132-73-3           |  |  |  |  |
| CI-300A                  | NA                   |  |  |  |  |
| Graphite                 | 7782-42-5            |  |  |  |  |
| drapfilite               | 14808-60-7           |  |  |  |  |
| GSX-602 Petrogel 100     | 14808-60-7           |  |  |  |  |
| d3x-002 retroger 100     | 67-63-0              |  |  |  |  |
|                          | 1305-62-0            |  |  |  |  |
| Lime                     | 1305-78-8            |  |  |  |  |
| Linie                    | 7631-86-9            |  |  |  |  |
|                          | 1309-48-4            |  |  |  |  |
| Mica (F,C)               | 12001-26-2           |  |  |  |  |
| Iviica (i ,c)            | 14808-60-7           |  |  |  |  |
| Oil Dry                  | 12174-11-7           |  |  |  |  |
|                          | 14808-60-7           |  |  |  |  |
| Potassium Chloride (KCI) | 7447-40-7            |  |  |  |  |
| Salt                     | 7647-14-5            |  |  |  |  |
| Synthetic Based Mud      |                      |  |  |  |  |
| Thunder Plug             |                      |  |  |  |  |
| Walnut ( F,M & C)        | NA                   |  |  |  |  |
| Claytone II              | 1                    |  |  |  |  |

RECEIVED Office of Oil and Gas

NOV - 1 2017

Revised (3/15)

## **Site Safety Plan Table of Contents**

For H6A Well Work Permits and Deep Well Work Permits

Please prepare a Site Safety Plan to accompany each applicable H6A and/or Deep well work permit, adhering to the following organizational and informational structure. Plans submitted must contain an index of the content entirety including page-number references.

## 1. Contacts, Schedules, and Meetings

- A. Emergency point of contact for the well operator covering all phases of activities and including 24 hour contact information (35-8 5.7.b.4)
- B. List of telephone numbers for (35-8 5.6.4):
  - 1) Operator
  - 2) Contractors
  - 3) DEP office and oil/gas inspector
  - 4) Local emergency response units
  - 5) Local ER personnel
  - 6) All schools and public facilities within a one mile radius of proposed well site (35-8 5.7.b.5)
- C. Method of notification of public of  $H_2S$  gas presence and how access will be controlled. (applicable horizontal wells include all residents and emergency response personnel who may be affected by an event. Such events may include the presence of H2S, blow-outs, and flaring) (35-8 5.7.f.1)
- D. Pre-spud meeting held prior to drilling operations, including (35-85.7.h):
  - 1) Attendance log, including personnel to be employed and involved in drilling operations
  - Notification of County oil and gas inspector or other designated Office of Oil and Gas representative
- E. Describe schedule for conducting regular well site safety meetings. Log attendance at all meetings and also initiate check in check out during drilling, completion, and workover phases. (35-8 5.7.h)

## 2. Maps and Diagrams

- A. Plan view map of location, access road, pit(s), flare lines, nearby dwellings, note the north direction and the prevailing wind direction (35-8 5.7.b.1)
- B. Topographic map of well location, including
  - 1) 1 mile radius of well location
  - 2) UTM NAD 83 coordinates of well site entrance (35-8 5.7.b.2)
  - 3) UTM NAD 83 coordinates of the point the access road intersects the public route (35-8 5.7.b.2)
  - 4) Identify public route number and/or route name (35-8 5.7.b.2)
- C. Evacuation plan for the removal of personnel from the drilling location and residents in the surrounding area who have the potential to be affected by an emergency. (35-8 5.7.b.3)

### 3. Well Work

- A. Detailed written descriptions of well work and procedure to be used during the drilling, completion, and production phases, including schematic plan views of each (35-8 5.7.a)
- B. Statement detailing how a copy of the plan will be provided to the local emergency planning committee or county emergency services office within at least 7 days from land disturbance or well work. (35-8 5.7.a)

Page 1 of 5

50W 10/30/2017

Office of Oil and Gas

NOV - 1 2017

WV Department of Environmental Protection

XTO Energy Inc.
Well Site Safety Plan

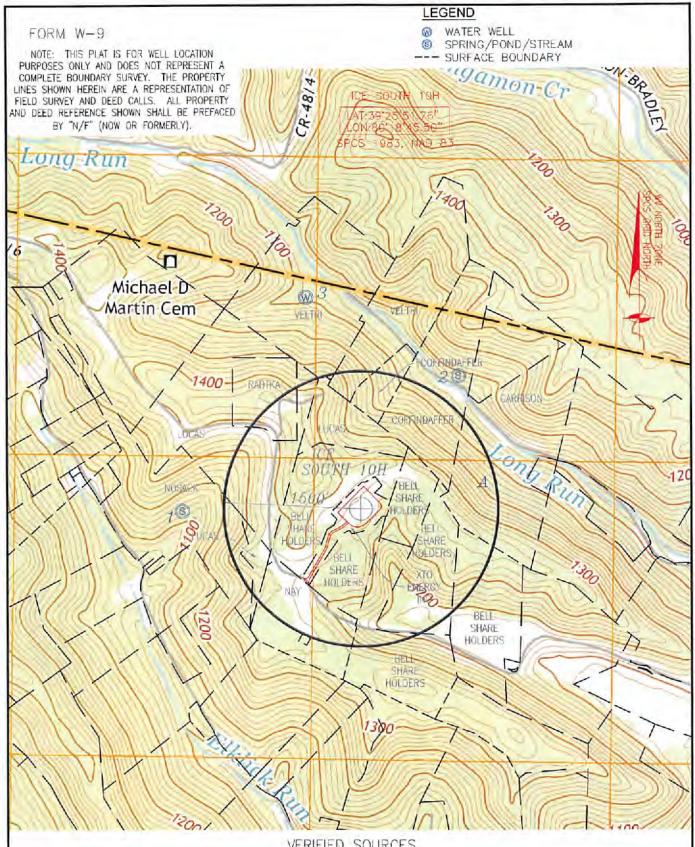
Well: Ice South Unit 10H

<u>Pad: Ice</u> 1284 Odells Knob Road Shinnston, WV 26431

NAD 83 Coordinates 39.431064 -80.312613

> RECEIVED Office of Oil and Gas

NOV - 1 2017



## VERIFIED SOURCES

| POINT | NAME                               | ADDRESS            | CITY       | STATE | ZIP CODE | DISTANCE | BEARING       | PARCEL I.D.              |
|-------|------------------------------------|--------------------|------------|-------|----------|----------|---------------|--------------------------|
| 1     | Michael & Cynthia Nosack           | 712 Bices Run Road | Shinnston  | WV    | 26431    | 1950'    | 5 89°23'04" W | Tax Map 5-147, Parcel 87 |
| 2     | Faris W. & Margaret J. Coffindafer | 24 Glenview Drive  | Bridgeport | wv    | 26330    | 1801'    | N 36°26'58" E | Tax Map 5-148, Parcel 4  |
| 3     | Tina M. Veltri                     | 48 White Oak Drive | Bridgeport | WV    | 26330    | 2382'    | N 14°31'16" W | Tax Map 11-58, Parcel 37 |

## PROPERTIES THAT POTENTIALLY HAVE WATER SOURCES WITHIN 1500 FEET

| POINT | NAME               | ADDRESS     | CITY    | STATE | ZIP CODE | PARCEL I.D.             |
|-------|--------------------|-------------|---------|-------|----------|-------------------------|
| A     | Charlotte Garrison | P.O. Box 23 | Ida May | WV    | 26576    | Tax Map 5-148, Parcel 6 |

## ICE SOUTH UNIT 10H UNKNOWN SOURCES

JC2017-28 8/9/2017 CLAY DISTRICT, HARRISON COUNTY, WEST VIRGINIA SHEET 1 OF 1



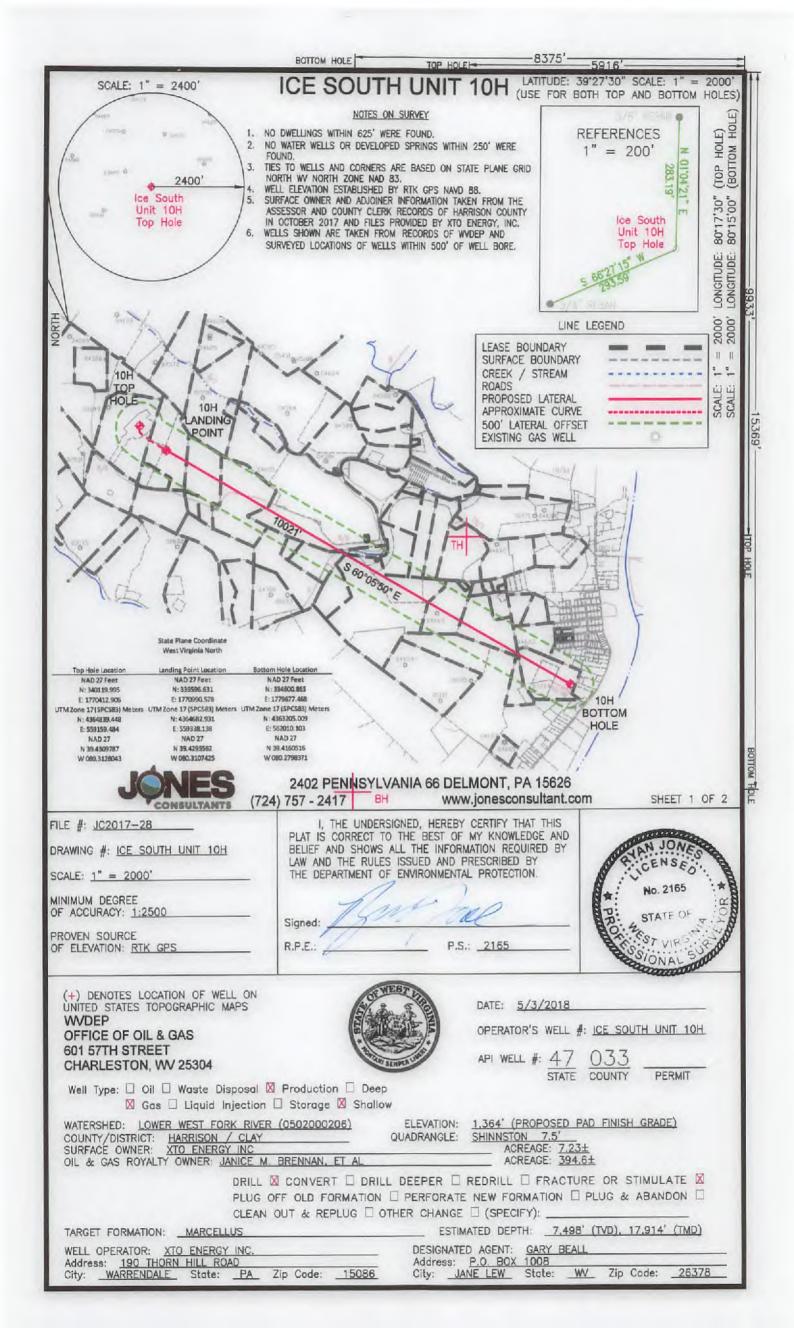
2402 PENNSYLVANIA 66 DELMONT, PA 15626 (724) 757 - 2417www.jonesconsultant.com Shinnston Quad (2014) Marion County, WV Scale: 1" = 1000'

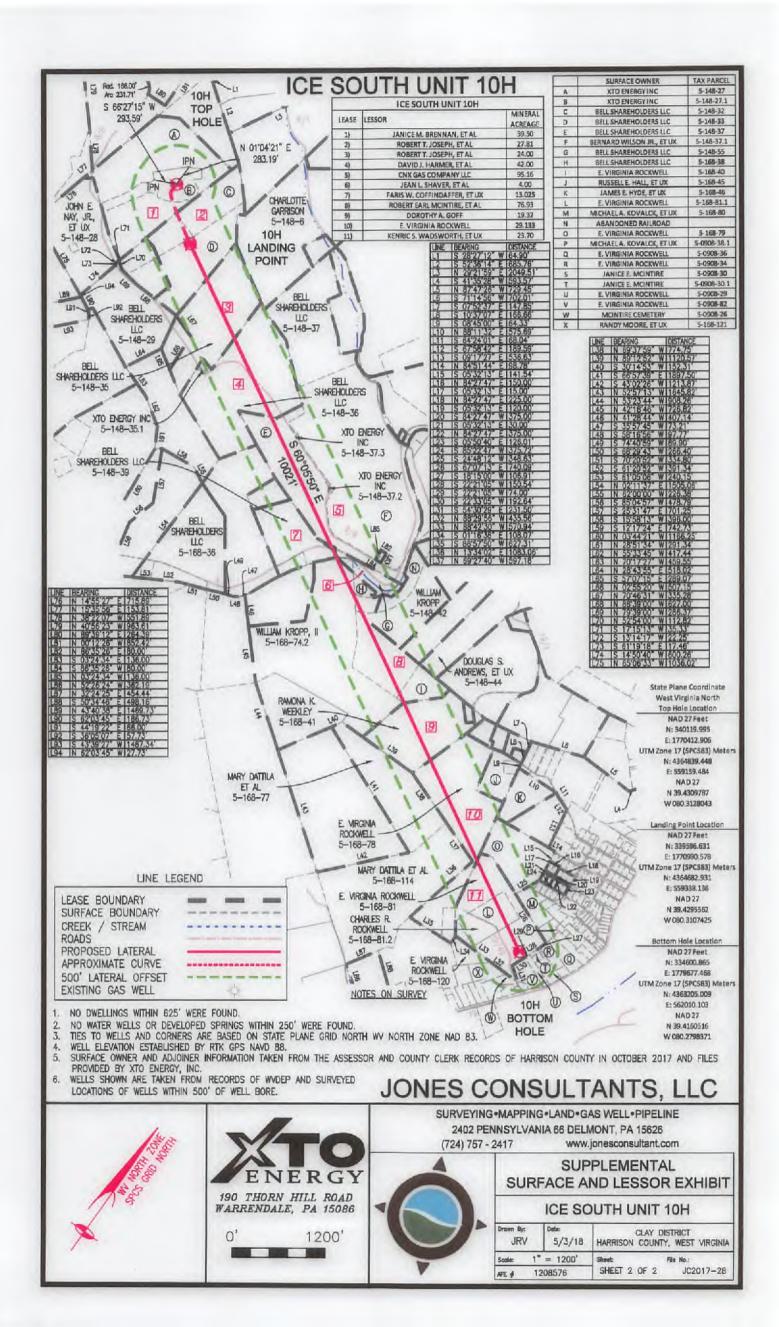




190 THORN HILL ROAD WARRENDALE, PA 15086 of Oil a D id Gas

NOV - 1 2017





| WW-6A1 |  |
|--------|--|
| (5/13) |  |

| Operator's | Well No. | Ice South Unit 10H |  |
|------------|----------|--------------------|--|
|            |          |                    |  |

## INFORMATION SUPPLIED UNDER WEST VIRGINIA CODE Chapter 22, Article 6A, Section 5(a)(5) IN LIEU OF FILING LEASE(S) AND OTHER CONTINUING CONTRACT(S)

Under the oath required to make the verification on page 1 of this Notice and Application, I depose and say that I am the person who signed the Notice and Application for the Applicant, and that —

- (1) the tract of land is the same tract described in this Application, partly or wholly depicted in the accompanying plat, and described in the Construction and Reclamation Plan;
- (2) the parties and recordation data (if recorded) for lease(s) or other continuing contract(s) by which the Applicant claims the right to extract, produce or market the oil or gas are as follows:

Lease Name or Number

Grantor, Lessor, etc.

