

BEFORE THE VIRGINIA GAS AND OIL BOARD

PETITIONER: Appalachian Energy

DIVISION OF GAS AND OIL

DOCKET NO: VGOB 07-1016-2055-01

RELIEF SOUGHT: (1) DISBURSEMENT FROM ESCROW REGARDING TRACT(S) 1 (2) AND AUTHORIZATION FOR DIRECT PAYMENT OF ROYALTIES (3) AND DISMISSAL OF COAL OWNERS PURSUANT TO CODE OF VIRGINIA SECTION 45.1-361.22:2.

HEARING DATE: May 10, 2016

DRILLING UNIT: E-100

BUCHANAN COUNTY, VIRGINIA

PETITION FOR ORDER OF DISBURSEMENT OF ESCROW FUNDS

1. Petitioner and its counsel

Petitioner is Appalachian Energy, P. O. Box 2406, Abingdon, VA 24212, (276)619-4880. Petitioner's counsel is James Kaiser, Wilhoit and Kaiser Law Firm, 220 Broad Street, Suite 210, Kingsport, TN 37660 .

2. Relief Sought

the disbursement of escrowed funds heretofore deposited with the Board's EscrowAgent, attributable to Tract 1, as depicted upon the annexed table, and authorization to begin paying royalties directly to Janice Compton, owner of 1/20 of the gas under a 90-acre tract of land that makes up a portion of CBM Unit E-100 (Well AE-186).

3. Legal Authority

Va. Code Ann. § 45.1-361.1 et seq., 4 VAC 25-160-140., and relevant Virginia Gas and Oil Board Orders ("Board") heretofore promulgated pursuant to law.

4. Type of Well(s)

Coalbed Methane

5. Factual basis for relief requested

Petition to disburse funds from the escrow account for well AE-186 to Janice Compton. VGOB 07-1016-2055-01

6. Attestation

The foregoing Petition to the best of my knowledge, information, and belief is true and correct.

11109'

LATITUDE 37°20'00"

TOTAL UNIT AREA

= 58.77 ACRES

- DENOTES MINERAL LINE
- - - DENOTES SURFACE LINE
- · — DENOTES SURFACE & MINERAL LINES

1

COLEMAN, LECKIE, POBST -
 coal, oil & gas
 39.76 AC. - 67.65%
 SHERRIE DOTSON &
 RODNEY DOTSON - surface

STATE PLANE
 NAD 27 COORDINATES
 OF WELL AE-186
 375644.47
 971241.91
 LAT 37.312138
 LON -82.038197

CCC COORDINATES
 OF WELL AE-186
 N 77256.97
 E 100694.26



LONGITUDE 82°00'00"

7717'

