0007

015/015 #2

CONSOL

Edwin D. Settle
Supervisor
Environmental Quality Control

Consolidation Coal Company
Mid-Continent Region
12755 Olive Boulevard
St. Louis, Missouri 63141
(314) 275-2415

August 20, 1992

RECEIVED
AUG 26 1992
DIVISION OF
OIL GAS & MINING

Mr. Daron R. Haddock, Permit Supervisor
Utah Division Oil, Gas & Mining
355 W. North Temple
3 Triad Center - Suite 350
Salt Lake City, UT 84180-1203

RE: Emery Mine
Reclamation Agreement

Dear Mr. Haddock:

Please find enclosed a completed copy of a Reclamation Agreement as requested in the February 6, 1992 correspondence from Daron Haddock to Kevin Cheeks. This agreement was to be signed prior to release of the Chubb bonding as described in the January 21, 1992 inspection report for the Emery Mine.

Please send us a complete copy of this Reclamation Agreement after the appropriate signatures have been obtained from the Utah Division of Oil, Gas and Mining. If you have any questions, please contact this office.

Sincerely,

Edwin D. Settle

Edwin D. Settle
Supervisor
Environmental Quality Control

EDS;djs:vms

Enclosures: Reclamation Agreement
Bonding Map

015/015 Vault.

Updated April 1992

RECLAMATION AGREEMENT

(COAL)

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AFFIDAVITS OF QUALIFICATION

POWER OF ATTORNEY

Permit Number: ACT/015/015
Date Original Permit Issued: 1/7/86
Effective Date of Agreement: _____

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
(801) 538-5340

COAL RECLAMATION AGREEMENT

--ooOOoo--

For the purposes of this **RECLAMATION AGREEMENT** the terms below are defined as follows:

"PERMIT": (Mine Permit No.)	ACT/015/015 (County) Emery
"MINE": (Name of Mine)	Emery Mine
"OPERATOR":	Consolidation Coal Company
"PERMITTEE": (Company or Name)	Consolidation Coal Company
(Address)	12755 Olive Boulevard
	St. Louis, MO 63141
"PERMITTEE'S REGISTERED AGENT": (Name)	C. T. Corporation System
(Address)	175 South Main St.
(Phone)	Salt Lake City, UT 84111
"COMPANY OFFICERS":	See Attached Appendix A
"BOND TYPE": (Form of Bond)	Surety Bond
"BOND": (Bond Amount-Dollars)	$3,454,443
(Escalated Year-Dollars)	
"INSTITUTION": (Bank or Agency)	Seaboard Surety Company
"POLICY OR ACCOUNT NUMBER":	Bond No. 188617
"LIABILITY INSURANCE": (Exp.)	1/1/93
(Insurance Company)	Lumbermen's Mutual Casualty Company
"STATE":	Utah (Department of Natural Resources)
"DIVISION":	Division of Oil, Gas and Mining
"DIVISION DIRECTOR":	Dianne R. Nielson

EXHIBITS:

		Revision Dates		
"PERMIT AREA"	Exhibit "A"			
"BONDING AGREEMENT"	Exhibit "B"			
"LIABILITY INSURANCE"	Exhibit "C"			
"STIPULATION TO CHANGE BOND"	Exhibit "D"			

Permit Number ACT/015/015

RECLAMATION AGREEMENT

This **RECLAMATION AGREEMENT**, hereinafter "**Agreement**", is entered into by the Permittee.

WHEREAS, on 1/7/86 (Date of Permit Approval), the Division of Oil, Gas and Mining approved the Permit Application Package, hereinafter "**PAP**", submitted by Consolidation Coal Company, hereinafter "**Permittee**"; **and**

WHEREAS, the PAP, as amended or revised in conjunction with the Act and the Rules, constitutes the approved plan for reclamation of the Surface Disturbance; **and**

WHEREAS, in the conduct of reclamation operations within the Permit Area described in the PAP, the Permittee is obligated by Title 40-10-1, et seq., Utah Code Annotated (1953, as amended), hereinafter "Act", to file and maintain with the Division a bond ensuring the performance of the reclamation obligations in the manner and by the standards set forth in the PAP, the Act, and the State of Utah Division of Oil, Gas and Mining Rules pertaining to Coal Mining and Reclamation Activities, hereinafter "Rules"; **and**

WHEREAS, the Permittee is ready and willing to file the bond in the amount and in a form acceptable to the Division and to perform all obligations imposed by the Division pursuant to applicable laws & regulations relating to the reclamation within the Permit Area.

NOW, THEREFORE, the Division and the Permittee agree as follows:

1. The provisions of the Act and the Rules are incorporated by reference herein and hereby made a part of this Agreement. Provisions of the Act or Rules shall supersede conflicting provisions of this Agreement.

2. The Permittee agrees to comply with all terms and provisions of the PAP, the Act and the Rules, including the reclamation of all areas disturbed by surface coal mining and reclamation operations despite the eventuality that the cost of actual reclamation exceeds the bond amount.