Grantee, Lessee, etc.

Royalty

Book/Page

See attached

## Acknowledgement of Possible Permitting/Approval In Addition to the Office of Oil and Gas

The permit applicant for the proposed well work addressed in this application hereby acknowledges the possibility of the need for permits and/or approvals from local, state, or federal entities in addition to the DEP, Office of Oil and Gas, including but not limited to the following:

- WV Division of Water and Waste Management
- WV Division of Natural Resources WV Division of Highways
- U.S. Army Corps of Engineers
- U.S. Fish and Wildlife Service
- County Floodplain Coordinator

The applicant further acknowledges that any Office of Oil and Gas permit in no way overrides, replaces, or nullifies the need for other permits/approvals that may be necessary and further affirms that all needed permits/approvals should be acquired from the appropriate authority before the affected activity is initiated.

| Well Operator: | XTO Energy Inc.           |  |
|----------------|---------------------------|--|
| By:            | on                        |  |
| Its:           | Production Superintendent |  |
|                |                           |  |

Page 1 of \_\_\_\_

RECEIVED
Office of Oil and Gas

NOV - 1 2017

| Lease<br>Ref | Lessor                                                                                                                               | Lessee                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Royalty  | Book/Page                          |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------|
| IVG1         |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                    |
| 1            | Janice M. Brennan Trust A by Edward Patrick Brennan, a/k/a Edward P. Brennan and John Frank Brennan, a/k/a John F. Brennan Trustees. | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1515-123                           |
| 1            | Janice M. Brennan and John E. Brennan, husband                                                                                       | Jackson L. Smith Enterprises, dba WV Energies. Jackson L. Smith Enterprises, dba WV Energies to Sheldon & Assoc All Depths DB 1219-564. Sheldon & Assoc to Diversified Resources - Name Change DB 54-987. Diversified Resources to Bluestone Energy Partners - 350' Above top of Onondaga Limestone to Basement DB 1429-148. Bluestone to Antero - Merger DB 35-1236. Antero to XTO Energy - 100' above top of Rhinestreet to 100' below base Marcellus DB 1497-765.                | Min. 1/8 | RECEIVED Gas 1511-800 NOV - 1 2017 |
| 1            | Anita Lynn Beasley and Bryan Keith Beasley, husband                                                                                  | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1517-89 <sup>0</sup>               |
| 1            | Richard Allen Harris                                                                                                                 | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1517-736                           |
| 1            | Dustin Scott Harris                                                                                                                  | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1517-730                           |
| 1            | Jason Paul Lee                                                                                                                       | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1533-1113                          |
| 1            | Joyce L. Harris                                                                                                                      | Jackson L. Smith Enterprises, dba WV Energies to Sheldon & Assoc All Depths DB 1220-528. Sheldon & Assoc to Diversified Resources - Name Change DB 54-987. Diversified Resources to M&R Investments - All Depths DB 1391-1166. M&R Investments to Bluestone Energy Partners - 350' Above top of Onondaga Limestone to Basement DB 1429-148. Bluestone to Antero - Merger DB 35-1236. Antero to XTO Energy - 100' above top of Rhinestreet to 100' below base Marcellus DB 1497-765. | Min. 1/8 | 1219-979                           |
| 1            | Deborah C. Ryan f/k/a Deborah C. Rainey                                                                                              | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1514-761                           |
| 1            |                                                                                                                                      | Jackson L. Smith Enterprises, dba WV Energies to Sheldon & Assoc All Depths DB 1220-528. Sheldon & Assoc to Diversified Resources - Name Change DB 54-987. Diversified Resources to M&R Investments - All Depths DB 1391-1166. M&R Investments to Bluestone Energy Partners - 350' Above top of Onondaga Limestone to Basement DB 1429-148. Bluestone to Antero - Merger DB 35-1236. Antero to XTO Energy - 100' above top of Rhinestreet to 100' below base Marcellus DB 1497-765. | Min. 1/8 | 1220-392                           |
| 1            | Pamela A. and Richard L. Brooks                                                                                                      | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1514-753                           |

| Lease<br>Ref | Lessor                                                                                                           | Lessee                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Royalty  | Book/Page      |
|--------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|
| IVGI         |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | ED gas         |
| 1            | David J. and Melanie S. Decker                                                                                   | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1514-757 A T I |
| 1            | Mark E. and Julie A. Decker                                                                                      | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1514-745       |
| 1            | Kristie L. and Eric S. Stinespring  XTO Energy, Inc.                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | 1514-749       |
| 1            | Carolyn Decker, single                                                                                           | Jackson L. Smith Enterprises, dba WV Energies to Sheldon & Assoc All Depths DB 1220-528. Sheldon & Assoc to Diversified Resources - Name Change DB 54-987. Diversified Resources to M&R Investments - All Depths DB 1391-1166. M&R Investments to Bluestone Energy Partners - 350' Above top of Onondaga Limestone to Basement DB 1429-148. Bluestone to Antero - Merger DB 35-1236. Antero to XTO Energy - 100' above top of Rhinestreet to 100' below base Marcellus DB 1497-765. | Min. 1/8 | 1219-1240      |
| 1            | Dickie Harris, single                                                                                            | Jackson L. Smith Enterprises, dba WV Energies to Sheldon & Assoc All Depths DB 1220-528. Sheldon & Assoc to Diversified Resources - Name Change DB 54-987. Diversified Resources to M&R Investments - All Depths DB 1391-1166. M&R Investments to Bluestone Energy Partners - 350' Above top of Onondaga Limestone to Basement DB 1429-148. Bluestone to Antero - Merger DB 35-1236. Antero to XTO Energy - 100' above top of Rhinestreet to 100' below base Marcellus DB 1497-765. | Min. 1/8 | 1220-430       |
| 2            | Robert Thomas Joseph, a/k/a Robert Joseph, a married man dealing with his sole and separate property             | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1477-358       |
| 2            | Alice Elizabeth Joseph Estate, by Robert Thomas Joseph, acting as Administrator debonis non cum testament annexo | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1479-1299      |
| 2            | Brenda K. Joseph, by her Attorney-in-Fact, Robert Thomas Joseph, a/k/a Robert Joseph                             | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1479-1127      |
| 2            | Dorothy T. Stauffer-Joseph, f/k/a Dorothy T. Joseph, single                                                      | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1479-1134      |
| 3 ·          | Robert Thomas Joseph, a/k/a Robert Joseph, a married man dealing with his sole and separate property             | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1526-640       |
| 3            | Brenda Kay Joseph, a single woman, by her Attorney-in-Fact, Robert Thomas Joseph                                 | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1526-436       |
| 3            | Patrick Joseph Doyle, a married man dealing in his sole and separate property                                    | XTO Energy, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. 1/8 | 1528-166       |

| Lease | Lessor                                                              | Lessee                                                                  | Royalty     | Book/Page   |
|-------|---------------------------------------------------------------------|-------------------------------------------------------------------------|-------------|-------------|
| Ref   |                                                                     |                                                                         |             | ias ,       |
|       |                                                                     |                                                                         |             | ED and G    |
|       | Thomas Hastings Mayor, widower                                      | XTO Energy, Inc.                                                        | Min. 1/8    | 1520-63 👼 🔭 |
| 3     |                                                                     |                                                                         |             | RECEIVED    |
| 3     | The Mackenzie Doyle, Ciara Doyle, and Patrick David Doyle Trust, by | XTO Energy, Inc.                                                        | Min. 1/8    | 1527-249    |
|       | Patrick Joseph Doyle, Trustee                                       |                                                                         |             |             |
| 3     | Paul C. Espel, Jr.                                                  | XTO Energy, Inc.                                                        | Min. 1/8    | 1526-636    |
| 3     | Carolyn K. Capage, a married woman dealing in her sole and          | XTO Energy, Inc.                                                        | Min. 1/8    | 1526-644    |
|       | separate property                                                   |                                                                         |             |             |
| 3     | David S. Joseph, a/k/a David Joseph, a single man                   | XTO Energy, Inc.                                                        | Min. 1/8    | 1526-648    |
|       | Deborah J. Locke, a/k/a Deborah Joseph Locke, a married woman       | XTO Energy, Inc.                                                        | Min. 1/8    | 1525-732    |
|       | dealing in her sole and separate property                           |                                                                         |             |             |
| 3     |                                                                     |                                                                         |             |             |
|       |                                                                     |                                                                         |             |             |
|       | David J. Harmer;                                                    | Waco Oil & Gas Co. Waco Oil & Gas Co., Inc. to XTO Energy Inc. 1477-28. | Min. 1/8    | 1370-956    |
| 4     | Elizabeth H. Rector;                                                |                                                                         |             |             |
| -     |                                                                     |                                                                         |             |             |
|       | CNX Gas Company LLC                                                 | XTO Energy, Inc.                                                        | Min. 1/8    | 1513-291    |
| _     |                                                                     |                                                                         |             |             |
| 5     |                                                                     |                                                                         |             |             |
| 6     | Jean L. Shaver, widow                                               | XTO Energy, Inc.                                                        | Min. 1/8    | 1513-190    |
| 6     | Donald M. and Joyce Fortney                                         | XTO Energy, Inc.                                                        | Min. 1/8    | 1513-1261   |
| 6     | James M. and Diana Fortney                                          | XTO Energy, Inc.                                                        | Min. 1/8    | 1513-1263   |
| 7     | Faris W. Coffindaffer and Margaret J. Coffindaffer, wife            | XTO Energy, Inc.                                                        | Min. 1/8    | 1522-505    |
| 8     | Robert Earl McIntire, single man                                    | XTO Energy, Inc.                                                        | Min. 1/8    | 1515-1314   |
|       | Lois Ann Ruckman                                                    | XTO Energy, Inc.                                                        | Min. 1/8    | 1515-1271   |
| 8     |                                                                     |                                                                         |             |             |
| 8     | Nancy L. McIntire, widower                                          | XTO Energy, Inc.                                                        | Min. 1/8    | 1515-1325   |
| 8     | Virginia Minor, a/k/a Virginia L. Minor, widower                    | XTO Energy, Inc.                                                        | Min. 1/8    | 1516-382    |
| 8     | Anna Lee Matheny, widower                                           | XTO Energy, Inc.                                                        | Min. 1/8    | 1516-392    |
|       | William C. Matheny, widower                                         | XTO Energy, Inc.                                                        | Min. 1/8    | 1516-472    |
| 8     | Trimani di madiony, madroi                                          |                                                                         | *********** | 1310-4/2    |

| Lease<br>Ref | Lessor                                                                        | Lessee                                                                   | Royalty  | Office or Oil and Gas  NOV - 1 2017 |
|--------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------|-------------------------------------|
| 8            | Alice Carolyn DeMars, a/k/a Alice Carolyn Demars, widow                       | XTO Energy, Inc.                                                         | Min. 1/8 | 1517-75½ 5 AON                      |
| 8            | Gary Riley Hall, a married man dealing in his sole and separate property      | XTO Energy, Inc.                                                         | Min. 1/8 | 1517-771                            |
| 8            | Judith Marie Hall Fiber, single woman                                         | XTO Energy, Inc.                                                         | Min. 1/8 | 1517-804                            |
| 8            | Russell Earl Hall, single man                                                 | XTO Energy, Inc.                                                         | Min. 1/8 | 1517-782                            |
| 8            | Betty L. Matheny, widower                                                     | XTO Energy, Inc.                                                         | Min. 1/8 | 1517-917                            |
| 8            | Rozena Mae Yoder, a married woman dealing in her sole and separate property   | XTO Energy, Inc.                                                         | Min. 1/8 | 1518-345                            |
| 8            |                                                                               | XTO Energy, Inc.                                                         | Min. 1/8 | 1518-349                            |
| 8            | Brenda Kay Sciulli, a married woman dealing in her sole and separate property | XTO Energy, Inc.                                                         | Min. 1/8 | 1516-427                            |
| 9            |                                                                               | Waco Oil & Gas Co. Waco Oil & Gas Co., Inc. to XTO Energy Inc. 1526-403. | Min. 1/8 | 1375-768                            |
| 10           |                                                                               | XTO Energy, Inc.                                                         | Min. 1/8 | 1601-396                            |
| 11           |                                                                               | XTO Energy, Inc.                                                         | Min. 1/8 | 1505-461                            |



XTO Energy Inc. 810 Houston Street Fort Worth, TX 76102-6298 (817) 870-2800 (817) 870-1671 Fax

October 9, 2017

Office of Oil & Gas WVDEP 601 57<sup>th</sup> Street Charleston, WV 25304

Re: Rights to Drill under Roads - Ice South Unit 10H

To Whom It May Concern:

Based on extensive research by XTO Energy's Land Department, our contractor's and 3<sup>rd</sup> party title attorneys, we have all necessary mineral rights under Harrison County Routes 8/6, (a/k/a Nutter Run); Harrison County Route 8, (a/k/a Williams Mine Road), in the location of our planned well-bores for the Ice South Unit.

