

Case 2:08-bk-62733 Claim 39-1 Filed 02/09/09 Desc Main Document Page 1 of 28 UNITED STATES BANKRUPTCY COURT Southern District of Ohio		PROOF OF CLAIM
Name of Debtor: Triad Resources, Inc.		Case Number: 2:08-62733
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) H & H PIT DISPOSAL, LLC		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Clerk's Office (If known) _____ THOMAS J. JORDAN, CLERK U.S. BANKRUPTCY COURT COLUMBUS, OHIO FEB-9 PM 1:45 FILED
Name and address where notices should be sent H & H PIT DISPOSAL, LLC 250 MISSOURI FORK ROAD SPENCER, WV 25276-9062		
Telephone number: 304-927-1604		Filed on: _____
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: _____		
1. Amount of Claim as of Date Case Filed: \$ 5,072.00 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other: Specify applicable paragraph of 11 U.S.C. §507(a)(____).
2. Basis for Claim: Services performed (See instruction #2 on reverse side)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side)		
4. Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim. If any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary (See instruction 7 and definition of "redacted" on reverse side). DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: 1-31-09	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Theresa Hickman Theresa Hickman, Administrative Asst.	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		FOR COURT USE ONLY

Triad Resources Inc



33 00039

H & H PIT DISPOSAL, LLC

**P O Box 146
SPENCER, WV 25276
Phone & Fax 304-927-1604
Email trnhickman hhpit@yahoo com**

Date	Invoice #
11/14/2008	29-058

Bill To	
Triad Resources, Inc	
5669 Wallback Road	
Wallback, WV 25285	

Project	Terms	Via
Natural Steam Energy 818	Net 30	US Mail

Quantity	Item Code	Description	Price Each	Amount
1	Pit Discharge (Discount)		875 00	875 00
1	Fuel Surcharge		40 00	40 00
3	Hydrated Lime		9 00	27 00
2	Defoamer		40 00	80 00

Thank you for your business.
Please remit to the address above.
All accounts due in 30 days.

Total	\$1,022 00
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State of West Virginia
Department of Environmental Protection
Office of Oil and Gas
Discharge Monitoring Report
Oil and Gas General Permit

Company Name TRIAD RESOURCES, INC
API 47-013-04682 County CALHOUN
District LEE
Farm Name NATURAL STEAM ENERGY, LLC Well Name Natural Steam Energy 818
Discharge Dates/s From (MMDDYY) 10/24/08 TO (MMDDYY) 10/24/08
Discharge Times From 8 30 a m TO 4 00 p m.

Disposal Option Utilized UIC (2) Permit No
Centralized Facility (5) Permit No
Reuse (4) Alternate Permit Number
Offsite Disposal(3) Site Location
Land Application(1) x (Include a topographical map of the Area.)
Other method(6) (Include an explanation)

Follow Instructions below to determine your treatment category

Optional Pretreatment test 11,000 Chl- mg/l 3.50 DO Mg/l

1 Do you have permission to use expedited treatment from the
Director or his representative? (Y/N) N If yes
who? , and place a four (4) on line 7

If not go to line 2

2 Was Frac Fluid or flowback put into the pit? (Y/N) Y If yes
go to line 5 if not go to line 3

3 Do you have a chloride value pretreatment (see above)?
(Y/N) Y If yes go to line 4 if not go to line 5

4 Is that chloride level less than 5000 mg/l? (Y/N) N If yes
then enter a one (1) on line 7

5 Do you have a pretreatment value for DO? (See above) (Y/N) Y
If yes then go to line 6 if not enter a three (3) in line 7

6 Is that DO greater than 2.5 mg/l? (Y/N) Y If yes then enter a two
(2) on line 7 If not enter a three (3) on line 7

7 2 is the category of your pit Use the Appropriate section

Name of Principal Exec Officer

Title of Officer

Date Completed

I certify under penalty of law that I have personally examined
and am familiar with the information submitted on this document and
all the 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
Signature of a Principal Exec Officer or Authorized agent

Signature

WR-34

Page 2 of 2

Category 1

Sampling Results

API NO

Parameter	PredischARGE		Discharge		Units
	Limit	Reported	Limits	Reported	
pH	6-10		6-10		S U
Settling Time	5		N/A	N/A	Days
Fe	6		6		mg/l
D O	2.5	2.5			mg/l
Settleable Sol	5		5		mg/l
Cl	5,000		5,000		mg/l
Oil	Trace		Trace		Obs
TOC			Monitor		mg/l
Oil and Grease			Monitor		mg/l
Al***			Monitor		mg/l
TSS			Monitor		mg/l
Mn	Monitor		Monitor		mg/l
Volume			Monitor		Gals
Flow			Monitor		Gals
Disposal Area			Monitor		Acres

*** Al is only reported if the pH is above 9.0

Category 2

Sampling Results

API NO 47-013-04682

Parameter	PredischARGE		Discharge		Units
	Limit	Reported	Limits	Reported	
pH	6-10	8.4	6-10	8.9	S U
Settling Time	10	11	N/A	N/A	Days
Fe	6	2	6	2	mg/l
D O	2.5	3.50	2.5	4.50	mg/l
Settleable Sol	5		5		mg/l
Cl*	12,500	11,000	12,500	11,000	mg/l
Oil	Trace		Trace		Obs
TOC**			Monitor		mg/l
Oil and Grease			Monitor		mg/l
Al***			Monitor		mg/l
TSS			Monitor		mg/l
Mn	Monitor	CONT	Monitor		mg/l
Volume			Monitor	87,522	Gals
Flow			Monitor		Gals
Disposal Area			Monitor		Acres

* Can Be 25,000 with inspectors approval,

(Inspector)

Date

** Include a description of your aeration technique

AERATION CODE 82

*** Al is only reported if the pH is above 9.0

COPY



west virginia department of environmental protection

Office of Oil and Gas
601 57th Street SE
Charleston, WV 25304
(304) 926-0450
(304) 926-0452 fax

Joe Manchin III, Governor
Randy C. Huffman, Cabinet Secretary
www.wvdep.org

July 08, 2008

WELL WORK PERMIT

New Well

This permit, API Well Number 47-1304682, issued to TRIAD RESOURCES, INC., 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 all 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 drilling, 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 35CSR-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) 926-0499 ext. 1654