3. The Permittee agrees to provide a legal description of the Permit Area including the number of acres approved by the Division to be disturbed by surface mining and reclamation operations within the Permit Area. The description is attached as Exhibit "A", and is incorporated by reference and shall be referred to as the "Permit Area".

4. The Permittee agrees to provide a bond to the Division in the form and amount acceptable to the Division ensuring the performance of the reclamation obligations in the manner and by the standards set forth in the PAP, the Act and the Rules. Said bond is attached as Exhibit "B" and is incorporated by reference.

5. The Permittee agrees to maintain in full force and effect the public liability insurance policy submitted as part of the permit application. The Division shall be listed as an additional insured on said policy.

6. In the event that the Surface Disturbance is increased through expansion of the coal mining and reclamation operations or decreased through partial reclamation, the Division shall adjust the bond as appropriate.

7. The Permittee does hereby agree to indemnify and hold harmless the State of Utah and the Division from any claim, demand, liability, cost, charge, or suit initiated by a third party as a result of the Permittee or Permittee's agent or employees failure to abide by the terms and conditions of the approved PAP and this Agreement.

8. The terms and conditions of this Agreement are non-cancelable until such time as the Permittee has satisfactorily, as determined by the Division, reclaimed the Surface Disturbance in accordance with the approved PAP, the Act, and the Rules. Notwithstanding the above, the Division may direct, or the Permittee may request and the Division may approve, a written modification to this Agreement.

9. The Permittee may, at any time, submit a request to the Division to substitute the bonding method. The Division may approve the substitution if the bond meets the requirements of the Act and the Rules, but no bond shall be released until the Division has approved and accepted the replacement bond.

10. Any revision in the Surface Disturbance, the bond amount, the bond type, the liability insurance amount coverage, and/or the liability insurance company, or other revisions affecting the terms and conditions of this Agreement shall be submitted on the form entitled "Stipulation to Revise Reclamation Agreement" and shall be attached hereto as Exhibit "D" (other exhibits as appropriate).

11. This Agreement shall be governed and construed in accordance with the laws of the state of Utah. The Permittee shall be liable for all reasonable costs incurred by the Division to enforce this agreement.

12. Any breach of the provisions of this Agreement, the Act, the Rules, or the PAP may, at the discretion of the Division, result in an order to cease coal mining and reclamation operations, revocation of the Permittee's permit to conduct coal mining and reclamation operations and/or forfeiture of the bond.

13. In the event of forfeiture, the Permittee agrees to be liable for additional costs in excess of the bond amount which may be incurred by the Division in order to comply with the PAP, the Act, and the Rules. Any excess monies resulting from the forfeiture of the bond amount upon compliance with this contract shall be refunded to the appropriate party.

14. Each signatory below represents that he/she is authorized to execute this Agreement on behalf of the named party. Proof of such authorization is provided on a form acceptable to the Division and is attached hereto.

SO AGREED this 10th day of August, 19 92

STATE OF UTAH:

Dianne R. Nielson, Director
Division of Oil, Gas and Mining

PERMITTEE:

Company Officer - Position
Michael F. Nemser, Attorney-in-Fact

Company Officer - Position

NOTE: An **Affidavit of Qualification** must be completed and attached to this form for each authorized agent or officer. Where one signs by virtue of Power of Attorney for a company, such Power of Attorney must be filed with this Agreement. If the Principal is a corporation, the Agreement shall be executed by its duly authorized officer.

EXHIBIT "A"

PERMIT AREA

LEGAL DESCRIPTION

Permit Number ACT/015/015

EXHIBIT "A"

PERMIT AREA

In accordance with the **Reclamation Agreement**, the **Permittee** intends to conduct coal mining and reclamation activities on or within the **Permit Area** as described hereunder:

Total acres within the approved **Permit Area**: 5,180 acres (more or less)

Total acres of proposed **Disturbed Areas** within the Permit Area: 247 acres

Map(s) showing the approved **Permit Area** are attached and provided as:

Bonding Map

Map(s) showing the proposed **Disturbed Areas** within the approved Permit Area are attached and provided as:

Bonding Map

Legal Description of **Permit Area**:

S½ NE¼ Sec.19 T22S R6E; SE¼ Sec. 19 T22S R6E; E½ SW¼ Sec. 19 T22S R6E; S½ Sec. 20 T22S R6E; S½ NE¼ Sec. 20 T22S R6E; SE¼ NW¼ Sec. 20 T22S R6E; S½ Sec. 21 T22S R6E; S½ N½ Sec. 21 T22S R6E; SW¼ SW¼ Sec. 22 T22S R6E; E½ NW¼ Sec. 30 T22S R6E; SW¼ NW¼ Sec. 30 T22S R6E; E½ Sec. 30 T22S R6E; E½ SW¼ Sec. 30 T22S R6E; N½ NW¼ SW¼ Sec. 30 T22S R6E; Sec. 29 T22S R6E; Sec. 28 T22S R6E; W½ Sec. 27 T22S R6E; Sec. 31 T22S R6E; Sec. 32 T22S R6E; W½ Sec. 33 T22S R6E; NE¼ Sec. 33 T22S R6E in Emery County, Utah.