UNIT BOUNDARY

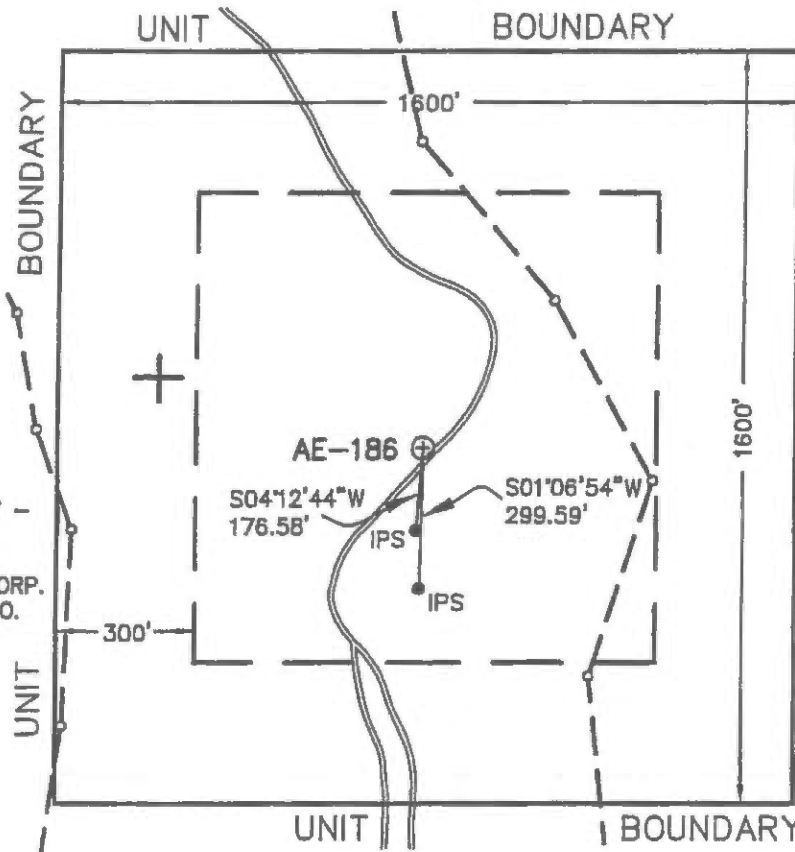
2

EAGLE COAL CORP. -
 Coal, Gas, Oil
 GAS 18.76 AC. - 31.92%

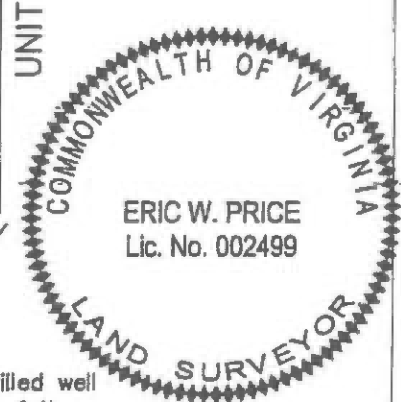
3

TRACT D-8
 BUCHANAN REALTY -
 coal, oil & gas
 COAL LESSEES -
 WELLMORE COAL CORP.
 RAPOCA ENERGY CO.
 0.25 AC. - 0.43%

COORDINATES
 OF BENCH MARK
 N 48859.71
 E 75916.33
 ELEV. = 2302.85



REVISION



NOTE !!!

WELL COORDINATES ARE BASED ON CLINCHFIELD
 COAL COMPANY'S COORDINATE SYSTEM
 CLINCHFIELD COAL COMPANY COORDINATES ARE
 CALCULATED FROM STATE PLANE WELL COORDINATES.
 PROPERTY INFORMATION PROVIDED BY APPALACHIAN
 ENERGY, INC.

ELEVATIONS ARE BASED ON NGS CONTROL CINDY AZ MK.

The actual location of the drilled well
 shall be within ten (10) feet of the
 location shown hereon as provided
 for by 4 VAC 25-150-290 and
 45.1-361.30.

WELL LOCATION PLAT

COMPANY Appalachian Energy, Inc. WELL NAME AND NUMBER AE-186 (E-100)
 TRACT No. COLEMAN, LECKIE, POBST ELEVATION 2018.20 (GPS) QUADRANGLE GRUNDY
 COUNTY BUCHANAN DISTRICT NORTH GRUNDY SCALE: 1" = 400' DATE September 14, 2007
 THIS PLAT IS A NEW PLAT x; AN UPDATED PLAT ; OR A FINAL LOCATION PLAT
 PROPOSED TOTAL DEPTH OF WELL =

+ DENOTES THE LOCATION OF A WELL ON UNITED STATES TOPOGRAPHIC MAPS, SCALE 1 TO
 24,000, LATITUDE AND LONGITUDE LINES BEING REPRESENTED BY BORDER LINES AS SHOWN.