James Martin
Chief

Operator's Well No. 818

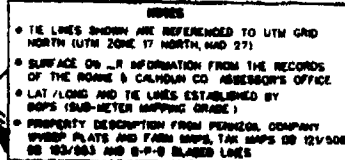
Farm Name: NATURAL STEAM ENERGY, LLC

API Well Number: 47-1304682

Permit Type: New Well

Date Issued: 07/08/2008

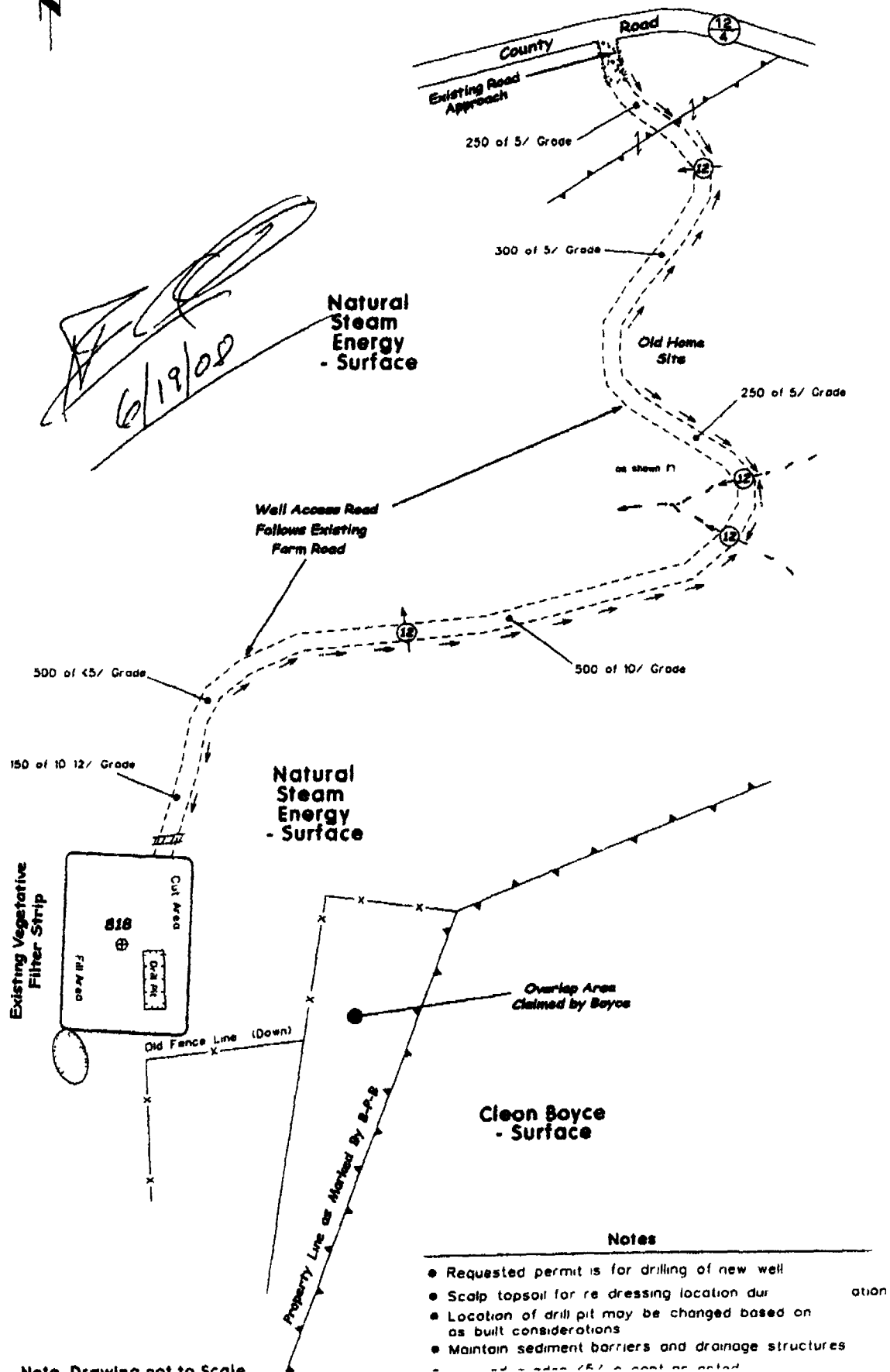
Promoting a healthy environment.



PLUG AND ABANDON _____ CLEAN OUT AND REPLUG _____
 TARGET FORMATION Berea ESTIMATED DEPTH 2 500
 WELL OPERATOR Triad Resources, Inc. DESIGNATED AGENT Kimberly Arnold
 ADDRESS P O Box 430 ADDRESS P O Box 154

FORM IV 6

Reclamation Plan For:
Natural Steam Energy No.818





H & H PIT DISPOSAL, LLC

PIT DISPOSAL
204-237-1004
As fast as the Paper!

Date	Invoice #
11/14/2008	29-059

Bill To
Triad Resources, Inc 5669 Wallback Road Wallback, WV 25285

Project	Terms	Via
C W Radcker 820	Net 30	US Mail

Quantity	Item Code	Description	Price Each	Amount
1	Prt Discharge (Discount)		875 00	875 00
1	Fuel Surcharge		40 00	40 00
4	Hydrated Lime		9 00	36 00

**Thank you for your business.
Please remit to the address above.
All accounts due in 30 days.**

Total

\$951 00

State of West Virginia
Department of Environmental Protection
Office of Oil and Gas
Discharge Monitoring Report
Oil and Gas General Permit