NOTE: **In the event that more than one bond is provided for the Permit Area, the Permittee must provide a map and legal description for each sub area of the Permit Area for which each bond is provided.**

EXHIBIT "B"

BONDING AGREEMENT

Surety Bond

Collateral Bond

Bond No. 188617

Replaces Federal Insurance Company
Bond No. 8093-71-80

Revised October 1990
Exhibit "B" - BONDING AGREEMENT
SURETY BOND

Permit Number ACT/015/015

SURETY BOND
(FEDERAL COAL)
--ooOOoo--

THIS SURETY BOND entered into and by and between the undersigned PERMITTEE, and SURETY COMPANY, hereby jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns unto the State of Utah, Division of Oil, Gas and Mining (DIVISION), and the U.S. Department of Interior, Office of Surface Mining Reclamation and Enforcement (OSM) in the penal sum of ($ 3,454,443.00) (Surety Bond Amount) for the timely performance of reclamation responsibilities of the surface disturbance described in Exhibit "A" of this Reclamation Agreement.

This SURETY BOND shall remain in effect until all of the PERMITTEE's reclamation obligation have been met and released by the DIVISION and is conditioned upon faithful performance of all of the requirements of the Act, the applicable rules and regulations, SMCRA, the approved permit and the Division.

The SURETY will not cancel this bond at any time for any reason, including non-payment of premium or bankruptcy of the Principal during the period of liability.

The SURETY and their successors and assigns, agree to guarantee the obligation and to indemnify, defend, and hold harmless the DIVISION and OSM from any and all expenses which the DIVISION and OSM may sustain as a result of the PERMITTEE's failure to comply with the condition(s) of the reclamation obligation.

The SURETY will give prompt notice to the PERMITTEE and to the DIVISION and OSM of any notice received or action alleging to insolvency or bankruptcy of the SURETY, or alleging any violations or regulatory requirements which could result in suspension or revocation of the SURETY's license.

Terms for release or adjustment of this BOND are as written and agreed to by the DIVISION and the PERMITTEE in the RECLAMATION AGREEMENT incorporated by reference herein, to which this SURETY AGREEMENT has been attached as Exhibit "B".

Revised October 1990
Exhibit "B" - BONDING AGREEMENT
SURETY BOND

IN WITNESS WHEREOF the PERMITTEE has hereunto set its signature and seal this 3rd day of May, 19 91.

Consolidation Coal Company
PERMITTEE

By: J A Mitchell Jr

Title: J. A. Mitchell, Jr.
Corporate Insurance Manager

IN WITNESS WHEREOF the SURETY has hereunto set its signature and seal this 3rd day of May, 1991.

Seaboard Surety Company
SURETY

By: Richard G Anderson

Title: Richard G. Anderson, Attorney-in-Fact

ACCEPTED BY THE STATE OF UTAH: Dianne R Nielson
Director - Division of Oil, Gas and Mining

NOTE: An Affidavit of Qualification must be completed and attached to this form for each authorized agent or officer. Where one signs by virtue of Power of Attorney for a company, such Power of Attorney must be filed with this Agreement. If the PERMITTEE is a corporation, the Agreement shall be executed by its duly authorized officer.

015/015 Vault

RIDER

To be attached to Bond No. 188617 issued by

SEABOARD SURETY COMPANY, of New York, New York, (As Surety) in the

amount of Three Million Four Hundred Fifty Four Thousand Four Hundred Forty

Three and No/100---------- ($ 3,454,443.00)

Dollars, effective the 3rd day of May, 19 91.

ON BEHALF OF Consolidation Coal Company

IN FAVOR OF State of Utah, Division of Oil, Gas and Mining (DIVISION), and the U. S. Department of Interior, Office of Surface Mining Reclamation and Enforcement (OSM)

In consideration of the premium charged for the attached bond, it is mutually understood and agreed by the Principal and the Surety that:

Bond language is hereby amended to include the following:

> In the event the Cooperative Agreement between the DIVISION and OSM is terminated, then the portion of the bond covering the Federal Lands will be payable only to the United States, Department of Interior, Office of Surface Mining.

All other items, limitations and conditions of said bond except as herein expressly modified shall remain unchanged.

This Rider shall be effective as of the 27th day of August, 19 91.

Signed, sealed and dated this 27th day of August, 19 91.