Eric W. Price

9-14-07

(AFFIX SEAL)

T&L

LICENSED PROFESSIONAL ENGINEER OR LICENSED LAND SURVEYOR,

0011

EXHIBIT E
Docket # 07-1016-2055-01
AE-186 (E-100)

TRACT	LESSOR	INTEREST IN UNIT	GROSS ACRES IN UNIT
	N/A		

EXHIBIT EE
Docket #07-1016-2055-01
AE-186 (E-100)

TRACT		LESSOR	LEASE STATUS	INTEREST WITHIN UNIT	GROSS ACREAGE IN UNIT
		GAS ESTATE ONLY			
		<u>COLEMAN / LECKIE / POBST HEIRS</u>		67.6500%	39.76
1	0.050	JANICE COMPTON 4761 HUSTON DRIVE LAKE ORION, MI 48359	Leased	3.3825%	1.988
		W.W. Coleman Heirs			
1	0.035	* Lydia Jane Morris 9 Pinehurst Trail Fairfield, PA 17320	* Leased	2.3803%	1.399
1	0.035	* Alice Maclean Schepp 273 Hickory Heights Dr Bridgeville, PA 15017	* Leased	2.3803%	1.399
1	0.035	* Amy Elizabeth Reilly 819 Hillcrest Circle Wexford, PA 15090	* Leased	2.3803%	1.399
1	0.106	* Daniel L. & Annie G. Coleman 200 Bellefonte Circle Ashland, KY 41101	* Leased	7.1408%	4.197
1	0.106	* Lawrence E. Kapinos 18506 SE 24th St. Vancouver, WA 98683 Heir to Frances Foley	* Leased	7.1408%	4.197
		W.S. Leckie Heirs			
1	0.317	* S. Charles & Lillian C. Ratliff 1056 Fairview Street Grundy, VA 24614	* Leased	21.4225%	12.591
		H. Claude Pobst Heirs			
1	0.106	* Meredith Ellis Jennings 542 Butler Mill Rd Maryville, TN 37803	* Leased	7.1408%	4.197
1	0.053	* Richard K. Pobst 1024 Oxford Drive St. Augustine, FL 32084	* Leased	3.5704%	2.098
1	0.053	* Nancy Catherine Pobst-Hooper 111 Postelle St Cartersville, GA 30120	* Leased	3.5704%	2.098

John W. Pobst Heirs

1	0.053	*	John W. Pobst, Jr. & Lynda Pobst PO Box 86 Revere, PA 18953	* Leased	3.5704%	2.098
1	0.053	*	Virginia & Phillip Linnick 4324 South Ball Dr Veradale, WA 99037	* Leased	3.5704%	2.098
2	1.000	*	EAGLE COAL CORPORATION c/o Stewart & Campbell Hess PO Box 1060	* Leased	31.9200%	18.76
3	1.000	*	BUCHANAN REALTY LTD PARTNERHIP 4710 Hunterwood Circle Richmond, TX 77469	* Leased	0.4300%	0.25

*** OWNERS THAT ARE PAID DIRECTLY. NO MONEY WAS EVER DEPOSITED IN ESCROW FOR THESE OWNERS.**

TRACT		LESSOR	LEASE STATUS	INTEREST WITHIN UNIT	GROSS ACREAGE IN UNIT
		COAL ESTATE ONLY			
1	0.0370	Lydia Jane Morris 9 Pinehurst Trail Fairfield, PA 17320	unleased	2.64%	1.550
1	0.0370	Alice Maclean Schepp 273 Hickory Heights Dr Bridgeville, PA 15017	leased	2.64%	1.550
1	0.0370	Amy Elizabeth Reilly 819 Hillcrest Circle Wexford, PA 15090	leased	2.64%	1.550
1	0.1111	Daniel L. & Annie G. Coleman 200 Bellefonte Circle Ashland, KY 41101	leased	7.91%	4.651
1	0.1111	Lawrence E. Kapinos 18506 SE 24th St. Vancouver, WA 98683 Heir to Frances Foley	leased	7.91%	4.651
		W.S. Leckie Heirs			
1	0.3333	S. Charles & Lillian C. Ratliff 1056 Fairview Street Grundy, VA 24614 H. Claude Pobst Heirs	leased	23.74%	13.953
1	0.1111	Meredith Ellis Jennings 542 Butler Mill Rd Maryville, TN 37803	unleased	7.91%	4.651