Company Name TRIAD RESOURCES, INC
API 47-087-04632 County ROANE
District SPENCER
Farm Name JOHN B TAYLOR JR Well Name C W. Radeker 820
Discharge Dates/s From (MMDDYY) 10/23/08 TO (MMDDYY) 10/23/08
Discharge Times From 8.30 a.m. TO 5 00 p m
Disposal Option Utilized UIC (2) Permit No
Centralized Facility (5) Permit No
Reuse (4) Alternate Permit Number
Offsite Disposal(3) Site Location
Land Application(1) x (Include a topographical map of the Area.)
Other method(6) (Include an explanation)
Follow Instructions below to determine your treatment category
Optional Pretreatment test 12,000 Chl- mg/l 4 00 DO Mg/l
1 Do you have permission to use expedited treatment from the
Director or his representative? (Y/N) N If yes
who? , and place a four (4) on line 7
If not go to line 2
2 Was Frac Fluid or flowback put into the pit? (Y/N) Y If yes
go to line 5 if not go to line 3
3 Do you have a chloride value pretreatment (see above)?
(Y/N) Y If yes go to line 4 if not go to line 5
4 Is that chloride level less than 5000 mg/l? (Y/N) N If yes
then enter a one (1) on line 7
5 Do you have a pretreatment value for DO? (See above) (Y/N) Y
If yes then go to line 6 if not enter a three (3) in line 7
6 Is that DO greater than 2.5 mg/l? (Y/N) Y If yes then enter a two
(2) on line 7 If not enter a three (3) on line 7
7 2 is the category of your pit Use the Appropriate section
Name of Principal Exec Officer
Title of Officer
Date Completed

I certify under penalty of law that I have personally examined
and am familiar with the information submitted on this document and
all the 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
Signature of a Principal Exec Officer or Authorized agent

Signature

WR-34

Page 2 of 2

Category 1

Sampling Results

API NO

Parameter	Predischage		Discharge		Units
	Limit	Reported	Limits	Reported	
pH	6-10		6-10		S U
Settling Time	5		N/A	N/A	Days
Fe	6		6		mg/l
D O	2.5	2.5			mg/l
Settleable Sol	5		5		mg/l
Cl	5,000		5,000		mg/l
Oil	Trace		Trace		Obs
TOC			Monitor		mg/l
Oil and Grease			Monitor		mg/l
Al***			Monitor		mg/l
TSS			Monitor		mg/l
Mn	Monitor		Monitor		mg/l
Volume			Monitor		Gals
Flow			Monitor		Gals
Disposal Area			Monitor		Acres

*** Al is only reported if the pH is above 9.0

Category 2

Sampling Results

API NO 47-087-04632

Parameter	Predischage		Discharge		Units
	Limit	Reported	Limits	Reported	
pH	6-10	7.4	6-10	8.7	S U
Settling Time	10	10	N/A	N/A	Days
Fe	6	2	6	1	mg/l
D O	2.5	4.00	2.5	4.50	mg/l
Settleable Sol	5		5		mg/l
Cl*	12,500	12,000	12,500	12,000	mg/l
Oil	Trace		Trace		Obs
TOC**			Monitor		mg/l
Oil and Grease			Monitor		mg/l
Al***			Monitor		mg/l
TSS			Monitor		mg/l
Mn	Monitor	CONT	Monitor		mg/l
Volume			Monitor	53,860	Gals
Flow			Monitor		Gals
Disposal Area			Monitor		Acres

* Can Be 25,000 with inspectors approval,

(Inspector) _____ Date _____

** Include a description of your aeration technique AERATION CODE 82

*** Al is only reported if the pH is above 9.0



west virginia department of environmental protection

Office of Oil and Gas
601 57th Street SE
Charleston, WV 25304
(304) 926-0450
(304) 926-0452 fax

Joe Manchin III, Governor
Randy C. Huffman, Cabinet Secretary
www.wvdep.org

June 05, 2008

WELL WORK PERMIT

New Well

This permit, API Well Number 47-8704632, issued to TRIAD RESOURCES, INC., 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 all 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 drilling, 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 35CSR-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) 926-0499 ext 1654.

James Martin
Chief

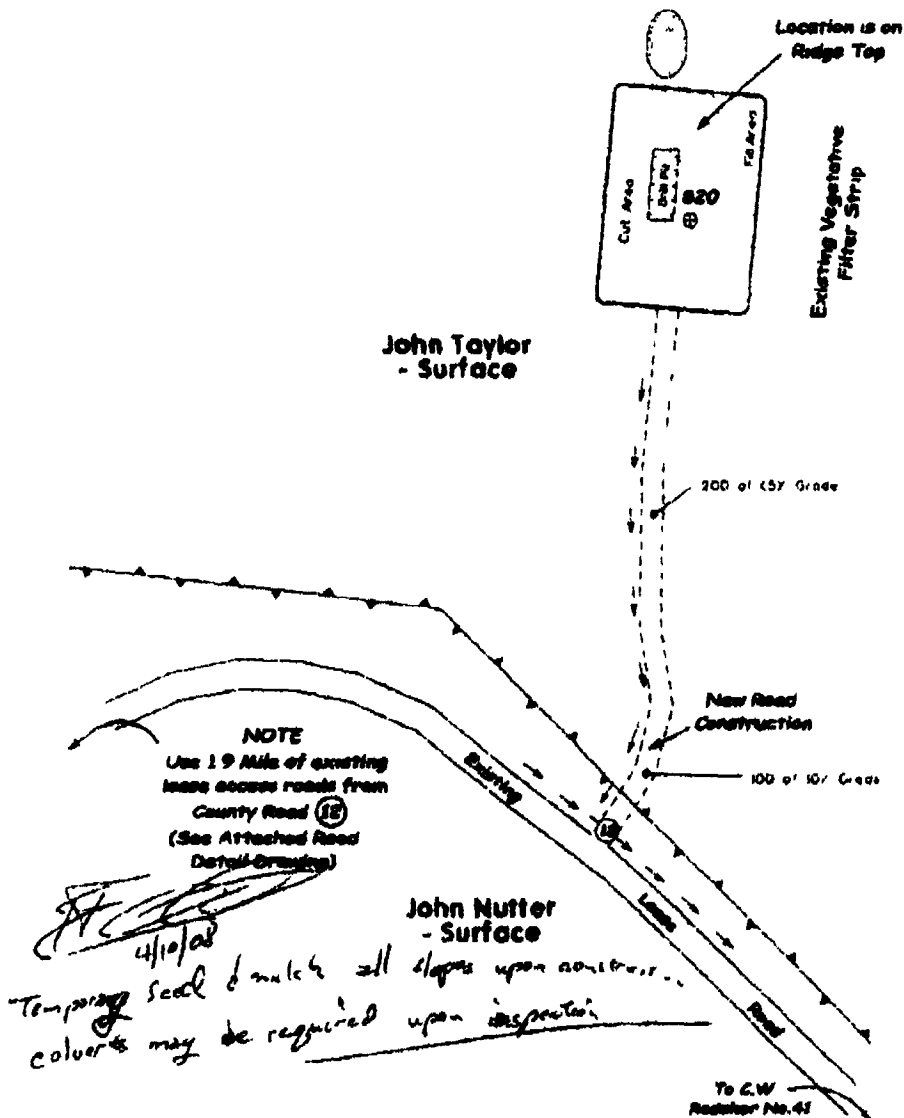
Operator's Well No RADEKER 820
Farm Name TAYLOR, JOHN B JR
API Well Number: 47-8704632
Permit Type: New Well
Date Issued 06/05/2008

Promoting a healthy environment

1/2
1/3
Tallman 815-1

[illegible]

Reclamation Plan For:
C.W. Radeker No. 820



Notes.