Sincerely,

Kaitlyn Lee Landman

XTO Energy Inc.

810 Houston Street

Fort Worth, TX 76102

An ExxonMobil Subsidiary

Office of Oil and Gas

NOV - 1 2017

WW-6AC (1/12)

# STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS NOTICE CERTIFICATION

| ce Certification 10/30/17                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | API No. 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ce certification.                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Operator's Well No. Ice South Unit 10H                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                       |  |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                       |  |
| been given:                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                       |  |
| ne provisions in West Virginia Con                                                                                                                                        | de 8 22-6A. t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | he Operator has provi                                                                                    | ded the rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | uired parties v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | vith the Notice Forms listed                                                                                                                                                                          |  |
| tract of land as follows:                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                       |  |
| West Virginia                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | THE CALLED ON 1                                                                                          | Easting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 559159 484                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                       |  |
| Harrison                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | UTM NAD 83                                                                                               | Northing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4364839.448                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                       |  |
| Clay                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Public Road Acces                                                                                        | ss:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CR 8/6 (Nutter R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | un)                                                                                                                                                                                                   |  |
| Shinnston                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Generally used far                                                                                       | m name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | XTO Energy Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                       |  |
| Lower West Fork River                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                       |  |
| equired by subsections (b) and (c) surface owner notice of entry to of subsection (b), section sixtee e § 22-6A-11(b), the applicant sha have been completed by the appli | ), section sixton<br>o survey purse<br>on of this articall tender pro-<br>icant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | een of this article; (ii)<br>muant to subsection (a<br>cle were waived in v<br>of of and certify to the  | that the re<br>), section<br>vriting by<br>e secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | quirement was<br>ten of this arti<br>the surface ov<br>that the notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | deemed satisfied as a resul-<br>cle six-a; or (iii) the notice<br>wner; and Pursuant to Wes                                                                                                           |  |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | is Notice C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ertification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |  |
| rator has properly served the requ                                                                                                                                        | uned parties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | with the following.                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OOG OFFICE USE                                                                                                                                                                                        |  |
| ECK ALL THAT APPLY                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ONLY                                                                                                                                                                                                  |  |
| TICE OF SEISMIC ACTIVITY                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECEIVED/<br>NOT REQUIRED                                                                                                                                                                             |  |
| TICE OF ENTRY FOR PLAT SU                                                                                                                                                 | JRVEY or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NO PLAT SURVE                                                                                            | Y WAS C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ONDUCTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECEIVED                                                                                                                                                                                              |  |
| TICE OF INTENT TO DRILL                                                                                                                                                   | NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E OF ENTRY FOR PI                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ RECEIVED/<br>NOT REQUIRED                                                                                                                                                                           |  |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | Y SURFA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                       |  |
| TICE OF PLANNED OPERATIO                                                                                                                                                  | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECEIVED                                                                                                                                                                                              |  |
| BLIC NOTICE                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECEIVED                                                                                                                                                                                              |  |
| TIGE OF ARM IGATION                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECEIVED                                                                                                                                                                                              |  |
|                                                                                                                                                                           | tract of land as follows:  West Virginia  Harrison  Clay  Shinnston  Lower West Fork River  West Virginia Code § 22-6A-7(  the secretary, shall be verified an ed the owners of the surface des equired by subsections (b) and (c) surface owner notice of entry to of subsection (b), section sixtee e § 22-6A-11(b), the applicant shi have been completed by the appl  West Virginia Code § 22-6A, the erator has properly served the request.  ECK ALL THAT APPLY  TICE OF SEISMIC ACTIVITY  TICE OF ENTRY FOR PLAT SU  TICE OF INTENT TO DRILL | been given: the provisions in West Virginia Code § 22-6A, the tract of land as follows:    West Virginia | been given: the provisions in West Virginia Code § 22-6A, the Operator has provisions in West Virginia Code § 22-6A, the Operator has provisions in West Virginia Code § 22-6A-7(b), every permit application filed the secretary, shall be verified and shall contain the following inforced the owners of the surface described in subdivisions (1), (2) an equired by subsections (b) and (c), section sixteen of this article; (ii) surface owner notice of entry to survey pursuant to subsection (a of subsection (b), section sixteen of this article were waived in we § 22-6A-11(b), the applicant shall tender proof of and certify to the have been completed by the applicant.  West Virginia Code § 22-6A, the Operator has attached proof to the reator has properly served the required parties with the following:  ECK ALL THAT APPLY  TICE OF SEISMIC ACTIVITY or NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF ENTRY FOR PLAT SURVEY or NO PLAT SURVE  TICE OF INTENT TO DRILL or NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF ENTRY FOR PLAT SURVEY or NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF ENTRY FOR PLAT SURVEY or NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF ENTRY FOR PLAT SURVEY or NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF ENTRY FOR PLAT SURVEY OR NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF ENTRY FOR PLAT SURVEY OR NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF ENTRY FOR PLAT SURVEY OR NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF ENTRY FOR PLAT SURVEY OR NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF ENTRY FOR PLAT SURVEY OR NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF ENTRY FOR PLAT SURVEY OR NOTICE NOT REQUIRED SEISMIC ACTIVITY WAS  TICE OF PLANNED OPERATION  BLIC NOTICE | Operator's Well Pad Nobeen given:  he provisions in West Virginia Code § 22-6A, the Operator has provided the recent act of land as follows:  West Virginia UTM NAD 83 Harrison UTM NAD 83 Clay Public Road Access: Generally used farm name:  West Virginia Code § 22-6A-7(b), every permit application filed under this of the secretary, shall be verified and shall contain the following information: (1) ed the owners of the surface described in subdivisions (1), (2) and (4), subsequired by subsections (b) and (c), section sixteen of this article; (ii) that the resurface owner notice of entry to survey pursuant to subsection (a), section of subsection (b), section sixteen of this article were waived in writing by e § 22-6A-11(b), the applicant shall tender proof of and certify to the secretary have been completed by the applicant.  West Virginia Code § 22-6A, the Operator has attached proof to this Notice Certator has properly served the required parties with the following:  BECK ALL THAT APPLY  TICE OF SEISMIC ACTIVITY or NOTICE NOT REQUIRED BECAUSEISMIC ACTIVITY WAS CONDUCTICE OF ENTRY FOR PLAT SURVEY or NOTICE NOT REQUIRED BECAUSEISMIC ACTIVITY OF NOTICE OF ENTRY FOR PLAT SURVEY WAS CONDUCTICE OF ENTRY FOR PLAT SURVEY WAS CONDUCTICE OF ENTRY FOR PLAT SURVEY WAS CONDUCTED or WRITTEN WAIVER BY SURFAUGHEASE ATTACH)  TICE OF PLANNED OPERATION  BLIC NOTICE | Operator's Well No, lee S Well Pad Name: lose Pad been given: the provisions in West Virginia Code § 22-6A, the Operator has provided the required parties of tract of land as follows: West Virginia |  |

Required Attachments:

The Operator shall attach to this Notice Certification Form all Notice Forms and Certifications of Notice that have been provided to the required parties and/or any associated written waivers. For the Public Notice, the operator shall attach a copy of the Class II Legal Advertisement with publication date verification or the associated Affidavit of Publication. The attached Notice Forms and Certifications of Notice shall serve as proof that the required parties have been noticed as required under West Virginia Code § 22-6A. Pursuant to West Virginia Code § 22-6A-11(b), the Certification of Notice to the person may be made by affidavit of personal service, the return receipt card or other postal receipt for certified mailing.



WW-6AC (1/12)

### Certification of Notice is hereby given:

THEREFORE, I Gary Beall , have read and understand the notice requirements within West Virginia Code § 22-6A. I certify that as required under West Virginia Code § 22-6A, I have served the attached copies of the Notice Forms, identified above, to the required parties through personal service, by registered mail or by any method of delivery that requires a receipt or signature confirmation. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this Notice Certification and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Address: PO Box 1008 XTO Energy inc By: Jane Lew, WV 26378 22 304-884-6809 Its: Facsimile: Production Superintendent Telephone: 304-884-6000 Email: OFFICIAL SEAL NOTARY PUBLIC (atta of West Virginia Subscribed and sworn before me this 30th day of October 2017. TIMOTHY SANDS XTO Energy Inc. PO Box 1008 and Lew, WV 26378 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 telephone number, as 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 or your personal information, please contact DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.

Office or Oil and Gas

NOV = 1 2017

WV Deportment of Environmental Fratection

WW-6A (9-13)

| API NO. 47-        |     |                    |
|--------------------|-----|--------------------|
| OPERATOR WELL      | NO. | ice South Unit 10H |
| Well Pad Name: Ice | Pad |                    |

# STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS NOTICE OF APPLICATION

| Noti                                                                                                                                       | ce Time Requirement:                                                                                                                                                                                                                                                                                                                                                                                                                                            | notice shall be provi                                                                                                                                                                                                                                                                                                              | ided no later tha                                                                                                                                                                                                                                                | n the filing date of permit application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                            | of Notice: <u>/6/30/</u> /7 D<br>ce of:                                                                                                                                                                                                                                                                                                                                                                                                                         | ate Permit Applica                                                                                                                                                                                                                                                                                                                 | ntion Filed: [ <i>O</i> ]                                                                                                                                                                                                                                        | 30/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>V</b>                                                                                                                                   | PERMIT FOR ANY<br>WELL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                  | PROVAL FOR THE<br>AN IMPOUNDMENT OR PIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Deli                                                                                                                                       | very method pursuant t                                                                                                                                                                                                                                                                                                                                                                                                                                          | o West Virginia C                                                                                                                                                                                                                                                                                                                  | ode § 22-6A-10                                                                                                                                                                                                                                                   | (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| П                                                                                                                                          | PERSONAL 🗹                                                                                                                                                                                                                                                                                                                                                                                                                                                      | REGISTERED                                                                                                                                                                                                                                                                                                                         | П метн                                                                                                                                                                                                                                                           | OD OF DELIVERY THAT REQUIRES A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| _                                                                                                                                          | SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MAIL                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                  | PT OR SIGNATURE CONFIRMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| regis<br>sedin<br>the st<br>oil ar<br>descr<br>opera<br>more<br>well<br>impo<br>have<br>provi<br>propo<br>subser<br>recor<br>provi<br>Code | tered mail or by any methonent control plan required urface of the tract on which and gas leasehold being devibled in the erosion and senter or lessee, in the event e coal seams; (4) The owner work, if the surface tract i undment or pit as describe a water well, spring or waite water for consumption used well work activity is section (b) of this section had of the sheriff required the sion of this article to the coal. R. § 35-8-5.7.a requires, | by section seven of the the well is or is proveloped by the proportion of the tract of land on wers of record of the set is to be used for the pred in section nine of the supply source look by humans or dome to take place. (e)(1) I old interests in the late be maintained pursuant part, notice to a Lin part, that the open | quires a receipt of this article, and to posed to be loce sed well work, it submitted pursua which the well purface tract or tracelated within one stic animals; and If more than three unds, the applicant suant to section in holder is not rator shall also p | as required by this article shall deliver, by personal service or by or signature confirmation, copies of the application, the crosion and the well plat to each of the following persons: (1) The owners of record of ated; (2) The owners of record of the surface tract or tracts overlying the of the surface tract is to be used for roads or other land disturbance as ant to subsection (c), section seven of this article; (3) The coal owner, roposed to be drilled is located [sic] is known to be underlain by one or acts overlying the oil and gas leasehold being developed by the proposed function, enlargement, alteration, repair, removal or abandonment of any any surface owner or water purveyor who is known to the applicant to thousand five hundred feet of the center of the well pad which is used to a (6) The operator of any natural gas storage field within which the ce tenants in common or other co-owners of interests described in the sight, article one, chapter eleven-a of this code. (2) Notwithstanding any notice to a landowner, unless the lien holder is the landowner. W. Va. rovide the Well Site Safety Plan ("WSSP") to the surface owner and any as provided in section 15 of this rule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ØA                                                                                                                                         | pplication Notice   W                                                                                                                                                                                                                                                                                                                                                                                                                                           | 'SSP Notice ☐ E&                                                                                                                                                                                                                                                                                                                   | S Plan Notice                                                                                                                                                                                                                                                    | ☑ Well Plat Notice is hereby provided to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                            | RFACE OWNER(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  | ☐ COAL OWNER OR LESSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                            | e: XTO Energy Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    | _                                                                                                                                                                                                                                                                | Name: See attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                            | ess: PO Box 1008<br>ew, WV 26378                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    | _                                                                                                                                                                                                                                                                | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Nam                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                    | -                                                                                                                                                                                                                                                                | = COAL OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                                                                                                                                                                                                                                                                                                                                  | -                                                                                                                                                                                                                                                                | COAL OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Addi                                                                                                                                       | ess:                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    | _                                                                                                                                                                                                                                                                | Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| поп                                                                                                                                        | RFACE OWNER(s) (Ro                                                                                                                                                                                                                                                                                                                                                                                                                                              | and and/or Other Di                                                                                                                                                                                                                                                                                                                | atuuhamaa)                                                                                                                                                                                                                                                       | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name                                                                                                                                       | The state of the state of the state of the                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                    | and the second                                                                                                                                                                                                                                                   | ESTIBLACE OWNED OF WATER WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Adde                                                                                                                                       | ess:                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    | -                                                                                                                                                                                                                                                                | SURFACE OWNER OF WATER WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Addi                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                  | AND/OR WATER PURVEYOR(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Mam                                                                                                                                        | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    | -                                                                                                                                                                                                                                                                | Name: Charlotte Garrison Address: PO Box 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Adde                                                                                                                                       | e:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    | 7                                                                                                                                                                                                                                                                | Idamay, WV 26576                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ruui                                                                                                                                       | ess:                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    | -                                                                                                                                                                                                                                                                | OPERATOR OF ANY NATURAL GAS STORAGE FIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| m SI I                                                                                                                                     | RFACE OWNER(s) (Im                                                                                                                                                                                                                                                                                                                                                                                                                                              | moundments or Dita                                                                                                                                                                                                                                                                                                                 | <u> </u>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                                                                                                                                       | e:                                                                                                                                                                                                                                                                                                                                                                                                                                                              | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                            | _                                                                                                                                                                                                                                                                | Name: Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Addr                                                                                                                                       | ess:                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                    | 27                                                                                                                                                                                                                                                               | *Please attach additional forms if necessary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                  | See Mary State Sta |

Office of Oil and Gas

NOV - 1 2017

| WW-6A  |  |
|--------|--|
| (8-13) |  |

| API NO. 47             |                    |
|------------------------|--------------------|
| OPERATOR WELL NO.      | Ice South Unit 10H |
| Well Pad Name: Ice Pad |                    |

#### Notice is hereby given:

Pursuant to West Virginia Code § 22-6A-10(b), notice is hereby given that the undersigned well operator has applied for a permit for well work or for a certificate of approval for the construction of an impoundment or pit.