1	0.0556	Richard K. Pobst 1024 Oxford Drive St. Augustine, FL 32084	unleased	3.96%	2.326
1	0.0556	Nancy Catherine Pobst-Hooper 111 Postelle St Cartersville, GA 30120	unleased	3.96%	2.326
		John W. Pobst Heirs			
1	0.0556	John W. Pobst, Jr. & Lynda Pobst PO Box 86 Revere, PA 18953	unleased	3.96%	2.326
1	0.0556	Virginia & Phillip Linnick 4324 South Ball Dr Veradale, WA 99037	unleased	3.96%	2.326
2	1.0000	EAGLE COAL CORPORATION c/o Stewart & Campbell Hess PO Box 1060 Huntington, WV 25727	unleased	25.97%	15.260
3	1.0000	BUCHANAN REALTY LIMITED PARTNERHIP 4710 Hunterwood Circle Richmond, TX 77469	leased	2.80%	1.650

Affidavit of Mailing – GAS OWNER

Commonwealth of Virginia
County of Washington

Applicant: Appalachian Energy, Inc.
Relief Sought: Disbursement Petition for VGOB:

08-0715-2280
07-1016-2056
07-1016-2057
07-1016-2055
08-0819-2312
08-0715-2279

I, Justin D. Phillips, after being duly sworn upon oath, state as follows:

I am the Land Manager for Appalachian Energy, Inc., and am responsible for the notification process required by Va. Code Ann. 45.1-361.19 of the Code of Virginia and 4VAC25-40

That on December 21, 2015, pursuant to the requirements of House Bill 2058, notification was sent, via certified mail return receipt requested, to the listed coal owner(s). Said notification informed that the gas owner had 45 days from the date of notice to object to the disbursement on behalf of the oil and gas owner(s).

Notice of this cause has therefore been served by mail pursuant to the applicable statutes and rules of the Board.

Justin D. Phillips

Justin D. Phillips, Land Manager of Appalachian Energy, Inc.

STATE OF VA COUNTY OF WASHINGTON

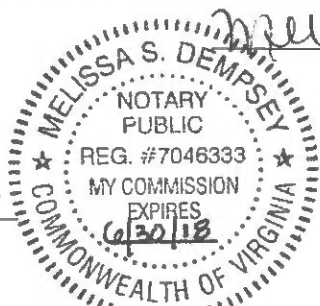
I, Melissa S. Dempsey, a Notary Public of said County and State, do certify that

Justin D. Phillips whose name is/are signed to the writing hereto annexed, has this day acknowledged the same before me in said

County and State. Given under my hand this 21st day of December, 2015.

Melissa S. Dempsey (SEAL)

Notary Public



My commission expires: 6/30/18

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LYDIA JANE MORRIS
 9 PINEHURST TRAIL
 FAIRFIELD, PA 17320

2. Article Number
 (Transfer from service label)

7011 2000 0001 8541 8682

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lydia Jane Morris*

Agent
 Addressee

B. Received by (Printed Name)

Robert Morris Wall

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN POBST, JR.
 PO BOX 86
 REVERE, PA 18953

2. Article Number
 (Transfer from service label)

7011 2000 0001 8541 8620

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Pobst, Jr.*

Agent
 Addressee

B. Received by (Printed Name)

John W. Pobst, Jr.