- Requested permit is for drilling of new well
- Scalp tops: for re-dressing location during reclamation
- Location of drip pit may be changed based on as built considerations
- Maintain sediment barriers and drainage structures
- All road grades 5% except as noted

Note: Drawing not to Scale



H & H PIT DISPOSAL, LLC

P O Box 146
SPENCER, WV 25276
Phone & Fax 304-927-1604
Email tmhickman hhpt@yahoo.com

Invoice

Date	Invoice #
11/14/2008	29-060

BILL To
Trad Resources, Inc 5669 Wallback Road Wallback, WV 25285

Project	Terms	Via
W E Butcher 819	Net 30	US Mail

Quantity	Item Code	Description	Price Each	Amount
1	Pit Discharge (Discount)		875 00	875 00
1	Fuel Surcharge		40 00	40 00
1	2 Men (Hourly)	Oil Remediation	65 00	65 00
1	Oil Booms		90 00	90 00
3	Hydrated Lime		9 00	27 00

*Thank you for your business.
Please remit to the address above.
All accounts due in 30 days.*

Total \$1,097 00

State of West Virginia
Department of Environmental Protection
Office of Oil and Gas
Discharge Monitoring Report
Oil and Gas General Permit

Company Name TRIAD RESOURCES, INC
API 47-013-04677 County CALHOUN
District LEE
Farm Name HERITAGE CORPORATION Well Name W E Butcher 819
Discharge Dates/s From (MMDDYY) 10/24/08 TO (MMDDYY) 10/24/08
Discharge Times From 8 00 a m TO 6 00 p m.
Disposal Option Utilized UIC (2) Permit No
Centralized Facility (5) Permit No
Reuse (4) Alternate Permit Number
Offsite Disposal(3) Site Location
Land Application(1) x (Include a topographical map of the Area.)
Other method(6) (Include an explanation)
Follow Instructions below to determine your treatment category
Optional Pretreatment test 8,000 Chl- mg/l 3 00 DO Mg/l
1 Do you have permission to use expedited treatment from the
Director or his representative? (Y/N) N If yes
who? , and place a four (4) on line 7
If not go to line 2
2 Was Frac Fluid or flowback put into the pit? (Y/N) Y If yes
go to line 5 if not go to line 3
3 Do you have a chloride value pretreatment (see above)?
(Y/N) Y If yes go to line 4 if not go to line 5
4 Is that chloride level less than 5000 mg/l? (Y/N) N If yes
then enter a one (1) on line 7
5 Do you have a pretreatment value for DO? (See above) (Y/N) Y
If yes then go to line 6 if not enter a three (3) in line 7
6 Is that DO greater than 2.5 mg/l? (Y/N) Y If yes then enter a two
(2) on line 7 If not enter a three (3) on line 7
7 2 is the category of your pit Use the Appropriate section
Name of Principal Exec Officer
Title of Officer
Date Completed

I certify under penalty of law that I have personally examined
and am familiar with the information submitted on this document and
all the 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.
Signature of a Principal Exec Officer or Authorized agent

Signature

WR-34

Page 2 of 2

Category 1

Sampling Results

API NO

Parameter	Predischarge		Discharge		Units
	Limit	Reported	Limits	Reported	
pH	6-10		6-10		S U
Settling Time	5		N/A	N/A	Days
Fe	6		6		mg/l
D O	2.5	2.5			mg/l
Settleable Sol	5		5		mg/l
Cl	5,000		5,000		mg/l
Oil	Trace		Trace		Obs
TOC			Monitor		mg/l
Oil and Grease			Monitor		mg/l
Al***			Monitor		mg/l
TSS			Monitor		mg/l
Mn	Monitor		Monitor		mg/l
Volume			Monitor		Gals
Flow			Monitor		Gals
Disposal Area			Monitor		Acres

*** Al is only reported if the pH is above 9.0

Category 2

Sampling Results

API NO 47-013-04677

Parameter	Predischarge		Discharge		Units
	Limit	Reported	Limits	Reported	
pH	6-10	8.2	6-10	8.8	S U
Settling Time	10	11	N/A	N/A	Days
Fe	6	3	6	1	mg/l
D O	2.5	3.00	2.5	4.00	mg/l
Settleable Sol	5		5		mg/l
Cl*	12,500	8,000	12,500	8,000	mg/l
Oil	Trace		Trace		Obs.
TOC**			Monitor		mg/l
Oil and Grease			Monitor		mg/l
Al***			Monitor		mg/l
TSS			Monitor		mg/l
Mn	Monitor	CONT	Monitor		mg/l
Volume			Monitor	76,582	Gals
Flow			Monitor		Gals
Disposal Area			Monitor		Acres

* Can Be 25,000 with inspectors approval,

(Inspector) _____ Date _____

** Include a description of your aeration technique AERATION CODE 82

*** Al is only reported if the pH is above 9.0



west virginia department of environmental protection

Office of Oil and Gas
601 57th Street SE
Charleston, WV 25304
(304) 926 0450
(304) 926-0452 fax

Joe Manchin III, Governor
Stephanie R. Timmermeyer, Cabinet Secretary
www.wvdep.org

April 10, 2008

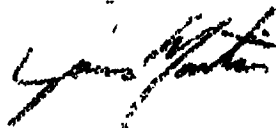
WELL WORK PERMIT

New Well

This permit, API Well Number. 47-1304677, issued to TRIAD RESOURCES, INC., 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 all 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 drilling, 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.