#### This Notice Shall Include:

Pursuant to W. Va. Code § 22-6A-10(b), this notice shall include: (1) copies of the application; (2) the erosion and sediment control plan required by section seven of this article; and (3) the well plat.

Pursuant to W. Va. Code § 22-6A-10(f), this notice shall include: (1) a statement of the time limits for filing written comments; (2) who may file written comments; (3) the name and address of the secretary for the purpose of filing the comments and obtaining additional information; and (4) a statement that the persons may request, at the time of submitting written comments, notice of the permit decision and a list of persons qualified to test water.

Pursuant to W. Va. Code R. § 35-8-5.7.a, the operator shall provide the Well Site Safety Plan to the surface owner and any water purveyor or surface owner subject to notice and water testing as provided in section 15 of this rule.

Pursuant to W. Va. Code R. § 35-8-15.2.c, this notice shall: (1) contain a statement of the surface owner's and water purveyor's right to request sampling and analysis; (2) advise the surface owner and water purveyor of the rebuttable presumption for contamination or deprivation of a fresh water source or supply; advise the surface owner and water purveyor that refusal to allow the operator to conduct a pre-drilling water well test constitutes a method to rebut the presumption of liability; (3) advise the surface owner and water purveyor of his or her independent right to sample and analyze any water supply at his or her own expense; advise the surface owner and water purveyor whether or not the operator will utilize an independent laboratory to analyze any sample; and (4) advise the surface owner and or water purveyor that he or she can obtain from the Chief a list of water testing laboratories in the subject area capable of and qualified to test water supplies in accordance with standard acceptable methods.

Additional information related to horizontal drilling may be obtained from the Secretary, at the WV Department of Environmental Protection headquarters, located at 601 57<sup>th</sup> Street, SE, Charleston, WV 25304 (304-926-0450) or by visiting <a href="https://www.dep.wv.gov/oil-and-gas/pages/default.aspx">www.dep.wv.gov/oil-and-gas/pages/default.aspx</a>.

#### **Well Location Restrictions**

Pursuant to W. Va. Code § 22-6A-12, Wells may not be drilled within two hundred fifty feet measured horizontally from any existing water well or developed spring used for human or domestic animal consumption. The center of well pads may not be located within six hundred twenty-five feet of an occupied dwelling structure, or a building two thousand five hundred square feet or larger used to house or shelter dairy cattle or poultry husbandry. This limitation is applicable to those wells, developed springs, dwellings or agricultural buildings that existed on the date a notice to the surface owner of planned entry for surveying or staking as provided in section ten of this article or a notice of intent to drill a horizontal well as provided in subsection (b), section sixteen of this article was provided, whichever occurs first, and to any dwelling under construction prior to that date. This limitation may be waived by written consent of the surface owner transmitted to the department and recorded in the real property records maintained by the clerk of the county commission for the county in which such property is located. Furthermore, the well operator may be granted a variance by the secretary from these distance restrictions upon submission of a plan which identifies the sufficient measures, facilities or practices to be employed during well site construction, drilling and operations. The variance, if granted, shall include terms and conditions the department requires to ensure the safety and protection of affected persons and property. The terms and conditions may include insurance, bonding and indemnification, as well as technical requirements. (b) No well pad may be prepared or well drilled within one hundred feet measured horizontally from any perennial stream, natural or artificial lake, pond or reservoir, or a wetland, or within three hundred feet of a naturally reproducing trout stream. No well pad may be located within one thousand feet of a surface or ground water intake of a public water supply. The distance from the public water supply as identified by the department shall be measured as follows: (1) For a surface water intake on a lake or reservoir, the distance shall be measured from the boundary of the lake or reservoir. (2) For a surface water intake on a flowing stream, the distance shall be measured from a semicircular radius extending upstream of the surface water intake. (3) For a groundwater source, the distance shall be measured from the wellhead or spring. The department may, in its discretion, waive these distance restrictions upon submission of a plan identifying sufficient measures, facilities or practices to be employed during well site construction, drilling and operations to protect the waters of the state. A waiver, if granted, shall impose any permit conditions as the secretary considers necessary. (c) Notwithstanding the foregoing provisions of this section, nothing contained in this section prevents an operator from conducting the activities permitted or authorized by a Clean Water Act Section 404 permit or other approval from the United States Army Corps of Engineers within any waters of the state or within the restricted areas referenced in this section. (d) The well location restrictions set forth in this section shall not apply to any well on a multiple well pad if at least one of the wells was permitted prior to the effective date of this article. (e) The secretary shall, by December 31, 2012, report to the Legislature on the noise, light, dust and volatile organic compounds generated by the drilling of horizontal wells as they relate to the well location restrictions regarding occupied dwelling structures pursuant to this section. Upon a finding, if any, by the secretary that the well location restrictions regarding occupied dwelling structures are inadequate or otherwise require alteration to address the items

> RECEIVED Office of Oil and Gas

> > NOV - 1 2017

WW-6A (8-13) API NO. 47OPERATOR WELL NO. Ice South Unit 10H
Well Pad Name: Ice Pad

examined in the study required by this subsection, the secretary shall have the authority to propose for promulgation legislative rules establishing guidelines and procedures regarding reasonable levels of noise, light, dust and volatile organic compounds relating to drilling horizontal wells, including reasonable means of mitigating such factors, if necessary.

#### Water Well Testing:

Pursuant to West Virginia Code § 22-6A-10(d), notification shall be made, with respect to surface landowners identified in subsection (b) or water purveyors identified in subdivision (5), subsection (b) of this section, of the opportunity for testing their water well. The operator shall provide an analysis to such surface landowner or water purveyor at their request.

#### Water Testing Laboratories:

Pursuant to West Virginia Code § 22-6A-10(i), persons entitled to notice pursuant to subsection (b) of this section may contact the department to ascertain the names and locations of water testing laboratories in the subject area capable and qualified to test water supplies in accordance with standard accepted methods. In compiling that list of names the department shall consult with the state Bureau for Public Health and local health departments. A surface owner and water purveyor has an independent right to sample and analyze any water supply at his or her own expense. The laboratory utilized by the operator shall be approved by the agency as being certified and capable of performing sample analyses in accordance with this section.

### Rebuttable Presumption for Contamination or Deprivation of a Fresh Water Source or Supply:

W. Va. Code § 22-6A-18 requires that (b) unless rebutted by one of the defenses established in subsection (c) of this section, in any action for contamination or deprivation of a fresh water source or supply within one thousand five hundred feet of the center of the well pad for horizontal well, there is a rebuttable presumption that the drilling and the oil or gas well or either was the proximate cause of the contamination or deprivation of the fresh water source or supply. (c) In order to rebut the presumption of liability established in subsection (b) of this section, the operator must prove by a preponderance of the evidence one of the following defenses: (1) The pollution existed prior to the drilling or alteration activity as determined by a predrilling or prealteration water well test. (2) The landowner or water purveyor refused to allow the operator access to the property to conduct a predrilling or prealteration water well test. (3) The water supply is not within one thousand five hundred feet of the well. (4) The pollution occurred more than six months after completion of drilling or alteration activities. (5) The pollution occurred as the result of some cause other than the drilling or alteration activity. (d) Any operator electing to preserve its defenses under subdivision (1), subsection (c) of this section shall retain the services of an independent certified laboratory to conduct the predrilling or prealteration water well test. A copy of the results of the test shall be submitted to the department and the surface owner or water purveyor in a manner prescribed by the secretary. (e) Any operator shall replace the water supply of an owner of interest in real property who obtains all or part of that owner's supply of water for domestic, agricultural, industrial or other legitimate use from an underground or surface source with a comparable water supply where the secretary determines that the water supply has been affected by contamination, diminution or interruption proximately caused by the oil or gas operation, unless waived in writing by that owner. (f) The secretary may order the operator conducting the oil or gas operation to: (1) Provide an emergency drinking water supply within twenty-four hours; (2) Provide temporary water supply within seventy-two hours; (3) Within thirty days begin activities to establish a permanent water supply or submit a proposal to the secretary outlining the measures and timetables to be used in establishing a permanent supply. The total time in providing a permanent water supply may not exceed two years. If the operator demonstrates that providing a permanent replacement water supply cannot be completed within two years, the secretary may extend the time frame on case-by-case basis; and (4) Pay all reasonable costs incurred by the real property owner in securing a water supply. (g) A person as described in subsection (b) of this section aggrieved under the provisions of subsections (b), (e) or (f) of this section may seek relief in court... (i) Notwithstanding the denial of the operator of responsibility for the damage to the real property owner's water supply or the status of any appeal on determination of liability for the damage to the real property owner's water supply, the operator may not discontinue providing the required water service until authorized to do so by the secretary or a court of competent jurisdiction.

## Written Comment:

Pursuant to West Virginia Code § 22-6A-11(a), all persons described in subsection (b), section ten of this article may file written comments with the secretary as to the location or construction of the applicant's proposed well work within thirty days after the application is filed with the secretary. All persons described in West Virginia Code § 22-6A-10(b) may file written comments as to the location or construction of the applicant's proposed well work to the Secretary at:

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

Such persons may request, at the time of submitting written comments, notice of the permit decision and a list of persons qualified to test water. NOTE: YOU ARE NOT REQUIRED TO FILE ANY COMMENT.

RECEIVED Office of Oil and Gas

NOV - 1 2017

| W  | W-6/ | ١ |
|----|------|---|
| (8 | -13) |   |

| API NO. 47             |                    |
|------------------------|--------------------|
| OPERATOR WELL NO.      | Ice South Unit 10H |
| Well Pad Name: Ice Pad |                    |

#### Time Limits and Methods for Filing Comments.

The law requires these materials to be served on or before the date the operator files its Application. You have THIRTY (30) 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.

Pursuant to West Virginia Code § 22-6A-11(c)(2), Any objections of the affected coal operators and coal seam owners and lessees shall be addressed through the processes and procedures that exist under sections fifteen, seventeen and forty, article six of this chapter, as applicable and as incorporated into this article by section five of this article. The written comments filed by the parties entitled to notice under subdivisions (1), (2), (4), (5) and (6), subsection (b), section ten of this article shall be considered by the secretary in the permit issuance process, but the parties are not entitled to participate in the processes and proceedings that exist under sections fifteen, seventeen or forty, article six of this chapter, as applicable and as incorporated into this article by section five of this article.

## **Comment Requirements**

Your comments must be in writing and 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.

Disclaimer: All comments received will be placed on our web site <a href="http://www.dep.wv.gov/oil-and-gas/Horizontal-Permits/Pages/default.aspx">http://www.dep.wv.gov/oil-and-gas/Horizontal-Permits/Pages/default.aspx</a> and the applicant will automatically be forwarded an email notice that such comments have been submitted. The applicant will be expected to provide a response to comments submitted by any surface owner, water purveyor or natural gas storage operator noticed within the application.

#### **Permit Denial or Condition**

The Chief has the power to deny or condition a well work permit. Pursuant to West Virginia Code § 22-6A-8(d), the permit may not be issued or be conditioned, including conditions with respect to the location of the well and access roads prior to issuance if the director determines that:

- (1) The proposed well work will constitute a hazard to the safety of persons;
- (2) The plan for soil erosion and sediment control is not adequate or effective;
- (3) Damage would occur to publicly owned lands or resources; or
- (4) The proposed well work fails to protect fresh water sources or supplies.

A permit may also be denied under West Virginia Code § 22-6A-7(k), the secretary shall deny the issuance of a permit if the secretary determines that the applicant has committed a substantial violation of a previously issued permit for a horizontal well, including the applicable erosion and sediment control plan associated with the previously issued permit, or a substantial violation of one or more of the rules promulgated under this article, and in each instance has failed to abate or seek review of the violation within the time prescribed by the secretary pursuant to the provisions of subdivisions (1) and (2), subsection (a), section five of this article and the rules promulgated hereunder, which time may not be unreasonable.

Pursuant to West Virginia Code § 22-6A-10(g), any person entitled to submit written comments to the secretary pursuant to subsection (a), section eleven of this article, shall also be entitled to receive from the secretary a copy of the permit as issued or a copy of the order modifying or denying the permit if the person requests receipt of them as a part of the written comments submitted concerning the permit application. Such persons may request, at the time of submitting written comments, notice of the permit decision and a list of persons qualified to test water.