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DANIEL L. COLEMAN
ANNIE G. COLEMAN
200 BELLEFONTE CIRCLE
ASHLAND, KY 41101

2. Article Number
(Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X <i>D. Coleman</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery 12-24	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7011 2000 0001 8541 8651

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AMY ELIZABETH REILLY
JOHN REILLY
819 HILLCREST CIRCLE
WEXFORD, PA 15090

2. Article Number
(Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X <i>[Signature]</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7011 2000 0001 8541 8668

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ALICE MACLEAN SCHEPP
 273 HICKORY HEIGHTS DRIVE
 BRIDGEVILLE, PA 15017

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressed

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7011 2000 0001 8541 8675

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NANCY POBST-HOOPER
 111 POSTELLE ST.
 CARTERSVILLE, GA 30120

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressed

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

DEC 23 2015

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7011 2000 0001 8541 8637

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JANICE COMPTON
4761 HUSTON DR.
LAKE ORION, MI 48359

2. Article Number
(Transfer from service label)

7011 2000 0001 8541 8606

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1541

COMPLETE THIS SECTION ON DELIVERY

A. Signature



-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Janice Compton

C. Date of Delivery

12-24-15

- D. Is delivery address different from item 1?
-
- Yes
-
- If YES, enter delivery address below:
-
- No

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VIRGINIA LINWICK
PHILLIP LINWICK
4324 SOUTH BALL DRIVE
VERADALE, WA 99037

2. Article Number
(Transfer from service label)

7011 2000 0001 8541 8613

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature



-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

LEE LINWICK

C. Date of Delivery

12/31/15

- D. Is delivery address different from item 1?
-
- Yes
-
- If YES, enter delivery address below:
-
- No

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LAWRENCE E. KAPINOS
 18506 SE 24TH ST.
 VANCOUVER, WA 98683

2. Article Number

*(Transfer from service label)***COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Lawrence E. Kapinos* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

Lawrence E. Kapinos *12/29/15*

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

7011 2000 0001 8541 8699

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MRS. LILLIAN RATLIFF
 1056 FAIRVIEW ST.
 GRUNDY, VA 24614

2. Article Number
(Transfer from service label)

7011 2000 0001 8541 8729

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *L. Ratliff* Agent Addressee
- B. Received by (Printed Name) *L. Ratliff* C. Date of Delivery *1/04/16*
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Meredith Ellis Jennings
 542 Butler Mill Rd
 Maryville, TN 37803

2. Article Number
(Transfer from service label)

7011 2000 0001 8541 8712

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *David Jennings* Agent Addressee
- B. Received by (Printed Name) *DAVID JENNINGS* C. Date of Delivery *FEB 08 2016*
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



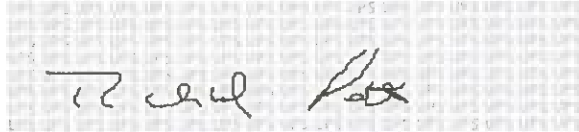
Proof of Delivery

[Close Window](#)

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number: 1Z3AV4252987944640
Service: UPS Next Day Air Saver®
Special Instructions: Signature Required
Weight: .50 lb
Shipped/Billed On: 03/02/2016
Delivered On: 03/03/2016 6:38 P.M.
Delivered To: 1024 OXFORD DR
 SAINT AUGUSTINE, FL, US 32084
Signed By: POBST



Left At: Residential

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 03/04/2016 4:22 P.M. ET

[Print This Page](#)

[Close Window](#)

APPALACHIAN ENERGY, INC.
EXHIBIT "J"
AE-186
VGOB 07-1016-2055-01

PAYMENT DATE	PAYMENT AMOUNT
11/10/2008	\$4.17
12/10/2008	\$39.23
1/10/2009	\$43.95
2/10/2009	\$42.44
3/10/2009	\$53.38
4/10/2009	\$60.24
5/10/2009	\$50.71
6/10/2009	\$46.90
7/10/2009	\$42.31
8/10/2009	\$40.17
9/10/2009	\$39.53
10/10/2009	\$44.98
11/10/2009	\$35.64
12/10/2009	\$28.20
1/10/2010	\$42.56
2/10/2010	\$0.00
3/10/2010	\$64.51
4/10/2010	\$78.31
5/10/2010	\$68.60
6/10/2010	\$61.48
7/10/2010	\$49.45
8/10/2010	\$55.78
9/10/2010	\$50.76
10/10/2010	\$61.68
11/10/2010	\$61.01
12/10/2010	\$40.57
1/10/2011	\$35.41
2/10/2011	\$38.27
3/10/2011	\$52.25
4/10/2011	\$51.52
5/10/2011	\$45.14
6/10/2011	\$42.67
7/10/2011	\$47.16
8/10/2011	\$51.74
9/10/2011	\$46.93
10/10/2011	\$49.66
11/10/2011	\$49.19
12/10/2011	\$39.10
1/10/2012	\$36.38
2/10/2012	\$34.62
3/10/2012	\$33.10
4/10/2012	\$26.72
5/10/2012	\$20.84