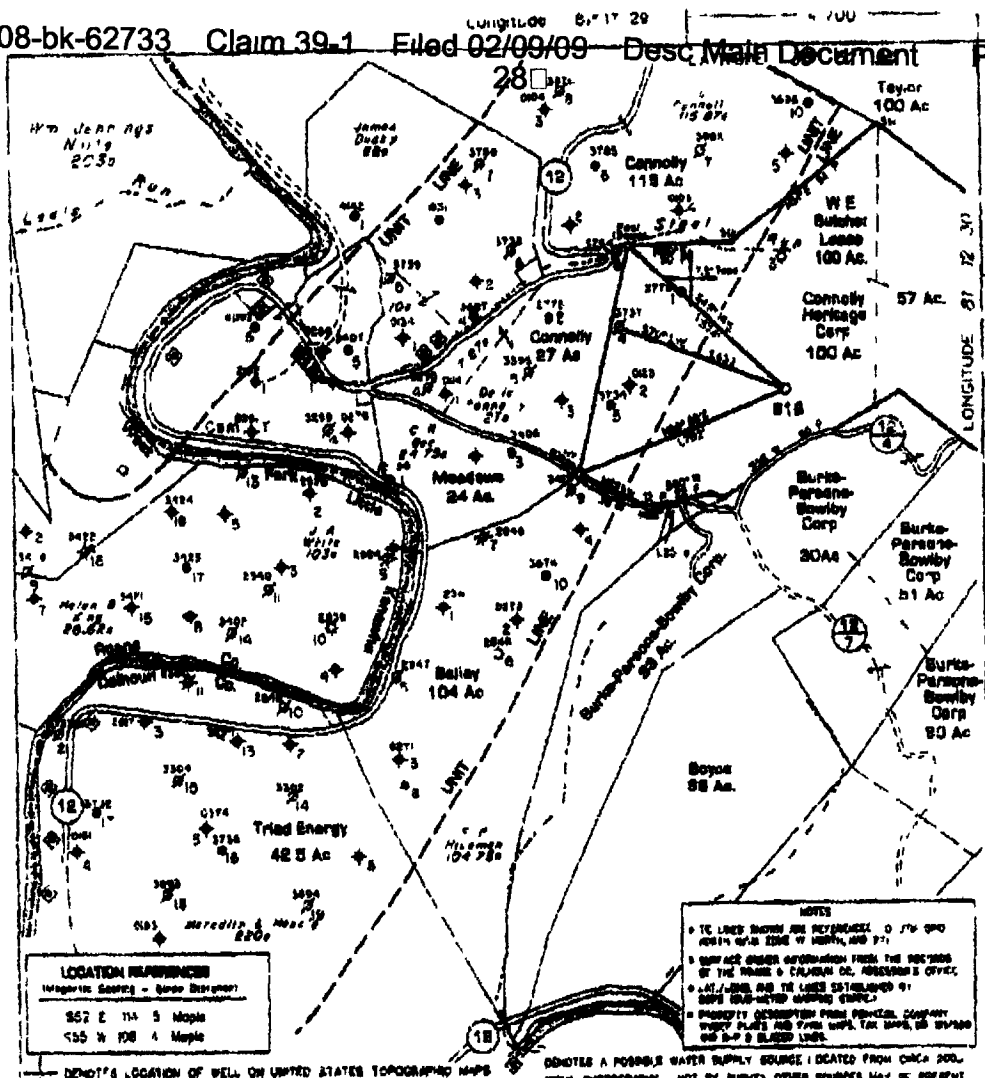
Per 35CSR-4-5 2.g this permit will expire in two (2) years from the issue date unless permitted well work is commenced. If there are any questions, please feel free to contact me at (304) 926-0499 ext. 1654.

A handwritten signature in black ink, appearing to read 'James Martin'.

James Martin
Chief

Operator's Well No. W E BUTCHER 819
Farm Name: CONNOLLY HERITAGE CORP
API Well Number: 47-1304677
Permit Type: New Well
Date Issued: 04/10/2008

Promoting a healthy environment.



LOCATION REFERENCES
 Imperial Survey - Survey Boundary
 552 E 114 S Maple
 555 N 108 S Maple

NOTES
 1. TO LINES SHOWN ARE RECORDED IN THE PUBLIC RECORDS OF THE COUNTY OF CALHOUN, MISSISSIPPI.
 2. THE LINES SHOWN ARE THE LINES ESTABLISHED BY THE SURVEYOR.
 3. THE LINES SHOWN ARE THE LINES ESTABLISHED BY THE SURVEYOR.
 4. THE LINES SHOWN ARE THE LINES ESTABLISHED BY THE SURVEYOR.

FILE NO. 114 21
 DRAWING NO. 1
 SCALE 1" = 1000'
 MAXIMUM DEGREE OF ACCURACY Sub Meter
 PROVEN SOURCE OF ELEVATION DGPS Survey

THE UNDERSIGNED HEREBY CERTIFY THAT THIS PLAT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SHOWS ALL THE INFORMATION REQUIRED BY LAW AND THE REGULATIONS ISSUED AND PRESCRIBED BY THE DEPARTMENT OF MINES
 (SIGNED) *Timothy P. Roush*
 TIMOTHY P. ROUSH PS 793



WEST VIRGINIA
 Division of Environmental Protection
 Office of Oil and Gas
 6015th Street
 Charleston West Virginia 25304



DATE February 27 2008
 FARM W E Butcher No B19
 API WELL NO 47-013-64111

WELL TYPE ☒ GAS ☒ LIQUID INJECTION ☐ WASTE DISPOSAL ☐
 IF GAS: ☒ PRODUCTION ☒ STORAGE ☐ DEEP ☐ SHALLOW ☐
 LOCATION ELEVATION 100' WATERSHED Steel Run
 DISTRICT Lee COUNTY Calhoun
 QUADRANGLE Arrolsburg 7.5'
 SURFACE OWNER Connolly Heritage Corporation ACREAGE 100 Ac
 OIL & GAS ROYALTY OWNER R Connolly et al. LEASE ACREAGE 160 Ac
 LEASE NO
 PROPOSED WORK DRILL ☒ CONVERT ☐ DRILL DEEPER ☐ REDRILL ☐ FRACTURE OR STIMULATE ☒ PLUG OFF OIL FORMATION ☐ PERFORATE NEW FORMATION ☐ OTHER PHYSICAL CHANGE IN WELL (SPECIFY)
 PLUG AND ABANDON ☐ CLEAN OUT AND REPLUG ☐
 TARGET FORMATION Devonian ESTIMATED DEPTH 2000
 WELL OPERATOR Terra Resources, Inc. DESIGNATED AGENT Kimberly Arnold
 ADDRESS P.O. Box 430 ADDRESS P.O. Box 154
Rand, Ohio 45773 Waverly, WV 26164