Consolidation Coal Company

BY: Jerl Franklin
Assistant Secretary

SEABOARD SURETY COMPANY

BY: Richard C. Rose
Richard C. Rose Attorney-in-Fact

Accepted:

Bond 22a

Certified Copy

No. 10954

SEABOARD SURETY COMPANY

ADMINISTRATIVE OFFICES, BEDMINSTER, NEW JERSEY

QQQQ 7824

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That SEABOARD SURETY COMPANY, a corporation of the State of New York, has made, constituted and appointed and by these presents does make, constitute and appoint Tom H. McCarley, III or Lavonne Sherrod or Richard G. Anderson or Richard C. Rose or Janice Fennell or Kent C. Hermes or Frank A. Word, Jr. or James F. Oakes or Linda M. Howard of Knoxville, Tennessee

its true and lawful Attorney-in-Fact, **to make, execute and deliver on its behalf insurance policies, surety bonds, undertakings and other instruments of similar nature** as follows: Without Limitations

Such insurance policies, surety bonds, undertakings and instruments for said purposes, when duly executed by the aforesaid Attorney-in-Fact, shall be binding upon the said Company as fully and to the same extent as if signed by the duly authorized officers of the Company and sealed with its corporate seal; and all the acts of said Attorney-in-Fact, pursuant to the authority hereby given, are hereby ratified and confirmed.

This appointment is made pursuant to the following By-Laws which were duly adopted by the Board of Directors of the said Company on December 8th, 1927, with Amendments to and including January 15, 1982 and are still in full force and effect:

ARTICLE VII, SECTION 1:

"Policies, bonds, recognizances, stipulations, consents of surety, underwriting undertakings and instruments relating thereto.

Insurance policies, bonds, recognizances, stipulations, consents of surety and underwriting undertakings of the Company, and releases, agreements and other writings relating in any way thereto or to any claim or loss thereunder, shall be signed in the name and on behalf of the Company

(a) by the Chairman of the Board, the President, a Vice-President or a Resident Vice-President and by the Secretary, an Assistant Secretary, a Resident Secretary or a Resident Assistant Secretary; or (b) by an Attorney-in-Fact for the Company appointed and authorized by the Chairman of the Board, the President or a Vice-President to make such signature; or (c) by such other officers or representatives as the Board may from time to time determine.

The seal of the Company shall if appropriate be affixed thereto by any such officer, Attorney-in-Fact or representative."

IN WITNESS WHEREOF, SEABOARD SURETY COMPANY has caused these presents to be signed by one of its Vice-Presidents, and its corporate seal to be hereunto affixed and duly attested by one of its Assistant Secretaries, this 9th day of January, 1991

SEABOARD SURETY COMPANY 1927 STATE OF NEW YORK

Attest:

(Seal) Tia A. Rispoli
Assistant Secretary

SEABOARD SURETY COMPANY,
By Michael B. Keegan
Vice-President

STATE OF NEW JERSEY
COUNTY OF SOMERSET ss.:

On this 9th day of January, 1991, before me personally appeared Michael B. Keegan a Vice-President of SEABOARD SURETY COMPANY, with whom I am personally acquainted, who, being by me duly sworn, said that he resides in the State of New Jersey; that he is a Vice-President of SEABOARD SURETY COMPANY, the corporation described in and which executed the foregoing instrument; that he knows the corporate seal of the said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto as Vice-President of said Company by like authority.

FELICE M. ZUBRYCKI
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires June4, 1991

(Seal) NOTARY PUBLIC STATE OF NEW JERSEY

Notary Public

CERTIFICATE

I, the undersigned Assistant Secretary of SEABOARD SURETY COMPANY do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this Certificate and I do further certify that the Vice-President who executed the said Power of Attorney was one of the Officers authorized by the Board of Directors to appoint an attorney-in-fact as provided in Article VII, Section 1, of the By-Laws of SEABOARD SURETY COMPANY.

This Certificate may be signed and sealed by facsimile under and by authority of the following resolution of the Executive Committee of the Board of Directors of SEABOARD SURETY COMPANY at a meeting duly called and held on the 25th day of March 1970.

"RESOLVED: (2) That the use of a printed facsimile of the corporate seal of the Company and of the signature of an Assistant Secretary on any certification of the correctness of a copy of an instrument executed by the President or a Vice-President pursuant to Article VII, Section 1, of the By-Laws appointing and authorizing an attorney-in-fact to sign in the name and on behalf of the Company surety bonds, underwriting undertakings or other instruments described in said Article VII, Section 1, with like effect as if such seal and such signature had been manually affixed and made, hereby is authorized and approved."

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of the Company to these presents this 27th day of August, 1991

SEABOARD SURETY COMPANY 1927 STATE OF NEW YORK

Diana M. Klenert
Assistant Secretary

Form 957 (Rev. 7/84)

For verification of the authenticity of this Power of Attorney you may call collect, 201-658-3500 and ask for the Power of Attorney clerk. Please refer to the Power of Attorney number, the above named individual(s) and details of the bond to which the power is attached. In New York, Dial 212-627-5144.