6/10/2012	\$18.94
7/10/2012	\$15.26
8/10/2012	\$14.66
9/10/2012	\$18.22
10/10/2012	\$22.79
11/10/2012	\$20.07
12/10/2012	\$15.77
1/10/2013	\$14.62
2/10/2013	\$25.69
3/10/2013	\$27.46
4/10/2013	\$20.81
5/10/2013	\$17.82
6/10/2013	\$21.94
7/10/2013	\$28.20
8/10/2013	\$29.14
9/10/2013	\$26.76
10/10/2013	\$17.42
11/10/2013	\$18.13
12/10/2013	\$19.73
1/10/2014	\$20.92
2/10/2014	\$20.13
3/10/2014	\$20.84
4/10/2014	\$0.00
5/10/2014	\$56.04
6/10/2014	\$31.51
7/10/2014	\$26.67
8/10/2014	\$25.88
9/10/2014	\$18.30
10/10/2014	\$15.55
11/10/2014	\$11.41
12/10/2014	\$8.38
1/10/2015	\$11.14
2/10/2015	\$12.63
3/10/2015	\$15.54
4/10/2015	\$10.14
5/10/2015	\$6.50
6/10/2015	\$6.43
7/10/2015	\$5.07
8/10/2015	\$6.57
9/10/2015	\$6.32
10/10/2015	\$8.04
11/10/2015	\$8.16
12/10/2015	\$6.53
TOTALS	\$2,659.39

Unit Name	Docket #	Operator	Deposits
AE-186	07-1016-2055-01	Appalachian Energy	\$2,708.84
Difference	(\$49.45)		

Affidavit of Mailing – COAL OWNER

Commonwealth of Virginia
County of Washington

Applicant: Appalachian Energy, Inc.
Relief Sought: Disbursement Petition for VGOB:

08-0715-2280
07-1016-2056
07-1016-2057
07-1016-2055
08-0819-2312
08-0715-2279

I, Justin D. Phillips, after being duly sworn upon oath, state as follows:

I am the Land Manager for Appalachian Energy, Inc., and am responsible for the notification process required by Va. Code Ann. 45.1-361.19 of the Code of Virginia and 4VAC25-40

That on December 21, 2015, pursuant to the requirements of House Bill 2058, notification was sent, via certified mail return receipt requested, to the listed coal owner(s). Said notification informed that the gas owner had 45 days from the date of notice to object to the disbursement on behalf of the oil and coal owner(s).

Notice of this cause has therefore been served by mail pursuant to the applicable statutes and rules of the Board.

Justin D. Phillips

Justin D. Phillips, Land Manager of Appalachian Energy, Inc.

STATE OF VA COUNTY OF WASHINGTON

I, Melissa S. Dempsey, a Notary Public of said County and State, do certify that

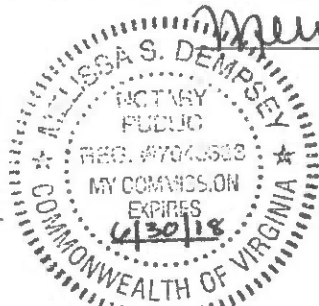
Justin D. Phillips whose name is/are signed to the writing hereto annexed, has this day acknowledged the same before me in said

County and State. Given under my hand this 21st day of December, 2015.