RECEIVED
Office of Oil and Gas

NOV - 1 2017

WV Department of Environmental Protection

| WW-6A                                                               | API NO. 47                                                                                                                        |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| (8-13)                                                              | OPERATOR WELL NO. Ice South Unit 10H                                                                                              |
| ,                                                                   | Well Pad Name: Los Pad                                                                                                            |
| Notice is hereby given by:                                          |                                                                                                                                   |
| Well Operator: XTO Energy, Inc.                                     | Address: PO Box 1008                                                                                                              |
| Telephone: 304-884-6000                                             | Jane Lew, WV 26378                                                                                                                |
| Email:                                                              | Facsimile: 304-884-6809                                                                                                           |
| X Sh                                                                |                                                                                                                                   |
| Oil and Gas Privacy Notice:                                         |                                                                                                                                   |
| The Office of Oil and Gas processes your personal information, such | ch as name, address and telephone number, as part of our regulatory                                                               |
|                                                                     | te agencies or third parties in the normal course of business or as noluding Freedom of Information Act requests. Our office will |
|                                                                     | uestions about our use or your personal information, please contact                                                               |

OFFICIAL SEAL NOTARY PUBLIC State of West Virginia TIMOTHY SANDS XTO Energy Inc. PO Box 1008 Jane Lew, WV 26378

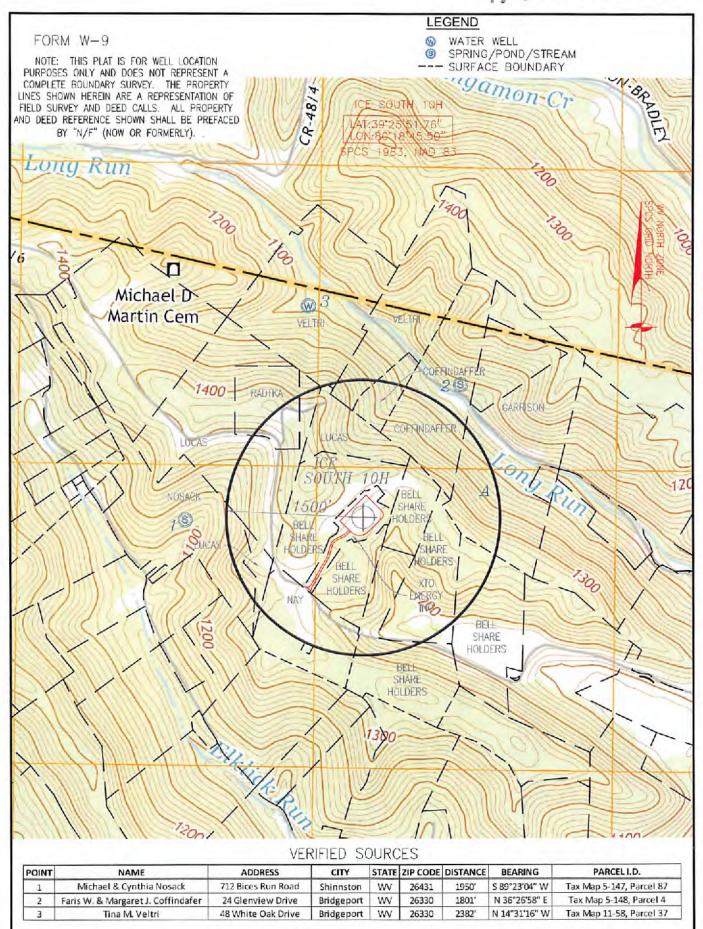
My Commission Expires December 22, 2018

Subscribed and sworn before me this Joth day of Oct., 2017

My Commission Expires December 22, 2018

DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.

RECEIVED Office of Oil and Gas



### PROPERTIES THAT POTENTIALLY HAVE WATER SOURCES WITHIN 1500 FEET

| POINT | NAME               | ADDRESS     | CITY    | STATE | ZIP CODE | PARCEL I.D.             |
|-------|--------------------|-------------|---------|-------|----------|-------------------------|
| A     | Charlotte Garrison | P.O. Box 23 | Ida May | WV    | 26576    | Tax Map 5-148, Parcel 6 |

### ICE SOUTH UNIT 10H UNKNOWN SOURCES

CLAY DISTRICT, HARRISON COUNTY, WEST VIRGINIA 8/9/2017 | JC2017-28 | SHEET 1 OF 1



2402 PENNSYLVANIA 66 DELMONT, PA 15626 (724) 757 - 2417 www.jonesconsultant.com Shinnston Quad (2014) Marion County, WV Scale: 1" = 1000'





190 THORN HILL ROAD RECEIVED WARRENDALE, PA 15086

NOV - 1 2017

WW-6A3 (1/12)

Operator Well No. Ice South Unit 10H

### STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS NOTICE OF ENTRY FOR PLAT SURVEY

| Delivery met                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | had aureuant to                                                                                                                                     | West Virginia Co                                                                                                                                                  | nde 8 22-64-10a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Delivery met                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nou pursuant to                                                                                                                                     | west virginia Ci                                                                                                                                                  | sde § 22-0A-10a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |  |  |  |  |
| ☐ PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAL E F                                                                                                                                             | REGISTERED                                                                                                                                                        | ☐ METHOD OF DELIVERY THAT RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QUIRES A                                                                                                                                                                                               |  |  |  |  |
| SERVIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E 1                                                                                                                                                 | MAIL                                                                                                                                                              | RECEIPT OR SIGNATURE CONFIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MATION                                                                                                                                                                                                 |  |  |  |  |
| on to the surfa-<br>but no more the<br>beneath such<br>owner of mine<br>and Sediment<br>Secretary, whenable the sur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ace tract to condu-<br>han forty-five day<br>tract that has filed<br>erals underlying s<br>Control Manual<br>ich statement sha<br>face owner to obt | ect any plat surveys<br>ys prior to such ent<br>d a declaration pur<br>such tract in the co<br>and the statutes an<br>all include contact<br>tain copies from the | Prior to filing a permit application, the operator's required pursuant to this article. Such notice is required pursuant to this article. Such notice is try to: (1) The surface owner of such tract; (2) is suant to section thirty-six, article six, chapter to unty tax records. The notice shall include a start of rules related to oil and gas exploration and prinformation, including the address for a web page secretary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | shall be provided at least seven days<br>to any owner or lessee of coal seams<br>wenty-two of this code; and (3) any<br>atement that copies of the state Erosion<br>roduction may be obtained from the |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eby provided to:                                                                                                                                    |                                                                                                                                                                   | W coar owner on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COPP                                                                                                                                                                                                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CE OWNER(s)                                                                                                                                         |                                                                                                                                                                   | COAL OWNER OR LE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |  |  |  |  |
| Name: XTO En                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ergy Inc.                                                                                                                                           |                                                                                                                                                                   | Name: See attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name: See attached                                                                                                                                                                                     |  |  |  |  |
| Address: PO E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                                                   | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address:                                                                                                                                                                                               |  |  |  |  |
| wanted and the same of the sam | reholders LLC                                                                                                                                       |                                                                                                                                                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                        |  |  |  |  |
| Address: 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Chanel Brook Dr.                                                                                                                                    |                                                                                                                                                                   | MINERAL OWNER(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ■ MINERAL OWNER(s)                                                                                                                                                                                     |  |  |  |  |
| Bridgeport, WV 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                     |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name: See attached                                                                                                                                                                                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                                                                   | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                        |  |  |  |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                   | 7100.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                                                                                                                                   | *please attach additional forms if ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | cessary                                                                                                                                                                                                |  |  |  |  |
| Notice is he<br>Pursuant to W<br>a plat survey<br>State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | reby given:<br>Vest Virginia Cod<br>on the tract of lan<br>West Virginia<br>Harrison                                                                | le § 22-6A-10(a), r<br>nd as follows:                                                                                                                             | Approx. Latitude & Longitude: Public Road Access:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | l operator is planning entry to conduct 39,431256, -80,312379 CR 8/6 (Nutter Run)                                                                                                                      |  |  |  |  |
| County:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Clay                                                                                                                                                |                                                                                                                                                                   | Watershed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lower West Fork River                                                                                                                                                                                  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Chianatan                                                                                                                                           |                                                                                                                                                                   | Generally used farm name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | XTO Energy Inc.                                                                                                                                                                                        |  |  |  |  |
| County:<br>District:<br>Quadrangle:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Shimiston                                                                                                                                           |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |  |  |  |  |
| District:<br>Quadrangle:<br>Copies of the<br>may be obtain<br>Charleston, W<br>obtained from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | state Erosion and<br>ned from the Secr<br>VV 25304 (304-9<br>n the Secretary by                                                                     | retary, at the WV I<br>926-0450). Copies<br>visiting <u>www.der</u>                                                                                               | I Manual and the statutes and rules related to o Department of Environmental Protection headq of such documents or additional information to wv.gov/oil-and-gas/pages/default.aspx.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | uarters, located at 601 57" Street, SE,                                                                                                                                                                |  |  |  |  |
| District: Quadrangle: Copies of the may be obtain Charleston, W obtained from Notice is he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | state Erosion and<br>ned from the Secr<br>VV 25304 (304-9<br>n the Secretary by<br>reby given by:                                                   | retary, at the WV I<br>926-0450). Copies<br>visiting <u>www.der</u>                                                                                               | Department of Environmental Protection headq of such documents or additional information to wv.gov/oil-and-gas/pages/default.aspx.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | uarters, located at 601 57" Street, SE,                                                                                                                                                                |  |  |  |  |
| District: Quadrangle: Copies of the may be obtain Charleston, W obtained from Notice is he Well Operato                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | state Erosion and<br>ned from the Secr<br>VV 25304 (304-9<br>n the Secretary by                                                                     | retary, at the WV I<br>926-0450). Copies<br>visiting <u>www.der</u>                                                                                               | Department of Environmental Protection headq of such documents or additional information to the such documents of additional information to the such documents of additional information to the such documents of the such d | uarters, located at 601 57" Street, SE,                                                                                                                                                                |  |  |  |  |
| District: Quadrangle: Copies of the may be obtain Charleston, W obtained from Notice is he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | state Erosion and<br>ned from the Secr<br>VV 25304 (304-9<br>n the Secretary by<br>reby given by:                                                   | retary, at the WV I<br>926-0450). Copies<br>visiting <u>www.der</u>                                                                                               | Department of Environmental Protection headq of such documents or additional information to wv.gov/oil-and-gas/pages/default.aspx.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | uarters, located at 601 57" Street, SE,                                                                                                                                                                |  |  |  |  |

The Office of Oil and Gas processes your personal information, such as name, address and telephone number, as 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 or your personal information, please contact DEP's Chief Privacy Officer at <a href="mailto:depprivacyofficer@wv.gov">depprivacyofficer@wv.gov</a>.

RECEIVED Office of Oil and Gas

Surface Owner

XTO Energy Inc. PO Box 1008 Jane Lew, WV 26378 Bell Shareholders LLC 200 Chapel Brook Dr. Bridgeport, WV 26330

Coal Owner or Lessee

Bell Shareholders LLC 200 Chapel Brook Dr. / Bridgeport, WV 26330 Consol Mining Company, LLC 1000 Consol Energy Drive Canonsburg, PA 15317

Mineral Owners

Janice M. Brennan Trust A PO Box 98 Shinnston, WV 26431 Helen M. Burton 8086 Powell Avenue Stonewood, WV 26301

Deborah C. Ryan 5 Debbie Lane Conway, AR 72032 Dickie Harris 3 Debbie Lane Conway, AR 72032

David J. & Melanie S. Decker 181 Randolph Lane Steubenville, OH 43952 Anita L. Beasley / 22 Bradley Drive Cabot, AR 72023

Mark E. & Julie A. Decker 856 Township Road 375 Toronto, OH 43964 Richard A. Harris 83 Highway 319 Vilonia, AR 72173

Richard L. & Pamela A. Brooks / 2876 State Route 213 Steubenville, OH 43952

Dustin S. Harris 704 5th St. Conway, AR 72032

Eric S. & Kristie L. Stinespring / 2888 State Rout 213 Steubenville, OH 43952 Jason P. Lee 17 Thorn Cemetary Road Greenbrier, AR 72058

> RECEIVED Office of Oil and Gas

NOV - 1 2017

WW-6A5 (1/12)

Operator Well No. Ice South Unit 10H

### STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS **NOTICE OF PLANNED OPERATION**

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e: 10/30/17 Date Per                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pplication Filed: 16                                                                                                                              |                                                                                              | аррисацоп.<br>——                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |          |             |  |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|-------------|--|
| Delive                                                  | ry meth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nod pursuant to West Virginia C                                                                                                                                                | ode §                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 22-6A-16(c)                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |          |             |  |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IED MAIL<br>N RECEIPT REQUESTED                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HAND<br>DELIVERY                                                                                                                                  |                                                                                              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |          |             |  |
| return r<br>the plate<br>required<br>drilling<br>damage | receipt in ned op of to be good a he continued to the e notice:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | requested or hand delivery, give the peration. The notice required by provided by subsection (b), section orizontal well; and (3) A propose surface affected by oil and gas of | this s<br>this s<br>n ten c<br>d surf<br>peratio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ace owner whose land<br>ubsection shall include<br>of this article to a surface use and compens<br>ace use and compens<br>as to the extent the da | I will be used for<br>de: (1) A copy<br>ace owner whos<br>sation agreemen<br>amages are comp | cation, an operator shall, by certified mail or the drilling of a horizontal well notice of of this code section; (2) The information see land will be used in conjunction with the at containing an offer of compensation for pensable under article six-b of this chapter. Sted in the records of the sheriff at the time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |             |  |
| Notice                                                  | is here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | by provided to the SURFACE C                                                                                                                                                   | WNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R(s)                                                                                                                                              |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |          |             |  |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | listed in the records of the sheriff                                                                                                                                           | at the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |          |             |  |
|                                                         | XTO Ener                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name:                                                                                                                                             |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |          |             |  |
|                                                         | s: PO Bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address                                                                                                                                           | s:                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |          |             |  |
| Jane Lev                                                | w, vvv 263                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 76                                                                                                                                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |          |             |  |
| Pursua                                                  | nt to We on on to we we to we | by given: est Virginia Code § 22-6A-16(c), the surface owner's land for the pu West Virginia Harrison Clay Shinnston Lower West Fork River (0502000206)                        | notice<br>irpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | of drilling a horizonta UTM NAD 8 Public Road A                                                                                                   | I well on the tra  Easting:  Northing:                                                       | well operator has developed a planned act of land as follows:  559159.484  4364839.448  CR 8/6 (Nutter Run)  XTO Energy Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |             |  |
| Pursuanto be phorizon surface information               | nt to W<br>provided<br>ntal wel<br>affects<br>ation re<br>parters,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d by W. Va. Code § 22-6A-10(b);<br>and (3) A proposed surface use<br>ed by oil and gas operations to the<br>elated to horizontal drilling may                                  | to a and content of the content of t | surface owner whose<br>ompensation agreement the damages are coained from the Secret                                                              | e land will be un<br>nt containing ar<br>ompensable und<br>tary, at the WV                   | code section; (2) The information required used in conjunction with the drilling of a n offer of compensation for damages to the der article six-b of this chapter. Additional Department of Environmental Protection or by visiting <a engany="" href="https://www.dep.wv.gov/oil-and-drive-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-new-marked-&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Wall O&lt;/td&gt;&lt;td&gt;perator&lt;/td&gt;&lt;td&gt;" inc<="" td="" yto=""><td></td><td>Address:</td><td>PO Box 1008</td><td></td></a> |  | Address: | PO Box 1008 |  |
| Teleph                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |                                                                                              | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |          |             |  |
| Teleph<br>Email:                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 304-884-6000                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Facsimile:                                                                                                                                        | Jane Lew, WV 2637                                                                            | (0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |          |             |  |
| emaii:                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | racsimile:                                                                                                                                        | 304-884-6809                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |          |             |  |
| Oil and                                                 | d Gas F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Privacy Natice                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |          |             |  |

The Office of Oil and Gas processes your personal information, such as name, address and telephone number, as 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 or your personal information, please contact DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.