EXHIBIT "C"

LIABILITY INSURANCE

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 3/31/92

PRODUCER

Marsh & McLennan, Inc.
1166 Avenue of the Americas
New York, NY 10036

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A Lumbermens Mutual Casualty Company

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

INSURED

Consolidation Coal Company
Consol Plaza
1800 Washington Road
Pittsburgh, PA 15241

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT.	3YL 945 444	1/1/92	1/1/93	GENERAL AGGREGATE	$ 500,000
					PRODUCTS-COMP/OP AGG.	$ 500,000
					PERSONAL & ADV. INJURY	$ 300,000
					EACH OCCURRENCE	$ 300,000
					FIRE DAMAGE (Any one fire)	$ 100,000
					MED. EXPENSE (Any one person)	$ 10,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	$
					AGGREGATE	$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE—POLICY LIMIT	$
					DISEASE—EACH EMPLOYEE	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The State of Utah Division of Oil, Gas & Mining is named as an Additional Insured as respects Mine Permit # ACT/015/015 at the Emery Deep Mine. This certificate includes coverage for explosives.

CERTIFICATE HOLDER

Division of Oil, Gas & Mining
State of Utah
355 West North Temple
Salt Lake City, UT 84180--1203
Attn: D. Haddock

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENDEAVOR TO~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE

J Kellman

AFFIDAVITS
OF
QUALIFICATION

Last Revised, July 1989

AFFIDAVIT OF QUALIFICATION
PERMITTEE
--oooOooo--

I, M. Faye Fritzsche, being first duly sworn under oath, deposes and says that ~~he~~ she is the (officer or agent) Notary Public of Consolidation Coal Company; and that ~~he~~ she is duly authorized to execute and deliver the foregoing obligations; and that said PERMITTEE is authorized to execute the same and has complied in all respects with the laws of Utah in reference to commitments, undertakings and obligations herein.

(Signed) J. A. Mitchell, Jr.
Name - Position J. A. Mitchell, Jr.
Corporate Insurance Manager

Subscribed and sworn to before me this 3rd day of May, 1991.

M. Faye Fritzsche
Notary Public

My Commission Expires:

January, 20, 1992.

Attest:

STATE OF Delaware)
) ss:
COUNTY OF New Castle)

AFFIDAVIT OF QUALIFICATION
PERMITTEE
--ooOOoo--

I, Michael F. Nemser, being first duly sworn under oath, deposes and says that he/she is the (officer or agent) Attorney-in-Fact of Consolidation Coal Company; and that he/she is duly authorized to execute and deliver the foregoing obligations; and that said **PERMITTEE** is authorized to execute the same and has complied in all respects with the laws of Utah in reference to commitments, undertakings and obligations herein.

(Signed) _____
Name - Position
Michael F. Nemser, Attorney-in-Fact

Subscribed and sworn to before me this 10th day of August, 1992.

Kathleen M. Zupancic
Notary Public

My Commission Expires:
7-4-, 1994.

Notarial Seal
Kathleen M. Zupancic, Notary Public
Upper St. Clair Twp. Allegheny County
My Commission Expires July 4, 1994
Member, Pennsylvania Association of Notaries

Attest:

STATE OF _____)
) ss:
COUNTY OF _____)

Last Revised, July 1989

AFFIDAVIT OF QUALIFICATION
SURETY COMPANY
--ooOOoo--

I, Janice H. Fennell, being first duly sworn under oath, deposes and says that he/she is the (officer or agent) Attorney-in-Fact of Seaboard Surety Company; and that he/she is duly authorized to execute and deliver the foregoing obligations; and that said SURETY COMPANY is authorized to execute the same and has complied in all respects with the laws of Utah in reference to becoming sole surety upon bonds, undertakings and obligations herein.

(Signed) Richard G. Anderson
Surety Company Officer - Position
Richard G. Anderson, Attorney-in-Fact

Subscribed and sworn to before me this 3rd day of May, 19 91.

Janice H. Fennell
Notary Public

My Commission Expires:

June 17, 19 91.

Attest:

STATE OF Tennessee)
) ss:
COUNTY OF Knox)

AFFIDAVIT OF QUALIFICATION
DIRECTOR
--ooOOoo--

I, Dianne R. Nielson, being first duly sworn under oath, deposes and says that she is the Director of the Division of Oil, Gas and Mining, Department of Natural Resources, State of Utah; and that she is duly authorized to execute and deliver the foregoing obligations; and that said **DIRECTOR** is authorized to execute the same by authority of law on behalf of the State of Utah.

(Signed) _____
Dianne R. Nielson, Director
Division of Oil, Gas and Mining

Subscribed and sworn to before me this 31st day of August, 19 92.

NOTARY PUBLIC
JANICE L. BROWN
341 East 9545 South
Sandy, UT 84070
My Commission Expires
August 3, 1994
STATE OF UTAH

_____
Notary Public

My Commission Expires:

August 3, 19 94.

Attest:

STATE OF Utah)
) ss:
COUNTY OF Salt Lake)

POWER OF ATTORNEY

POWER OF ATTORNEY

--ooOOoo--

The Consolidation Coal Company (Corporation), having its principal office in Pittsburgh, Pennsylvania (Location), does hereby make, constitute and appoint Michael F. Nemser [Attorney(s)], as its true and lawful Attorney(s)-in-fact in their separate capacity, if more than one is named above, to make, execute, sign, seal and deliver for and on its behalf as surety and as its act and deed (without power of redelegation) any and all bonds and undertakings and other writings obligatory in the nature thereof provided in the amount of no one bond or undertaking exceeding ($) 5,000,000.00.