SUBJECT WELL
WE Butcher No.819



819

Oil Well

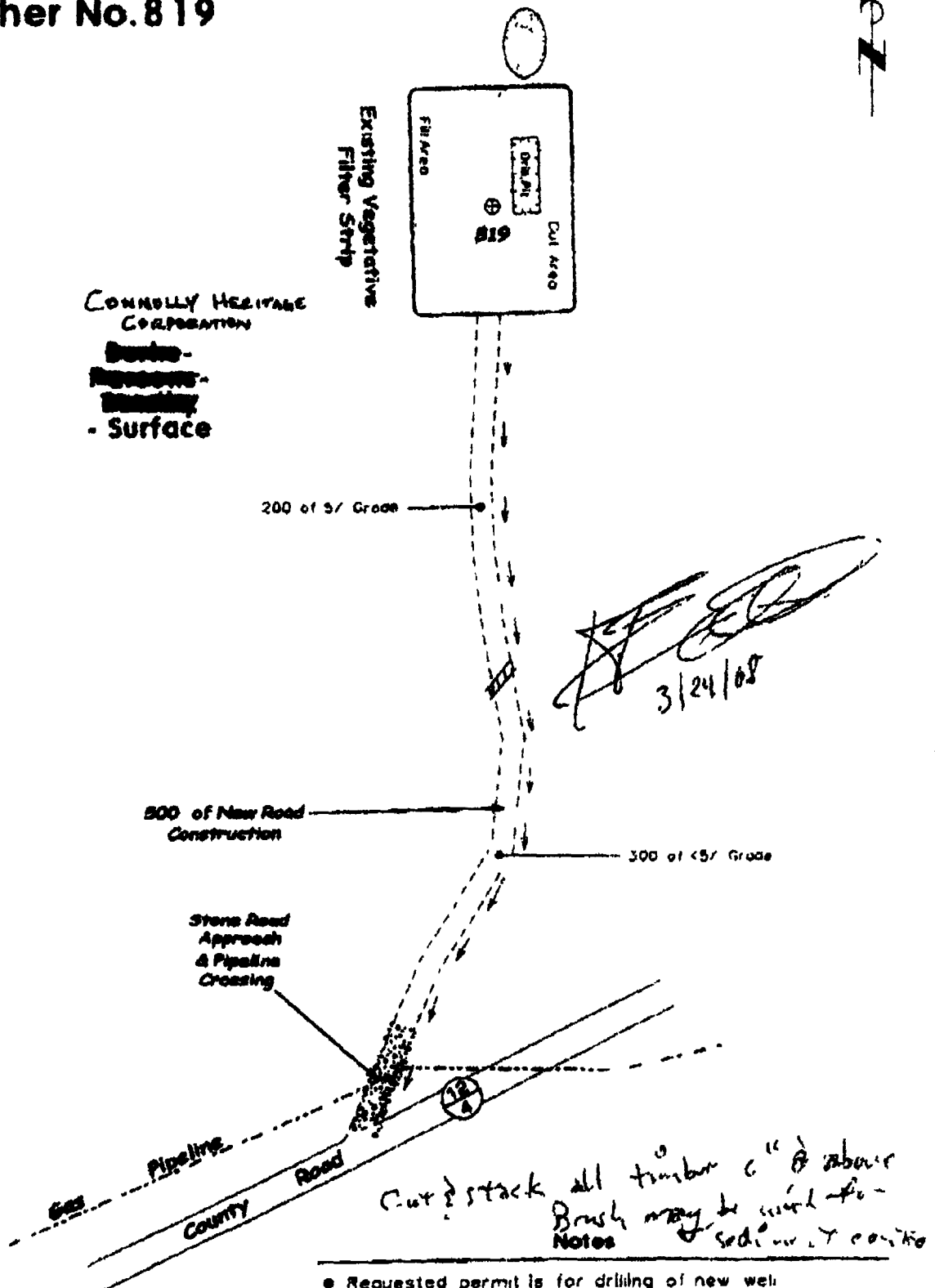
Oil Field

WELDON CO

Section of
Arnoldsburg 7.5' Quadrangle
SCALE 1"=1000'

Reclamation Plan For:

W.E. Butcher No. 819



Note: Drawing not to Scale

- Requested permit is for drilling of new well
- Scalp topsoil for re-dressing location during reclamation
- Location of drill pit may be changed based on as-built considerations
- Maintain sediment barriers and drainage structures
- All road grades < 5/ except as noted



H & H PIT DISPOSAL, LLC

P O Box 146
SPENCER, WV 25276
Phone 304-927-1604
Fax 304-927-5818

E-mail tmhickman bhpit@yahoo.com

Invoice

Date	Invoice #
12/4/2008	29-089

BILL To
Triad Resources, Inc 5669 Wallback Road Wallback, WV 25285

Project	Terms	Via
PA Tallman 815	Net 30	US Mail

Quantity	Item Code	Description	Price Each	Amount
2	Pit Discharge (Discount)	2 pits on location	875 00	1,750 00
2	Fuel Surcharge		40 00	80 00
8	Hydrated Lime		9 00	72 00
2 5	Defoamer		40 00	100 00

*Thank you for your business.
Please remit to the address above.
All accounts due in 30 days.*

Total \$2,002 00

State of West Virginia
Department of Environmental Protection
Office of Oil and Gas
Discharge Monitoring Report
Oil and Gas General Permit

Company Name TRIAD RESOURCES, INC
API 47-087-04646 County ROANE
District SMITHFIELD
Farm Name WILMA JEAN COMBS Well Name P.A. TALLMAN 815

Discharge Dates/s From (MMDDYY) 11/10/08 TO (MMDDYY) 11/12/08

Discharge Times From 8 00 a.m TO 6 00 p.m

Disposal Option Utilized UIC (2) Permit No
Centralized Facility (5) Permit No
Reuse (4) Alternate Permit Number
Offsite Disposal(3) Site Location
Land Application(1) x (Include a topographical map of the Area.)
Other method(6) (Include an explanation)