RECEIVED
Office of Gil and Gas

NOV - 1 2017



### WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

### **Division of Highways**

1900 Kanawha Boulevard East • Building Five • Room 110 Charleston, West Virginia 25305-0430 • (304) 558-3505 Jim Justice Governor

Thomas J. Smith, P. E. Secretary of Transportation/ Commissioner of Highways

August 1, 2017

James A. Martin, Chief Office of Oil and Gas Department of Environmental Protection 601 57th Street, SE Charleston, WV 25304

Subject: DOH Permit for the Ice Well Pad, Harrison County Ice South Unit 10H

Dear Mr. Martin.

This well site will be accessed from Permit #04-2017-0076 issued to XTO Energy, Inc. for access to the State Road for a well site located off of Harrison County Route 8/6 SLS.

The operator has signed a STATEWIDE OIL AND GAS ROAD MAINTENANCE BONDING AGREEMENT and provided the required Bond. This operator is currently in compliance with the DOH OIL AND GAS POLICY dated January 3, 2012.

Day K. Clayton

Gary K. Clayton, P.E.

Regional Maintenance Engineer Central Office O&G Coordinator

Cc: Tim Sands

XTO Energy, Inc.

CH, OM, D-4

File

E.E.O /AFFIRMATIVE ACTION EMPLOYER

RECEIVED
Office of Oil and Gas

## Hydraulic Fracturing Fluid Product Component Information Disclosure Hydraulic Fracturing Fluid Composition:

| Trade Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Supplier             | Purpose            | Ingredients                               | Chemical<br>Abstract Service<br>Number (CAS #) | Maximum Ingredient Concentration in Additive (% by mass)** | Maximum Ingredient Concentration in HF Fluid (% by mass)** | Comments<br>ভূ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|-------------------------------------------|------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | XTO                  | Carrier/Base Fluid | Water                                     | 7732-18-5                                      | 100.00%                                                    | 88.35%                                                     | , 6 g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Sand (Proppant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Universal            | Proppant           | Silica Substrate                          |                                                | 100.00%                                                    | 11.20%                                                     | 017<br>Pref                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Hydrochloric Acid (10%)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PPG Industries       | Acidizing          | Hydrochloric Acid                         | 7647-01-0                                      | 10.00%                                                     | 0.00%                                                      | Operation of the state of the s |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                    | Other - (non-hazardous)                   |                                                | 85.00%                                                     | 0.00%                                                      | ALO I GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Hydrochloric Acid (7.5%)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PPG Industries       | Acidizing          | Hydrochloric Acid                         | 7647-01-0                                      | 7.50%                                                      | 0.03%                                                      | 25 Z 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Marine Service Control of the Contro | erei.                |                    | Other - (non-hazardous)                   |                                                | 92.50%                                                     | 0.34%                                                      | N Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Acid Inhibitor, Unihib G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GeoSafe              | Acid Inhibitor     | Proprietary Blend Surfactants             |                                                | 35.00%                                                     | 0.00%                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                    | Short Chained Glycol Ether                | 112-34-5                                       | 50.00%                                                     | 0.00%                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                    | Ethoxylated alcohol                       |                                                | 35.00%                                                     | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Biocide, EC6116A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Nalco                | Biocide            | Dibromoacetonitrile                       | 3252-43-5                                      | 5.00%                                                      | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                    | 2,2-Dibromo-3-nitrilopropionamide         | 10222-01-2                                     | 30.00%                                                     | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N. A. C. C. C. C. C. |                    | Polyethylene Glycol                       | 25322-68-3                                     | 60.00%                                                     | 0.01%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                    | Other - (non-hazardous)                   |                                                | 5.00%                                                      | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Clay Stabilizer, Cla-Chek G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Shrieve              | Clay Stabilizer    | Water                                     | 7732-18-5                                      | 15.00%                                                     | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                    |                    | Other - (non-hazardous)                   |                                                | 85.00%                                                     | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Friction Reducer, Unislick ST-50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CESI Chemical        | Friction Reducer   | Petroleum distillates, hydrotreated light | 64742-47-8                                     | 30.00%                                                     | 0.02%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 보다 경찰 그리고 하는 이 그렇게 되는 것                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                    | Other - (non-hazardous)                   |                                                | 70.00%                                                     | 0.04%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Scale Inhibitor, ScaleHib A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Nalco                | Scale Inhibitor    | Ethylene Glycol                           | 107-21-1                                       | 30.00%                                                     | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                    | Other - (non-hazardous)                   |                                                | 70.00%                                                     | 0.01%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Gel Breaker, LEB-10X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Universal            | Gel Breaker        | Ethylene Glycol                           | 107-21-1                                       | 40.00%                                                     | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                    | Other - (non-hazardous)                   |                                                | 60.00%                                                     | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Unigel 5F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Universal            | Gel                | Guar Gum                                  | 9000-30-0                                      | 99.00%                                                     | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                    |                    | Other - (non-hazardous)                   |                                                | 1.00%                                                      | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Slurry Gel, WGA-7 SLR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Universal            | Gel                | Guar Gum                                  | 9000-30-0                                      | 50.00%                                                     | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                    | Petroleum Distillate                      | 64742-47-8                                     | 55.00%                                                     | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                    | Clay                                      |                                                | 5.00%                                                      | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                    | Surfactant                                |                                                | 5.00%                                                      | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                    | Buffer                                    |                                                | 5.00%                                                      | 0.00%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

DESCRIPTIO DESCRIPTIO DESCRIPTIO DESCRIPTIO DESCRIPTIO

2 2 2 2 2 2 2

SRP SRP

SCALE:

N/A

Knowles tates, Inc.

Morris & Associa

TX.

### **EROSION & SEDIMENT CONTROL PLAN**

ICE PAD

CR 8/6, CLAY DISTRICT, HARRISON COUNTY, WEST VIRGINIA JANUARY, 2017

### SEE STANDARDH NETALLATION AND MANETOWNEE (TEMPORAR) AND

- IL THE SOL TO DEPTH OF 3" REMOVE ALL DIRECTS 3" OR LARGER
- I BLUND CONNERCIAL FEBRUAGES WITO THE SCH. TO A BEPTH OF 2" PERTAMENT WIT BY BY THE PER PERSON.
- S SUM REQUIRED SEED MEGLIEF EMPERALT ON THE PREPARED AREA OF INDIPOLALE SEEDING EDUPARM, HAND SEEDING, OR ANY OTHER APPROPRIATE METHOD.
- 4 AFTER SELECTION FOR TOPSOLET APEAS THAT ARE TO BE MOWED. USE A ROLLOW MEIGHED HOT MORE THAN BE LIKE AT MOTH.
- 5 FOR PERMANENT STE STABLIZATION APPLY SLOW RELEASE INTROSEN-TERPLIZER TO THE SURFACE OF SULCED AVEAS.
- I FIRST MAJON MATINATES ATTENDED OF MITHER AT HOUSE ACTED SEEDING OF COMPLETE PRICE HAVE A TIMEN OFFICERALY, HA DISTRIBUTE PRICE HAVE A THE BETWEEN OFFICERALY HA DISTRIBUTE PRICES OF MAJON MAD HAVE BE REED OF MAJON MAD HAVE BEEN ATTENDED HAVE MAD HAVE BEEN OFFICE WHICH WITCH SHART FROM

SPECIES KENTUDOY BELLEGRASS/ MEDTOP/ RINGSFORE TWO'CH. S. PARE UM, SEED 1881

SERVICENCE SEED 1881

APPLICATION SEED 1887

### TEMPORARY STABILIZATION

SPECIES AMOUNT PRODUCTS
THERE IMP SEED 45T
THERE IMP SEED 45T
THERE AND THE 40 IMPACES
THERE AND THE 40 IMPACES
THERE AND THE AND THE

### PERMANENT-KITTE SLORE

PROCESS AND SECTION AND TOP BROADER BEFORE
FOR USE STATE OF SECTION AND TOP BROADER BEFORE
FOR USE STATE OF SECTION AND TOP BROADER
MADE OF TOP BY A STAME
MADE OF TOP BY A STAME
MADE OF SECTION AND TOP BROADER
MADE OF SECTION A

### EPICERON CONTROL BLANKETING

- I EROSION CONTROL BLANKETING TO BE INSTALLED ON ALL SLOPES OF \$1 ORABIN. OF STEEPER IN ACCORDANCE WITH EROSION CONTROL (LAWRETING DETAIL ON 1995). ES-4.
- 2 PRISTREY PREPARE SIZE BETORE HISTALLING BLANKETS
- 5. MICHOR BLANGETS IN A TREMON AT THE REP OF SLOPE USING A ROW OF
- 4 BACKFEL AND COMPACT THE TROYOR AFTER STAPLING
- 5 APPLY SEEL TO COMPACTED SOIL AND FOLD REMARKING 12" (JOHN) PORTION OF BLANKET BACK COMP SLEED AND COMPACTED SOIL
- 6 SECRET BLANNET OVER COMPACTED SOR WITH A ROW OF STAMPS / STAMES ACROSS THE WOTH OF THE BLANNET
- T ALL BLANKETS MUST BE SECURELY PASITINED TO SOR SURFACE
- E OWNER PARALLE BLANKETS.
- IC. FLENTERRA HYDROSEFTENG WITH MULCH CAN BE USED AS AN AUTERNATIVE

- THE CONTRACTOR SHALL PROOF ROLL THE SITE TO THE SHITSFACTION OF THE SECULORADAL PROMETER AND FEMALE HE SAFT SOFT PRIOR TO THE MECHTING OF MY TILL MATERIAL.
- ALL FILES SHALL BE COMPACTED TO USE OF THE STANDARD PROCESS DOUBLE (ASTA DESIGN BASED ON SAN TESTS OF ACTUAL SOLES TO BE USED FOR THE
- 4. THE CONTRACTOR SHALL USE WIST VIRGINA EPIGEDS AND SETMENT CONTROL
- S. ALL CUT AND REL OPURATIONS SHALL FOLLOW THE "MEST VENCHIM CHOSEN AND SUDMENT CONTROL SENT MANAGEMENT PROCESS LEVELS." EROSION AND SECREPHATION CONTROL PLAN HOTES
- ONLY LIMITED DISTURBANCE WILL BE PERMITTED TO PROVIDE ACCESS TO CHANNELS OF CONNECTANCE AS APPROPRIATE FOR GRACIMO MO ACQUIRING ROMBOW TO CONSTRUCT DISSE CONTRIBO'S
- PRODUCT AND SEDMENTATION CONTROLS MAST BE EXHIBITED STABLED AND FUNCTIONAL BUTGES STE DISTURBANCE WITHIN THE TRIBUTANT AREAS OF THOSE CONTROLS.
- AFTER SITE STABILIZATION HAS BITCH ACHIEVED, TEMPORAVET DISTRICT AND ZERNETWATERN CONTROLS MUST BE REMOVED, AREAS DISTURBED DURING REMOVAL OF THE CONTROLS MUST BE STABILIZED.
- 4 STUBBARTER BALETS WHICH DO NOT DISCHARGE TO SEDMENT THAT'S OF BASING MUST BE PROTECTED UNITS. THE TRIBUTING AND STABILIZED
- 5 SEEMEN MUST BE REMOVED FROM BILLT PROJECTION AFTER EACH STORM

- 9 HAY OR STRAW MALCH WIST BE APPLIED AT RATES OF AT LEAST 10 TONG
- THE CHEMICATOR SHALL SHEET, BUSINESS BELIEVES AFFECTIVATE AND STREET, AND STRE

### ENDSIGN AND SEDIMENT CONTROL FACILITIES MAINTINANCE SCHOOLSE-

- THE PRODUCT AND SEEMEN CONTROLS SHALL BE MAPPARED LIVE A UNITED THE PROPERTY OF THE PROPERTY LIVE A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF THE PROPERTY LIVE AS A UNITED TO SEEMEND OF T ROCK CONSTRUCTION ENTRANCE:
- 1. THE ROOK CONSTRUCTION ENTRANCES ARE TO BE INSPECTED AT THE CHE OF TACH MORROWS THE AND REPORTED MARTINETY.
- 2. THE THOMESS OF THE MOON CONSTRUCTION ENTRANCE SHALL BE
- 3 A BOOK STOOMER IS TO BE READLY AMPLAULE ON THE SITE AT ALL THATS
- SECTEME FARRE SHALL BE PLACED ONE ENTRE MEA FROM TO PLACEMENT

- I BE CONTRACTOR SHALL MANEAU THE COMPOST FETER SCICK OF A FUNCTIONAL DOMOTION AT ALL THESE AND IT SHALL BE ROUTHELY REPLICITED.
- A WHERE THE SOOK PEQUIPES REPAIR, IT WILL BE POSTERLY REPAIRED.
- 4 BE CONTROL THE ROOMS SERVED DELECTE AT THE BACK OF THE STON MESS IT BROADS \$ 0" THE ROOMS HOLDE OF THE SIGN OF AT
- 5 THE COMPOST FROM THE FETER SOOK WELL BY DESPRESSED ON THE SITE WHOM
- I HE COMPACTOR SHALL PROPERT VEDETATED ARCH. WETRET AND AFTER DACH.
  STORM (RENOTT) CAPAT.
- THE CONTRACTOR SHALL MERGET THE SITE FOR PALLS ON DATE TO FILL SLOPES. THE CONTRACTOR SHALL FILL HALL AND CALLES, RESPICE DETINISHED AREAS TO PROVINCE A UNFORM SLOPE, THEN RESETTIONED HAS REPRESENTED AS TO SHEEM, SYSTOPHOLOGY.
- 1 THE REPAIRS SHALL BE MADE WHEN I DATS OF DECOMPTING PROPERTY.