Melissa S. Dempsey (SEAL)

Notary Public

My commission expires: 6/30/18



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LYDIA JANE MORRIS
 9 PINEHURST TRAIL
 FAIRFIELD, PA 17320

2. Article Number
 (Transfer from service label)

7011 2000 0001 8541 8682

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lydia Jane Morris*

Agent
 Addressee

B. Received by (Printed Name)

Robert Morris Wall

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN POBST, JR.
 PO BOX 86
 REVERE, PA 18953

2. Article Number
 (Transfer from service label)

7011 2000 0001 8541 8620

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John W. Pobst Jr.*

Agent
 Addressee

B. Received by (Printed Name)

John W. Pobst Jr.

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DANIEL L. COLEMAN
ANNIE G. COLEMAN
200 BELLEFONTE CIRCLE
ASHLAND, KY 41101

2. Article Number
(Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X <i>D. Coleman</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery 12-24	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7011 2000 0001 8541 8651

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AMY ELIZABETH REILLY
JOHN REILLY
819 HILLCREST CIRCLE
WEXFORD, PA 15090

2. Article Number
(Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X <i>[Signature]</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

7011 2000 0001 8541 8668

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ALICE MACLEAN SCHEPP
 273 HICKORY HEIGHTS DRIVE
 BRIDGEVILLE, PA 15017

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressed

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7011 2000 0001 8541 8675

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NANCY POBST-HOOPER
 111 POSTELLE ST.
 CARTERSVILLE, GA 30120

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressed

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

DEC 23 2015

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7011 2000 0001 8541 8637

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JANICE COMPTON
4761 HUSTON DR.
LAKE ORION, MI 48359

2. Article Number
(Transfer from service label)

7011 2000 0001 8541 8606

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1541

COMPLETE THIS SECTION ON DELIVERY

A. Signature



-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Janice Compton

C. Date of Delivery

12-24-15

- D. Is delivery address different from item 1?
-
- Yes
-
- If YES, enter delivery address below:
-
- No

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VIRGINIA LINWICK
PHILLIP LINWICK
4324 SOUTH BALL DRIVE
VERADALE, WA 99037

2. Article Number
(Transfer from service label)

7011 2000 0001 8541 8613

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature



-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

LEE LINWICK

C. Date of Delivery

12/31/15

- D. Is delivery address different from item 1?
-
- Yes
-
- If YES, enter delivery address below:
-
- No

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LAWRENCE E. KAPINOS
18506 SE 24TH ST.
VANCOUVER, WA 98683

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lawrence E. Kapinos* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

Lawrence E. Kapinos *12/29/15*

Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7011 2000 0001 8541 8699

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MRS. LILLIAN RATLIFF
 1056 FAIRVIEW ST.
 GRUNDY, VA 24614

2. Article Number
(Transfer from service label)

7011 2000 0001 8541 8729

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 L. Ratliff Address
- B. Received by (Printed Name) *L. Ratliff* C. Date of Delivery *1/04/16*
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Meredith Ellis Jennings
 542 Butler Mill Rd
 Maryville, TN 37803

2. Article Number
(Transfer from service label)

7011 2000 0001 8541 8712

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 David Jennings Address
- B. Received by (Printed Name) *DAVID JENNINGS* C. Date of Delivery *FEB 08 2016*
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



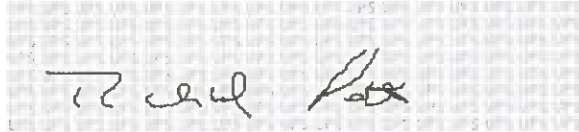
Proof of Delivery

[Close Window](#)

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number: 1Z3AV4252987944640
Service: UPS Next Day Air Saver®
Special Instructions: Signature Required
Weight: .50 lb
Shipped/Billed On: 03/02/2016
Delivered On: 03/03/2016 6:38 P.M.
Delivered To: 1024 OXFORD DR
 SAINT AUGUSTINE, FL, US 32084
Signed By: POBST



Left At: Residential

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 03/04/2016 4:22 P.M. ET

[Print This Page](#)

[Close Window](#)