Follow Instructions below to determine your treatment category

Optional Pretreatment test 10,000 Chl- mg/l 3 00 DO Mg/l

1 Do you have permission to use expedited treatment from the Director or his representative? (Y/N) N If yes who? , and place a four (4) on line 7

If not go to line 2

2 Was Frac Fluid or flowback put into the pit? (Y/N) Y If yes go to line 5 if not go to line 3

3 Do you have a chloride value pretreatment (see above)? (Y/N) Y If yes go to line 4 if not go to line 5

4 Is that chloride level less than 5000 mg/l? (Y/N) N If yes then enter a one (1) on line 7

5 Do you have a pretreatment value for DO? (See above) (Y/N) Y If yes then go to line 6 if not enter a three (3) in line 7

6. Is that DO greater than 2.5 mg/l? (Y/N) Y If yes then enter a two (2) on line 7 If not enter a three (3) on line 7

7 2 is the category of your pit Use the Appropriate section

Name of Principal Exec Officer

Title of Officer

Date Completed

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this document and all the 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.
Signature of a Principal Exec Officer or Authorized agent

Signature

WR-34

Page 2 of 2

Category 1

Sampling Results

API NO

Parameter	PredischARGE		Discharge		Units
	Limit	Reported	Limits	Reported	
pH	6-10		6-10		S U
Settling Time	5		N/A	N/A	Days
Fe	6		6		mg/l
D O	2.5	2.5			mg/l
Settleable Sol	5		5		mg/l
Cl	5,000		5,000		mg/l
Oil	Trace		Trace		Obs
TOC			Monitor		mg/l
Oil and Grease			Monitor		mg/l
Al***			Monitor		mg/l
TSS			Monitor		mg/l
Mn	Monitor		Monitor		mg/l
Volume			Monitor		Gals
Flow			Monitor		Gals
Disposal Area			Monitor		Acres

*** Al is only reported if the pH is above 9.0

Category 2

Sampling Results

API NO 47-087-04646

Parameter	PredischARGE		Discharge		Units
	Limit	Reported	Limits	Reported	
pH	6-10	8.2	6-10	8.8	S U
Settling Time	10	14	N/A	N/A	Days
Fe	6	1	6	1	mg/l
D O	2.5	3.00	2.5	4.00	mg/l
Settleable Sol	5		5		mg/l
Cl*	12,500	10,000	12,500	10,000	mg/l
Oil	Trace		Trace		Obs
TOC**			Monitor		mg/l
Oil and Grease			Monitor		mg/l
Al***			Monitor		mg/l
TSS			Monitor		mg/l
Mn	Monitor	CONT	Monitor		mg/l
Volume			Monitor	157.371	Gals
Flow			Monitor		Gals
Disposal Area			Monitor		Acres

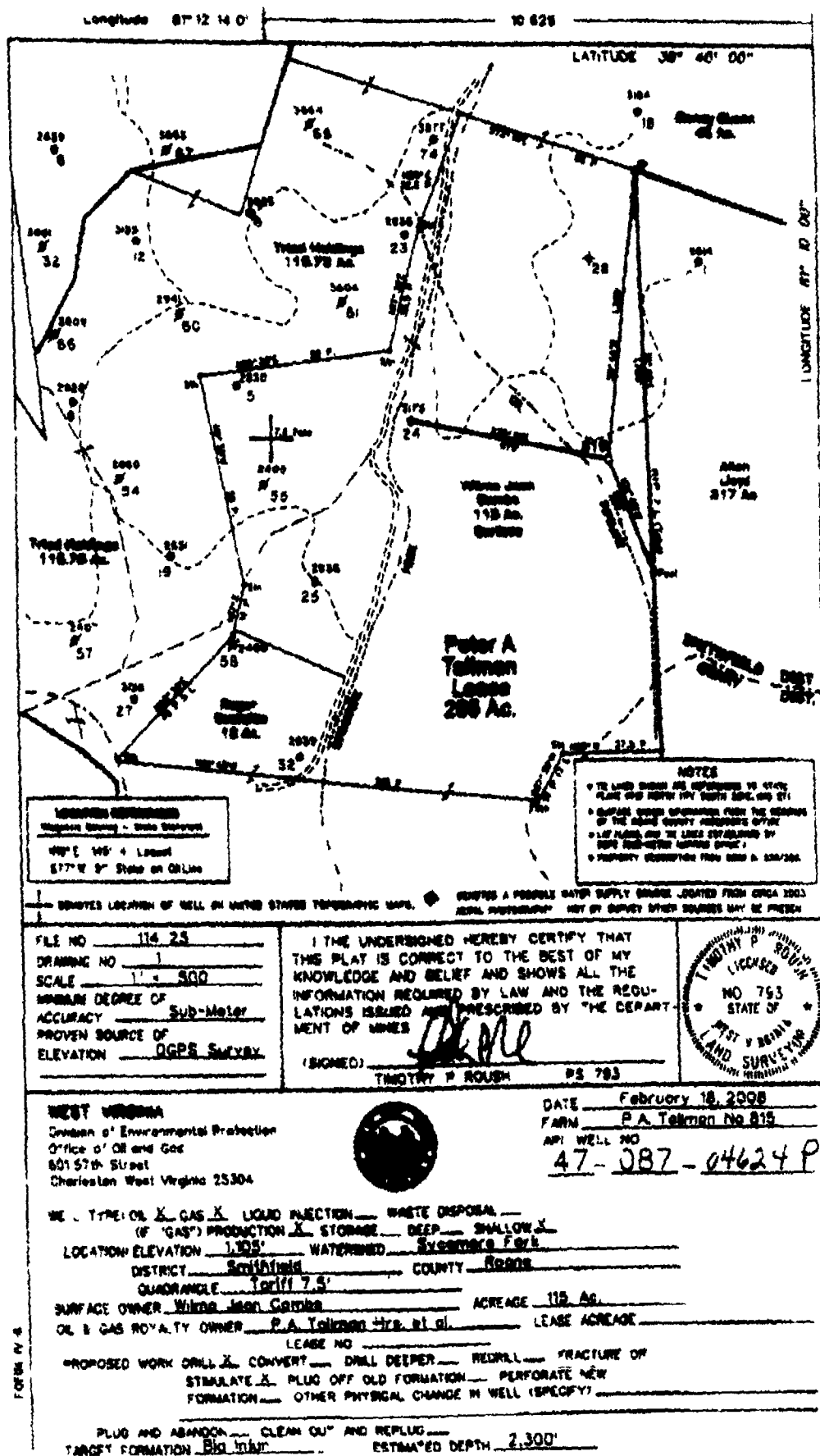
* Can Be 25,000 with inspectors approval,

(Inspector) _____ Date _____

** Include a description of your aeration technique AERATION CODE 82

*** Al is only reported if the pH is above 9.0







west virginia department of environmental protection

Office of Oil and Gas
601 57th Street SE
Charleston, WV 25304
(304) 926-0430
(304) 926-0452 fax

Joe Manchin III, Governor
Randy C. Mathews, Cabinet Secretary
www.wvdep.org

August 25, 2008

WELL WORK PERMIT

New Well

This permit, API Well Number 47-8704646, issued to TRIAD RESOURCES, INC., 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 all 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.