The execution of such bonds and undertakings shall be as binding upon said Consolidation Coal Company (Corporation) as fully and to all intents and purposes as if the same had been duly executed and acknowledged by its regularly elected officers.

IN WITNESS THEREOF, this 10th day of August, 19 92.

Secretary

President

Subscribed and sworn to before me this 10th day of August, 19 92.

Notary Public

My Commission Expires:

7-4-, 19 94.

Notarial Seal
Kathleen M. Zupancic, Notary Public
Upper St. Clair Twp. Allegheny County
My Commission Expires July 4, 1994
Member, Pennsylvania Association of Notaries

Attest:

STATE OF _____)
) ss:
COUNTY OF _____)

Certified Copy

No. 10954

SEABOARD SURETY COMPANY

ADMINISTRATIVE OFFICES, BEDMINSTER, NEW JERSEY MMMM 9704

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That SEABOARD SURETY COMPANY, a corporation of the State of New York, has made, constituted and appointed and by these presents does make, constitute and appoint Tom H. McCarley, III or Lavonne Sherrod or Richard G. Anderson or Richard C. Rose or Janice Fennell or Kent C. Hermes or Frank A. Word, Jr. or James F. Oakes or Linda M. Howard of Knoxville, Tennessee

its true and lawful Attorney-in-Fact, **to make, execute and deliver on its behalf insurance policies, surety bonds, undertakings and other instruments of similar nature** as follows: Without Limitations

Such insurance policies, surety bonds, undertakings and instruments for said purposes, when duly executed by the aforesaid Attorney-in-Fact, shall be binding upon the said Company as fully and to the same extent as if signed by the duly authorized officers of the Company and sealed with its corporate seal; and all the acts of said Attorney-in-Fact, pursuant to the authority hereby given, are hereby ratified and confirmed.

This appointment is made pursuant to the following By-Laws which were duly adopted by the Board of Directors of the said Company on December 8th, 1927, with Amendments to and including January 15, 1982 and are still in full force and effect:

ARTICLE VII, SECTION 1:

"Policies, bonds, recognizances, stipulations, consents of surety, underwriting undertakings and instruments relating thereto.

Insurance policies, bonds, recognizances, stipulations, consents of surety and underwriting undertakings of the Company, and releases, agreements and other writings relating in any way thereto or to any claim or loss thereunder, shall be signed in the name and on behalf of the Company

(a) by the Chairman of the Board, the President, a Vice-President or a Resident Vice-President and by the Secretary, an Assistant Secretary, a Resident Secretary or a Resident Assistant Secretary; or (b) by an Attorney-in-Fact for the Company appointed and authorized by the Chairman of the Board, the President or a Vice-President to make such signature; or (c) by such other officers or representatives as the Board may from time to time determine.

The seal of the Company shall if appropriate be affixed thereto by any such officer, Attorney-in-Fact or representative."

IN WITNESS WHEREOF, SEABOARD SURETY COMPANY has caused these presents to be signed by one of its Vice-Presidents, and its corporate seal to be hereunto affixed and duly attested by one of its Assistant Secretaries, this 9th day of January, 19 91

SEABOARD SURETY COMPANY 1927 STATE OF NEW YORK

Attest:

(Seal) Tria A. Rispoli
Assistant Secretary

SEABOARD SURETY COMPANY,
By Michael B. Keegan
Vice-President

STATE OF NEW JERSEY
COUNTY OF SOMERSET ss.:

On this 9th day of January, 19 91, before me personally appeared Michael B. Keegan a Vice-President of SEABOARD SURETY COMPANY, with whom I am personally acquainted, who, being by me duly sworn, said that he resides in the State of New Jersey; that he is a Vice-President of SEABOARD SURETY COMPANY, the corporation described in and which executed the foregoing instrument; that he knows the corporate seal of the said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto as Vice-President of said Company by like authority.

FELICE M. ZUBRYCKI
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires June4, 1991

(Seal)

Notary Public

CERTIFICATE

I, the undersigned Assistant Secretary of SEABOARD SURETY COMPANY do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this Certificate and I do further certify that the Vice-President who executed the said Power of Attorney was one of the Officers authorized by the Board of Directors to appoint an attorney-in-fact as provided in Article VII, Section 1, of the By-Laws of SEABOARD SURETY COMPANY.

This Certificate may be signed and sealed by facsimile under and by authority of the following resolution of the Executive Committee of the Board of Directors of SEABOARD SURETY COMPANY at a meeting duly called and held on the 25th day of March 1970.

"RESOLVED: (2) That the use of a printed facsimile of the corporate seal of the Company and of the signature of an Assistant Secretary on any certification of the correctness of a copy of an instrument executed by the President or a Vice-President pursuant to Article VII, Section 1, of the By-Laws appointing and authorizing an attorney-in-fact to sign in the name and on behalf of the Company surety bonds, underwriting undertakings or other instruments described in said Article VII, Section 1, with like effect as if such seal and such signature had been manually affixed and made, hereby is authorized and approved."

