NOTIFICATION OF OPERATIONS
EXPIRES DEC. 31, 1986
NO. 86 21941

STATE OF OREGON
DEPARTMENT OF FORESTRY
DEPARTMENT OF REVENUE

CHECK APPROPRIATE BLOCKS

☐ 1A NOTICE IS GIVEN TO THE STATE FORESTER THAT AN OPERATIONS WILL BE CONDUCTED ON LANDS DESCRIBED BELOW AND ON THE ATTACHED MAPS (ORS 527.670).

☐ 1B PERMIT TO OPERATE POWER DRIVEN MACHINERY (ORS 477.625).

☐ 1C PERMIT TO CLEAR RIGHTS OF WAY (ORS 477.665).

PREVIOUS NOTIFICATION NO.
COUNTY ENTER ONLY:

Columbia

2

☐ Oregon Natural Gas Development Corp.
STREET ADDRESS
220 NW Second Avenue 97201
Phone NO.
220-2573

NAME OF OPERATOR'S DESIGNATED REPRESENTATIVE TO CONTACT IN CASE OF FIRE EMERGENCY:
Charles Stinson
Phone NO. 266-4583

THE OPERATOR, TIMBER OWNER OR LANDOWNER UPON GIVING THIS NOTICE GIVES CONSENT TO THE STATE FORESTER TO GO UPON THE LAND SUBJECT TO THE OPERATIONS FOR THE PURPOSE OF INSURING COMPLIANCE WITH THE FOREST PRACTICES ACT.

NOTICE TO TAXPAYER
THE PARTY OWNING TIMBER AT THE TIME OF HARVEST IS SHOWN IN SECTION 4 AND IS THE PARTY RESPONSIBLE FOR PAYMENT OF OREGON TIMBER TAXES.

WESTERN OREGON PRIVATE LAND ONLY
CHECK BOX IF ALL TIMBER TO BE HARVESTED UNDER THIS NOTIFICATION IS EXEMPT FROM WESTERN OREGON SEVERANCE TAX. IF CHECKED AND UNDER "SMALL TRACT OPTION", GIVE CERTIFICATION.

NAME
Longview Fibre Co.
STREET ADDRESS
P. O. Box 667
Phone NO.
(206)425-1530

NAME
Longview Fibre Co.
STREET ADDRESS
P. O. Box 567
Phone NO.
(206)425-1530

PLEASE CHECK PERSON MAKING APPLICATION

OPERATOR
3

LANDOWNER
Longview, WA 98632
206-929-3760

TIMBER OWNER
Longview, WA 98632
206-929-3760

TIMBER OWNER
Longview, WA 98632
206-929-3760

5.

1/4 SECTION NE NW SW SE S T R
1/16 SECTION E WS E WS E WS E WS E WS

PLEASE CHECK 1/16 SECTIONS WHERE OPERATING

Clear 1/4 acre and apply rock for drilling rig and support equipment in the drilling of a natural gas well.

EXPLAIN "OTHER" TYPES OF OPERATIONS

SIGNATURE OF AUTHORIZED REPRESENTATIVE
Todd A. Thomas

TO BE COMPLETED BY THE OREGON DEPARTMENT OF FORESTRY

DATE SIGNED
3-13-86

PRINT NAME OF SIGNER

STATE FORESTER
H. Mike Miller

FORM 629-6-2-1-101

OPERATOR COPY