### TEMPORARY AND PERMANENT CHARGES

- 3 THE CONTRACTOR SHALL RESETS MILES AND REMAY MAY SHIRE AREAS.
- A THE CONTRACTOR SHALL NOW CHANNELS WHERE CHANNEL FLOW CAPACITY-HAS BEEN REDUCED BY EXCESSIVE VESTTAINE GROWN.
- 5. WHERE EXCESSAY SEDMENT DEPOSTS OCCUR IN SEEMENT CHAPGES, THE COMPACTOR SHALL REMOVE THE SEDMENT DEPOSTS, INSTECT THE CHAPGE FOR DISTRICTIONS, THEN REMOVE SAD DESTECTIONS THE CONTRACTOR SHALL THEN RESIDENCE PESSED, MAION AND REMAIL THE CONTRACTOR SHALL THEN RESIDENCE. PESSED, MAION AND REMAIL THE

|                                       | NO COMMITTE | IN EDT INVAT | E        |            |       |
|---------------------------------------|-------------|--------------|----------|------------|-------|
|                                       | UNITS       | GTV.         | BID QIT. | UNIT PRICE | TOTAL |
| Clearing & Grubbing                   |             | - Marchiner  |          |            | 100   |
| Clearing & Grubbing (Total LCC)       | AC.         | 10           |          |            |       |
| True Clearing                         | AC          | 5            |          |            |       |
| Erosion & Sediment Control            |             |              |          |            |       |
| Rack Construction Entrerior           | EA          | 1            |          |            |       |
| 18" Compost Filter Sock               | LF          | 1,146        |          |            |       |
| 24" Compast Filtre Scare.             | LF          | 1.551        |          |            |       |
| Rop Rep Channels, R-4                 | 1/          | 1,534        |          |            | _     |
| Nock Cutet Protection, R-4            | CY          | 32           |          |            |       |
| Rock Filter                           | EA          | - 1          |          |            |       |
| Erosion Control Stanishing            | SY          | 14.178       |          |            |       |
| Sending & Mulching                    | EV          | 29,941       |          |            |       |
| Construction Salety Fenca-            | U.          | 603          |          |            |       |
| Carthwork                             |             |              |          |            |       |
| Topocii Stripped: Stockpie / Respesso | CY          | 3.568        |          |            |       |
| Total Cit. Fill.                      | CY          | B1.070       |          |            |       |
| Fayway, Erando                        | LF          | 1,195        |          |            |       |
| Knywny Drain                          | 1.6         | 1.875        |          |            |       |
| Parl & Access Road                    |             |              |          |            |       |
| Aggregate Road Surface                | SY          | 2,548        |          |            |       |
| Rock Well Pad                         | 3Y          | 15.900       |          |            |       |
| 17 Cultural                           | UF          | 473          |          |            |       |
| 6" SDR 35 Perforated Understrain      | UF .        | 1,916        |          |            |       |
| Sump Outer Structure                  | EA.         | 4            |          |            |       |



### SITE INFO

| SIE  | DESCRIPTION: |                 |       |   |  |
|------|--------------|-----------------|-------|---|--|
| Sec. | Wh children  | <br>active more | <br>- | - |  |

| TOTAL ANEA DE SIT                     | The state of the state of |
|---------------------------------------|---------------------------|
|                                       | - 10.4± ACRES             |
| ANEA OF ACCESS FOAD                   | - 0.5± ADRES              |
| AREA OF PAD                           | - 34± ACRES               |
| AREA OF SITE TO LINELE DE L'ECAVATION | - B.41 ACRES              |

AREA OF DISTURBANCE PET PARTE

SCHEDULE OF WALDR CONSTRUCTION

RECEIVING STREAM & SURFACE WATER

| SHEET NO. | IIILE                                            |
|-----------|--------------------------------------------------|
| ES-1      | EROSION AND SEDIMENT CONTROL - TITLE SHEET       |
| ES-2      | EROSION AND SEDIMENT PLAN - EXISTING CONDITIONS  |
| E5-3      | EROSION AND SEDIMENT PLAN - PROPOSED SITE LAYOUT |
| ES-4      | EROSION AND SEDIMENT CONTROL - WELL PAD          |
| ES-5      | EROSIGN AND SECIMENT CONTROL - DETAILS           |
| ES-6      | ERDSIDN AND SEDIMENT CONTROL - DETAILS           |
| ES-7      | EROSION AND SEDIMENT CONTROL - DETAILS           |
| ES-8      | EROSION AND SEDIMENT CONTROL - BETAILS           |

### PREPARED FOR:

### XTO ENERGY, INC.

480 INDUSTRIAL PARK ROAD JANE LEW, WV 26378 TELEPHONE: (304) 884-6042

PREPARED BY:

### Morris Knowles & Associates, Inc.

Senselling Engineers & Zond Jorospon. 443 ATHENA DRIVE DELMONT, PA 15626. TELEPHONE: (724) 468-4622 FAX: (724) 468-8940

CHARLES F. HAMMONTREE, REDISTORED PROFESSIONAL ENGINEER DATE

### HOTES:

- MORRE ROBLES & ASSOCIATES, INC. DAPIESSAY RESERVES ITS COMMON LAW COPYRIGHT AND OTHER ROBLE IN HOSE PLANS. THESE PLANS ARE NOT TO BE REPRODUCED, CHARGED OR MARRIENTED IN ANY FORM ON MARKET WARDSCHOOL, ROTH ARE THEY TO BE ASSOCIATED AND THEIR AREA WEBSCH PERMISSION AND CORPORATE OF MARKET & ASSOCIATED AND THEIR AREA WEBSCH PERMISSION AND CORPORATE OF MARKET AND SECURITY. AND
- THE DESIRES AND ASSESSMENT FOR MY CAMBES IN DESIRED UPLIES UPLIES WHEN CONDUCT IS ONLY IN THE PROMETE THE CONTRACTOR MOVED TO WHICH WILL NO DESIRED FOR MY THE PROMETERS MOVE WISHEST WE WITHIN CONDUCT OF WHITE CONDUCT OF THE PROMETERS AND WEST WILL SHOW AND WESTERN MY PROMETERS AND WESTERN AND WESTERN AND WESTERN AND ASSESSMENT OF PROMETERS AND ASSESSMENT OF THE PROMETERS AND ASSE
- THE LOCATION OF EXISTING URLIFIES WERE THATN THOM RECORDS AND MARRING PROMETED BY CHIEFES AND OPERATION CAMBRIDGE THE LOCATIONS DELBN. MAY BE APPROXIMATE. THE CONTRICCTOR INSTRUMENT HER DETERMINENT OF EVALUATION, SMALL AND OUTH OF NAI URLIFIES PROPE TO CONTRICCION. THE CONTRICCION SHALL EXECUTE LAND TO MARKE



SXTOICE

SETBACK LINE

STAGE IN: SPE STABILIZATION.

A. WHEN JULE IS STABILIZED WITH UNIFORM FOR PERSONNAL VEGITATIVE COVER OVER PROJECT AREA, HE MOVE EROSION AND

WV Department of Environmental Protection

201

SHEET NO. ES-3

# EROSION & MEDIMENT CON.

## C M PAD

SR 8/6, CLAY DISTRICT, HARRISON COUNTY, WEST VIRG JANUARY, 2017

# STE STABLIZATION INSTALLATION AND PERMANDICT): SOMMETHINGS

- TILL SOIL TO DEPTH OF 3". REMOVE ALL OBJECTS 2" OR LARGER.
- SOW REQUIRED SEED MUTURE UNWORMLY ON THE PREPARED AREA BY HYDRAULK SEEDING EXCEPTION, HAID SEEDING, OR ARY OTHER APPROPRIATE METHOD. bldio commercial fertilizer into the soil to a depth of  $2^{\circ}$ . May be blodded durang tilling. FERRILIZE
- ATER SEEDING ROLL TOPSOLED AREAS THAT ARE TO BE MONED. USE A ROLLEN WEIGHING NOT MORE THAN 65 LBS./FT. WIGTH.
- FOR PERMANENT SITE STABILIZATION APPLY SLOW RELEASE KITHOGEN FERTILIZER TO THE SLERFACE OF SEEDED AREAS.
- PALSE MALEN MARENATEN PATTEN SEZDING OR WITHON 48 HOURS AFTER SEZDING IS COMPUTTUD PALSE MAY & STONEN MORTOMAT, NY A COMPINIOUS BANKET NY THE MEMBAUR PATE SPECIATED MONTE, NY ACCEPTABLE MECHANICAL BEAUTRE MAY NEL NOT DE PERMITTED.
- MARTHAMOS SATISACIONEN, MARTHAM GRACE AREAS, MIRINE GRACINE MAIN, MARTHAMOS F. SATISACIONEN, MARTHAM GRACE MASCA MARTHE AND MARTHE MARTHE MARTHAMOS MARTHA
- A STE MELL BE CONSIDERED TO BE PERMANDRAY STABLIZED WHICH ALL PERMANDRAY DEALERS HAVE BERN COMMULTED AND ARE OPERALAMENT. TREATMENT AND ARE STABLIZED AND ARE OPERALAMENT. TREATMENT AND ARE SEEN FACILIEST BRADGE, AND UNIFIED THE PROFIT WHICH ITS SHAPPING SOUL IS CAPABLE OF RESISTING BROSON UNIFIES HOUSE IN THE STABLIZED AND UNIFIES WITH A UNIFIED WIT
- THE CONTRACTOR SHALL MAINTAIN THE SITE PER THE UNTIL PERSUMENT STABLIZATION IS ESTABLISHED. PROVISIONS OF THIS PLAN

SPECIES IGNINON BLUGANS/ REDITOP/ BROSFOOT TRETOL

RPLICATION NATE: 20 ISS/NOSE, 3 ISS/NOSE, MO

FIRTLIZER NPC. RATE: CONGERCAL TERRILIZER (NPC. AND 10 ISS/NOSE, RES

FIRTLIZER NPC. RATE: CONGERCAL = 1000 ISS/NOSE

LIADOR RATE, 3 TORS/NOSE

MALCH NPE: INY & STRUM

MALCH **RESPECTIVELY** 

SPECIES MANUAL PRECIONES

X PHEE LIFE SEED: SEE

APPLICATION MATE: 40 LISS/ACRE
ENTILLEER APPL. MATE: 1060 LISS/ACRE
LIAMO DATE: 11058/ACRE

## BUL-SIED STOPE

SPECES: REPRINCAY BLUCENOS/ RED 10P/ BROSTORI TREFOR.

\* PHEC LINE SIZED: 08%
\* PHEC LINE S

## ERAL NOTES

- THE GEISHA CONTRACTOR SWAL NOTEY AL UTLITY COMPAKES INVOLVED IN THE SITE NO MORE THAN THE DAYS AND NO LESS THAN 48 HOURS IN ADVANCE OF EXCHANDIA EXCLUSIVE STREAMY, SURGIV, AND ELECTING OR STATE HOLDIN'S (WY CHAPTER 24C-1-5, UNDERGROUND FACILITY DAWAGE PREYDYTION ACT).
- TRAFFIC SAML BE MARTANED ON ALL ADJOINING STREETS AND DRIVES AT ALL TRAFFIC CONTROL SHALL BE MANTANED IN ACCORDANCE WITH WADOTS RECURRENDITS.
- OMPRACTOR SMALL MEBSY THE LOCATION AND INVEST ELEVATION OF ALL EXISTING UTILITIES WITH PROPOSED CONNECTIONS PROOR TO CONSTRUCTION AND GRACING OF THE SITE.

C:\Users\shelby\Desktop\/CE UNIT\LAND DEVELOPMENT\/ce Unit Well Pad E&S Plan02m.dv

- EROSON CONTROL BLANKETING TO BE INSTALED ON ALL SLOPES OF 3.1 GRAUNG OR STEEPER IN ACCORDANCE WITH EROSON CONTROL BLANKETING DETAIL ON SHEET ES-4.
- PROPERLY PREPARE SOIL BEFORE INSTALLING BLANKETS.
- ANCHOR BLANKETS IN A TRENCH AT THE TOP OF SLOPE USING A ROW OF STAPLES/STAKES.
- BACKFILL AND COMPACT THE TRENCH AFTER STAPLING.
- APPLY SEED TO COMPACTED SOIL AND FOLD REMAINING 12" (30cm) PORTION OF BLANKET BACK OVER SEED AND COMPACTED SOIL.
- SECURE BLANKET OVER COMPACTED SOL WITH A ROW OF STAPLES/STAKES ACROSS THE WOTH OF THE BLANKET
- OVERLAP PARALLEL BLANKETS. ALL BLANKETS MUST BE SECURELY FASTENED TO SOIL SURFACE
- W LOOSE SOL CONDITIONS. THE USE OF STAPLE OR STAME LENGTHS OPERATER THAN 6" (15cm) MAY BE NECESSARY TO PROPERLY SECURE THE BLANKETS.
- 10. FLEXTERRA HYDROSEEDING WITH MULCH CAN BE USED AS AN ALTERNATIVE TO BLANGETING.

## STICK CHOWS

- THE COMPACTOR SHALL PROOF ROLL THE SITE TO THE SATISFACTION OF THE GENEROHNOCH BOWNERS AND RELIONE ANY SUFT SHET PRIOR TO THE WEPORTING OF ANY FILL MATERIAL.
- ALL FILLS SWALL BE COMPACTED TO 85% OF THE STANDARD PROCEDUR DENSITY (ASTIM DASS) BASED ON SOAL TESTS OF ACTUAL SOALS TO BE USED FOR THE FILLS.
- FIL. WILL BE FREE OF GREETHOWERE WATERUL MOTHOWS LARGER THAN OF MANIMAIN 12" MANIMAIN LET THOONESS, MOTHOW FROZEN OR TOO NET. ROCK FILL LETS WILL BE NO GREATER THAN 30".
- THE CONTRACTOR SHALL USE WEST VIRGINA EROSION AND SEDIMENT CONTROL FIELD MANUAL.
- ALL CIT AND FILL OPERATIONS SHALL FOLLOW THE "MEST VARCHAL EROSION AND SEDMENT CONTROL BEST MANAGEMENT PRACTICE MANUAL."