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of the Company to these presents this 3rd day of May, 19 91

SEABOARD SURETY COMPANY 1927 STATE OF NEW YORK

Diana M. Klenert
Assistant Secretary

Form 957 (Rev. 7/84)

For verification of the authenticity of this Power of Attorney you may call, collect, 201-658-3500 and ask for the Power of Attorney clerk. Please refer to the Power of Attorney number, the above named individual(s) and details of the bond to which the power is attached. In New York, Dial 212-627-5444.

APPENDIX A

Name of Entity Consolidation Coal Company

Name: Du Pont Energy Company
Mailing Address: 1007 Market Street
If P.O., indicate Street Address:
City: Wilmington State: DE Zip: 19898
Telephone No.: 302/792-8900 Social Security No.:
Employer ID No.: 13-0273985
Ownership/Control relationship to applicant: 100% shareholder of 2
Location in organizational structure: 2
Percent of Ownership: 100%
Official Title within organization:
Begining Date of Ownership: 2/1/88 Ending date of ownership: 12/31/91
Begining Date of Affiliation:

Name: Edgar S. Woolard Jr.
Mailing Address: 1007 Market Street
If P.O., indicate Street Address:
City: Wilmington State: DE Zip: 19898
Telephone No.: 302/792-8900 Social Security No.: 243-46-9828
Employer ID No.:
Ownership/Control relationship to applicant: Officer and Director
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Chairman of the Board, Director
Begining Date of Ownership:
Begining Date of Affiliation: 5/1/87 Ending date: 12/31/91

Name: Bobby R. Brown
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831/4000 Social Security No.: 430-54-3604
Employer ID No.:
Ownership/Control relationship to applicant: Officer and Director
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: President, CEO, and Director
Begining Date of Ownership:
Begining Date of Affiliation: 3/1/87

Name: Robert B. Atwater
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831/4000 Social Security No.: 482-42-9556
Employer ID No.:
Ownership/Control relationship to applicant: Officer and Director
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Executive V. P. and Director
Begining Date of Ownership:
Begining Date of Affiliation: 5/1/85

Item 1.13 (Continued)
Name: William G. Karis
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831/4000 Social Security No.: 135-42-5539
Employer ID No.:
Ownership/Control relationship to applicant: Officer and Director
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Executive V. P. and Director
Begining Date of Ownership:
Begining Date of Affiliation: 1/1/89

Name: C. Wes McDonald
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831/4000 Social Security No.: 423-56-5101
Employer ID No.:
Ownership/Control relationship to applicant: Officer and Director
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Executive V. P. and Director
Begining Date of Ownership:
Begining Date of Affiliation: 5/1/85

Name: Darrel D. Auch
Mailing Address: P.O. Box 1314
If P.O., indicate Street Address:
City: Morgantown State: WV Zip: 26505
Telephone No.: 304/296-3461 Social Security No.: 503-54-4416
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Senior V. P.
Begining Date of Ownership:
Begining Date of Affiliation: 5/1/85

Name: Eustace Frederick
Mailing Address: 29 College Avenue
If P.O., indicate Street Address:
City: Bluefield State: VA Zip: 24605
Telephone No.: 703/326-6000 Social Security No.: 236-46-2078
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Senior V. P.
Begining Date of Ownership:
Begining Date of Affiliation: 2/1/80 End date: 2/1/92

Name: Grayson G. Heard
Mailing Address: 12755 Olive Blvd.
If P.O., indicate Street Address:
City: St. Louis State: MO Zip: 63141
Telephone No.: 314/275-2300 Social Security No.: 179-38-5249
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Senior V. P.
Begining Date of Ownership:
Begining Date of Affiliation: 5/1/85

Item 1.13 (Continued)
Name: Samuel E. Shrader
Mailing Address: 450 Racetrack Road
If P.O., indicate Street Address:
City: Washington State: PA Zip: 15301
Telephone No.: 412/746-3400 Social Security No.: 235-58-5720
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Senior V. P.
Begining Date of Ownership:
Begining Date of Affiliation: 10/1/84

Name: Ronald E. Smith
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831/4000 Social Security No.: 503-52-8341
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Senior V. P.
Begining Date of Ownership:
Begining Date of Affiliation: 4/1/90

Name: Donzel E. Ammons
Mailing Address: P.O.Box 24
If P.O., indicate Street Address:
City: Wana State: WV Zip: 25690
Telephone No.: 304/662-6121 Social Security No.: 236-48-9842
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 6/1/82

Name: Buddy A. Beach
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 401-54-1902
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 3/1/80

Name: William A. Bruno
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 047-40-3571
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 11/1/88

Item 1.13 (Continued)
Name: J. Alan Cope
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 127-48-1736
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 10/1/83

Name: John W. Dailey
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 512-30-7180
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 9/1/85