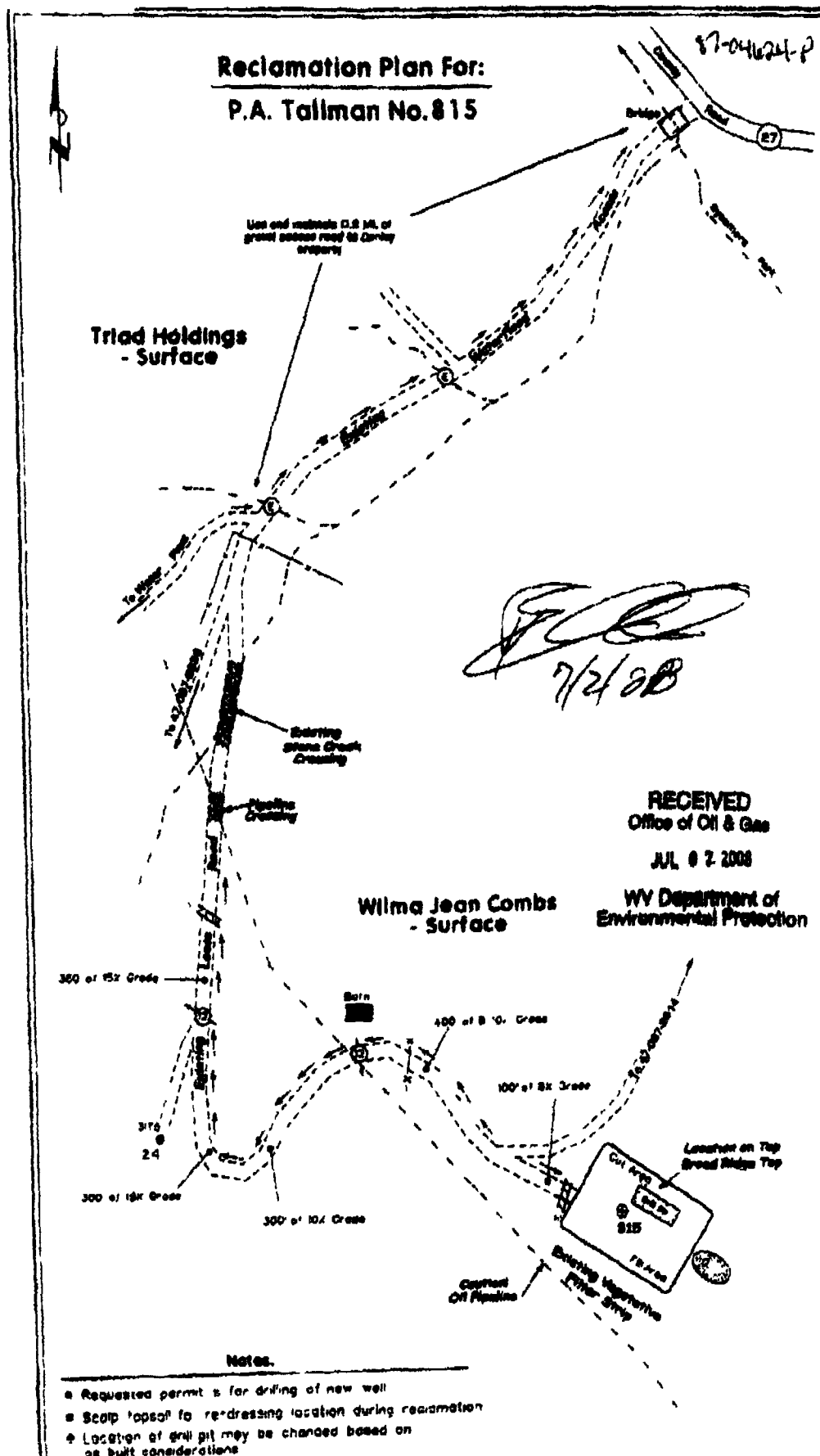
Please be advised that form WR-35, well operators report of well work, is to be submitted to this office within 90 days of completion of drilling, as should form WR-34 Discharge Monitoring Report within 30 days of discharge of pits, if applicable. Failure to abide by all statutory and regulatory provisions 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 operator.

Per 35CER-4-3.2.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) 926-0499 ext. 1654.

James Martin
Chief

Operator's Well No: TALLMAN 8151
Farm Name: COMBS, WILMA
API Well Number 47-8704646
Permit Type: New Well
Date Issued: 08/25/2008

Promoting a healthy environment.



Southern District of Ohio Claims Register

2:08-bk-62733 Triad Resources, Inc.

Judge: C Kathryn Preston

Chapter: 11

Office: Columbus

Last Date to file claims: 05/25/2009

Trustee.

Last Date to file (Govt):

<i>Creditor</i> (11974427) H & H PIT DISPOSAL, LLC 250 MISSOURI FORK ROAD SPENCER, WV 25276	<i>Claim No</i> 39 <i>Original Filed</i> <i>Date</i> 02/09/2009 <i>Original Entered</i> <i>Date</i> 02/10/2009	<i>Status</i> <i>Filed by</i> CR <i>Entered by</i> 2dd <i>Modified</i>
Unknown claimed \$5072 00		
Total claimed \$5072 00		

<i>History</i>	
<i>Details</i>	39-1 02/09/2009 Claim #39 filed by H & H PIT DISPOSAL, LLC, total amount claimed \$5072 (2dd)
<i>Description</i>	
<i>Remarks</i>	

Claims Register Summary