# EROSION AND SETMEDITATION CONTROL FLAN NOTES:

- ONLY LIMITED DISTURBEANCE WILL BE PERMITTED TO PROVIDE ACCESS TO CHANNELS OF COMMENANCE AS APPROPRIATE FOR GRADING AND ACQUIRIES BORROW TO CONSTRUCT PROSE COMPIGALS.
- EROSON AND SEDUCITATION CONTROLS MUST BE CONSTRUCTED, STABILIZED, AND FUNCTIONAL BEFORE SITE DISTURBANCE MITTAN THE TRADITARY AREAS OF THOSE CONTROLS.
- ATER SITE STABILIZATION HAS BEEN ACHEVED, TEMPORARY EROSON AND SEDIAENTATION CONTROLS MUST BE REMOVED, AREAS DISTURBED DURING REMOVAL OF THE CONTROLS MUST BE STABILIZED.
- STORMWATER MALTS WAICH OO NOT DISCHARGE TO SEDAUENT TRAPS OR BASINS, MUST BE PROTECTED UNTIL THE TRIBUTARY AREAS ARE STABLIZED.
- SEDIMENT MUST BE REMOVED FROM INLET PROTECTION AFTER EACH STORM EVENT.
- STOCKPILE HEIGHTS MUST NOT EXCEED 35 FEET. STOCKPILE SLOPES MUST BE 2:1 OR FLATTER.
- MY DESTINABED AREA ON WICH ACTIVITY HIS COURSED AND WICH WILL RELIAM DEPOKED OF MARK THAN 20 DAYS MUST BE STABLED AND MARK MUST BE STABLED AND MARK MUST ARE APPLIED AT THE RECOMMENDED IN HIGH MUST BE APPLIED AND MUST BE APPLIED AND MUST BE APPLIED AND MUST BE APPLIED AND MUST BE APPLIED AND MUST BE AREA OF THE APPLIED AND MUST BE APPLIED A
- STOCKPILES MUST BE STABILIZED MAKEDATELY.
- hay or straw mulch must be applied at rates of at least 3.0 tons per acre.
- UNTIL THE STIE IS STABILIZED, ALL ENCOSON AND SEDILEDITATION CONTROLS
  UNITS DE MANTANED RESPERIX, MANTENANCE HAST IN-ALLIDE RESPECTIONS
  OF ALL ENCOSON AND SEDIMENTATION CONTROLS AFTER EACH REMOTE
  PERFORMANCE MORE MEETING JESS ALL PREPATIATIVE AND REACTION
  LIMITELYMPETE MORE MEETING CEAN OUT, REPAIR, REPLACIBIOTI
  REGRODING, RESEEDING, REMULCIONG, AND REMETING.
- THE CONTROCTOR SMALL RECTULE MADEBULS WHEREVER APPROPRIATE AND MEDIUM PROCESSIONS AND PROPERTY AND APPROPRIATE AND APPROPRIATE

NOV - 1 2017

WV Department of Environmental Protection

## ROCK CONSTRUCTION ENTRANCE: ALL EROSION AND SEDEMENT CONTROLS SHALLS TOX PEREDUKAL VEGETATIVE COVER IS ESTABLIS

erosion and sedment control facilities ha

- THE ROCK CONSTRUCTION ENTRANCES ARE TO EACH WORKING DAY AND REPARED MANEDALTELY
- A ROCK STOCKPILE IS TO BE READLY AVAILATION INVESTMENT REPAIR. THE THICKNESS OF THE CONSTANTLY MAINTAINED AT 8".
- CECTENTIAL FABRIC SWILL BE PLACED OVER OF STOKE.
- COMPOST FILTER SOCK
- COMPOST FILTER SOCK MUST BE INSTALLED A EACH COMPOST FILTER SOCK SECTION MUST UPSLOPE AT 45 DECREES TO THE MAIN COMPO

THE CONTRACTOR SHALL MANTAIN THE COMPOS

- THE CONTRACTOR SHALL REMOVE SEDMEDIT OF SOCK WHEN IT REACHES & OF THE EXPOSED DIRECTED BY THE ENGINEER. WHERE THE SOCK REQUIRES REPAIR, IT WILL
- THE COMPOST FROM THE FILTER SOCK WILL STE REACHES 70% VEGETATIVE COVER.
- ACCESSATION: THE CONTRACTOR SHALL INSPECT VEGETATED STORM (RUMOFF) EVENT.
- THE COMPACTOR SHALL INSPECT THE SITE FOR FILL SLOPES. THE CONTRACTOR SHALL TILL I DISTURBED AREAS TO PROVIDE A INCEPAN SLOPE FLATON SLOPE FLATON SLOPE FLATON STATEMENT OF THE S
- TEMPORARY AND PERM THE REPARS SWALL BE MADE WITHOU 2 DAYS EDIT CHANGES
- 1. THE CONTRACTOR SHALL INSPECT CHARKELS STORM (RUNOFF) EVENT AND REPARKED BASKEDIA
- EPOSION CONTROL WATS SWALL BE INSPEC MOVEMENT. THE CONTRACTOR SWALL INSTALL REDURED, TO ENSURE THAT THE WAT IS SEC CHANNEL
- THE CONTRACTOR SHALL MOW CHANNELS WHER HAS BEEN REDUCED BY EXCESSIVE VEGETATIVE ( THE CONTRACTOR SHALL RESEED, WULCH AND
- WHERE EXCESSIVE SEDMENT REPOSTS OCUR I COMMENTED SALL REMORE THE SEDMENT COMMENTED FOR COSTRUCTIONS, THEN REMOVE COMPRACTOR SHALL THEN REGAUE, RESEED, CHARREL.
- Tree Chearing
  Erusion & Sediment Control
  Rook Constructon Enverso
  (R' Compast Filter Sock
  24" Compast Filter Sock Earthwork Topsell Stripped, Stockpile / Respread Total Cut /FB sion Control Stanketing ding & Matching satruction Safety Fence କ କ ସ ସ 는 3 à à à 3 년 년 ፍ 🖫

WVDEP APPROVED 00G

Modification 10 / 27 / 2017

D



## SITE INFO

ME NO

SITE AL ALL TIMES

THE END

MOE SCHEDULE:

AREA PROR TO PLACEMENT

STE DESCRIPTION: LOCATED SOUTHWEST OF COUNTY ROUTE 44/GRAYS RUN ROAD

OTHAL AREA OF SITE - 10.4± ACRES
AREA OF PAD
AREA OF SITE TO UNDER GO EXCAVATION - 8.4± ACRES
AREA OF SITE TO UNDER GO EXCAVATION - 8.4± ACRES

AREA OF DISTURBANCE PER PARCEL: XTO ENERGY - 10.4± ACRES

SCHEDULE OF HAJOR CONSTRUCTION COMMENCEMENT COMPLETION

SUMMER 2017 SUMMER 2019

VICINITY MAP

PRE-CONSTRUCTION RUNOFF VOLUME POST-CONSTRUCTION RUNOFF VOLUME

38,103

99

RECEIVING STREAM & SURFACE WATER ONSITE DRAINAGE FLOWS TO UNIT TO E GAMON CREEK

## SHEET NO. E

HE OF THE SOCK DR AS TIMELY REPAIRED EN SOOK IN A FUNCTIONAL THE SOCK ALIGNMENT RET

ERSED ON THE SITE WILLY

WEEKLY AND WITER ENCH

|    | ES-8                                   | ES-7                                   | ES-6                                   | ES-5                                   | ES-4                                    | ES-3                                             | ES-2                                            | E3-1                                       |
|----|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------|--------------------------------------------|
|    | EROSION                                | EROSION                                | EROSION                                | EROSION                                | EROSION                                 | EROSION                                          | EROSIDN                                         | EROSION                                    |
|    | AND                                    | AND                                    | AND                                    | AND                                    | AND                                     | AND                                              | AND                                             | AND                                        |
|    | SEDIMENT                               | SEDIMENT                               | SEDIMENT                               | SEDIMENT                               | SEDIMENT                                | SEDIMENT                                         | SEDIMENT                                        | SEDIMENT                                   |
| 1, | EROSION AND SEDIMENT CONTROL - DETAILS | EROSION AND SEDIMENT CONTROL - WELL PAD | EROSION AND SEDIMENT PLAN - PROPOSED SITE LAYOUT | EROSIDN AND SEDIMENT PLAN - EXISTING CONDITIONS | EROSION AND SEDIMENT CONTROL - TITLE SHEET |

PREPARED FOR:

ATO ENERGY, INC.
480 INDUSTRIAL PARK ROAD
JANE LEW, WV 26378
TELEPHONE: (304) 884-6042

STIMATE STIM.

BID QTY.

UNIT PRICE

COST

Morris

Knowles &

PREPARED BY:

EDWENT CHANNELS, THE EPOSTS, INSPECT THE DO DESTRUCTIONS. THE LICH AND REMAT THE

MANNEL FLOW CAPACITY IT ANY BURE AREAS FOR ANY TEARS OR DOTTONNE STAPLES, AS ELY ANCHORED TO THE KLY WID WITER OVERING PROBLEM. AND GULLIES ON CUT DR AND GULLIES, REGRADE THEN RESERD/MULCH AND

Inc.

Morris Knowles

& Associates, Inc.

Singinasm and Land Jurayan

443 Attena Drive

Delmont, PA 15826

Telephone: (724) 468-4622

Fox: (724) 466-5940

N/A DRAWN BY: SRP

DESIGNED BY: SRP REVIEWED BY: MMV DATE: 9/26/2017 PROJ. NO.: 1637 CRAWING NO.: 9XTDICE

REVISION BYLSEP REVISION BY: SRP REVISION BY: SRP REVISION BY: REVISION BY:\_\_\_

DATE DATE: REVISION BY: DATE:

DATE:8/12/17 DESCRIPTION: UPDATED OF QUANTITIES
DATE:8/13/17 DESCRIPTION: ADDED, BEDROCK QUANTITY DATE:9/26/17 DESCRIPTION: UPDATE QUANT

CENTER OF ICE PAD (NAD 83) LAT: 39° 25' 51.92" LON: 80° 18' 45.80"

DESCRIPTION

STATE OF

THE LOCATION OF ENSINE UNITIES WHIT TWEN FROM RECORDS AND MARKING PROVIDED BY COMPACION STORM MAY BE APPROXIMED BY COMPACION STORM MAY BE APPROXIMED. THE COMPACION FOR EXPONENCE THE COMPACION FROM THE COMPACION STORM MAY BE APPROXIMED BY OUT OF ALL EXISTING UNLITIES.

MORES KROMES & ASSIGNATE, REC. EMPRESSLY RESERVES ITS COMMON LAW COPPRESHT AND OTHER ROWS TO BE REPRODUCED, CHANGED OR MARKHANED IN ANY FORM OR MANCH WANTENEYS, INCR. ASSET RET TO BE ASSIGNED TO ANY RIGHT PEDMISSION AND CONSTANT OF MORES PROPRIES & ASSIGNATES, INC.

ILE BORNEER ASSUMES NO RESPONSIBILITY FOR ANY CHANGES IN DESIGN PLANS UNLESS WRITEN CONSENT IS TARN OF THE ENGINEER. THE CONTRACTOR AND/OF THE OWNER WILL BE HELD MESTANCIBLE FOR ANY FIELD MODIFICATIONS, MOEST WITHOUT THE WINTEN CONSENT OF THE ENGINEER.

9XTOICE ES-1

508 166

501 941 941 178

CHARLES

F. HAMMONIREE, REGISTERED PROFESSIONAL ENGINEER

9/26/17 DATE

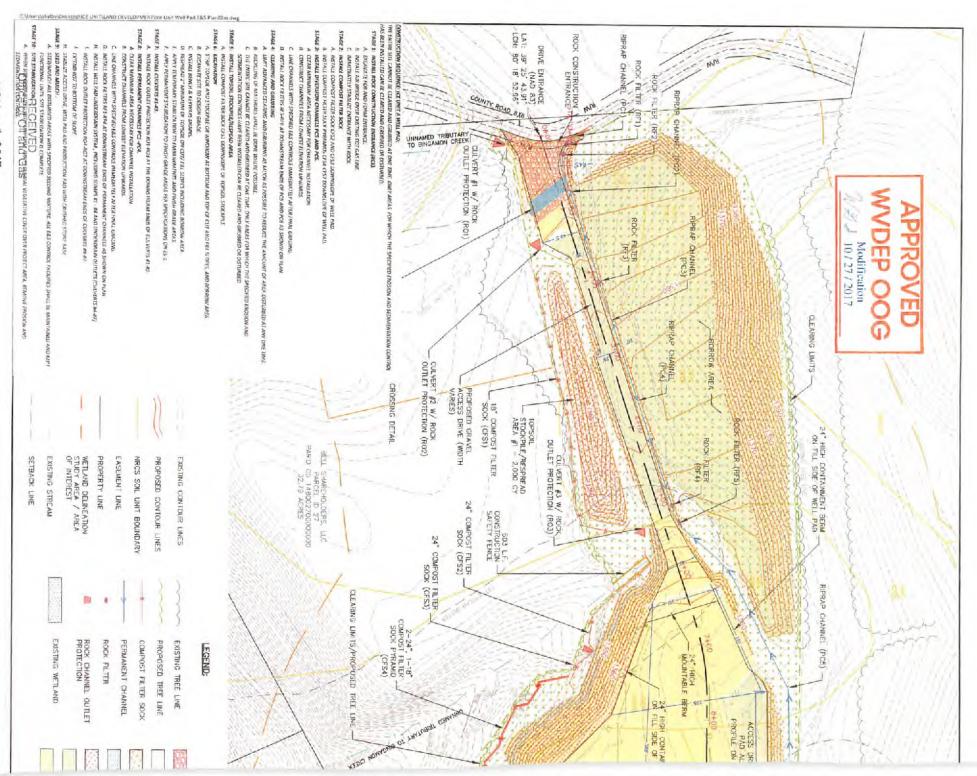
ICE PAD

prepared for

XTO ENERGY, INC.
situated

CLAY DISTRICT, HARRISON COUNTY, WEST VIRGINIA

EROSION AND SEDIMENT CONTROL - TITLE SHEET



NOV - 1 2017

MN/ Department of