Name: Barry D. Dangerfield
Mailing Address: P.O.Box 100
If P.O., indicate Street Address:
City: Osage State: WV Zip: 16543
Telephone No.: 304/296-3461 Social Security No.: 236-80-5801
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 5/1/87

Name: David D. Eyer
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 159-32-8964
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 10/24/75

Name: Ronald J. FlorJancic
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 192-38-4511
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 9/1/87

Item 1.13 (Continued)
Name: Thomas F. Hoffman
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 202-36-9233
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 5/1/87

Name: Buck V. Hyler Jr.
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 224-58-0886
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 11/1/90

Name: Larry W. Hull
Mailing Address: Gen. Del. Tazwell O
If P.O., indicate Street Address:
City: Pocahontas State: VA Zip: 24635
Telephone No.: 703/945-2111 Social Security No.: 232-82-8546
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 5/1/85

Name: Donald P. Keel Jr.
Mailing Address: Box 138
If P.O., indicate Street Address:
City: Graysville State: PA Zip: 15337
Telephone No.: 412/663/7461 Social Security No.: 058-32-1383
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 7/1/90

Name: Flynt Kennedy
Mailing Address: 4500 Brownsville Rd
If P.O., indicate Street Address:
City: Library State: PA Zip: 15129
Telephone No.: 412/854-6600 Social Security No.: 568-52-4920
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 3/1/87

Item 1.13 (Continued)
Name: Lawrence W. Kobitter
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 318-28-2825
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 7/13/81

Name: Michael F. Nemser
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 108-38-9795
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President & Treasurer
Begining Date of Ownership:
Begining Date of Affiliation: 9/1/87

Name: Ronald R. Palmer
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 277-46-6666
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 10/1/80

Name: William E. Porter
Mailing Address: 200 Hidden Valley R
If P.O., indicate Street Address:
City: McMurray State: PA Zip: 15241
Telephone No.: 412/942-2200 Social Security No.: 163-38-3009
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 2/1/84

Name: Walter E. Schrage
Mailing Address: 200 Hidden Valley R
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 342-32-1657
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 8/1/79

Item 1.13 (Continued)
Name: Marshall G. McClure
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 571-68-2089
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President & Asst Secretary
Begining Date of Ownership:
Begining Date of Affiliation: 11/1/89

Name: W. David Welch
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 444-50-6910
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President & Controller
Begining Date of Ownership:
Begining Date of Affiliation: 12/1/89

Name: John A. Shotton Jr.
Mailing Address: 12755 Olive Blvd.
If P.O., indicate Street Address:
City: St. Louis State: MO Zip: 63141
Telephone No.: 314/275-2300 Social Security No.: 328-34-5583
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 5/8/79

Name: Keith P. Spina
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 181-34-7459
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 5/1/85

Name: Benjamin A. Statler
Mailing Address: Box 537
If P.O., indicate Street Address:
City: Moundsville State: WV Zip: 26041
Telephone No.: 304/845-1400 Social Security No.: 231-78-9354
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 9/1/83

Item 1.13 (Continued)
Name: Steven G. Young
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 234-54-4913
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 3/1/77

Name: Consol Energy Inc.
Mailing Address: 1800 Washington Roa
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412-831-4000 Social Security No.:
Employer ID No.: 51-0337383
Ownership/Control relationship to applicant: Shareholder of 2
Location in organizational structure: 2
Percent of Ownership: 49
Official Title within organization:
Begining Date of Ownership: 1/1/92
Begining Date of Affiliation:

Name: CONSOL Inc.
Mailing Address: 1800 Washington Roa
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412-831-4000 Social Security No.:
Employer ID No.: 25-1671742
Ownership/Control relationship to applicant: Shareholder of 2
Location in organizational structure: 2
Percent of Ownership: 51
Official Title within organization:
Begining Date of Ownership: 1/1/92
Begining Date of Affiliation:

Item 1.13 (Continued)
Name: Ronald G. Stovash
Mailing Address: P.O. Box 1632
If P.O., indicate Street Address:
City: Fairmont State: WV Zip: 26554
Telephone No.: 304/534-3300 Social Security No.: 211-36-5558
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 5/1/87

Name: Rick A. Harrington
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 314-44-8410
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: V. P., General Counsel & Secretary
Begining Date of Ownership:
Begining Date of Affiliation: 8/1/90

Name: Robert V. Stovash
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 187-30-8287
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 9/1/80

Name: Peter H. Wilke
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 522-96-9387
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 7/1/83

Name: Ronald L. Wooten
Mailing Address: 1800 Washington Rd.
If P.O., indicate Street Address:
City: Pittsburgh State: PA Zip: 15241
Telephone No.: 412/831-4000 Social Security No.: 235-68-9673
Employer ID No.:
Ownership/Control relationship to applicant: Officer
Location in organizational structure: 2
Percent of Ownership: zero
Official Title within organization: Vice President
Begining Date of Ownership:
Begining Date of Affiliation: 6/1/83