



1900 MAN STREET, SOUTHPOINTE, SUITE 107, PMB 66
CANONSBURG, PA 15317

ORDER OF PAYMENT

<input checked="" type="checkbox"/> Ohio Oil and Gas Lease	18 New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Pipeline Rights-of-Way Agreement	<input type="checkbox"/> New	<input type="checkbox"/> Amendment
<input type="checkbox"/> West Virginia Oil, Gas and Mineral Lease	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Water Extraction Agreement	<input type="checkbox"/> New	<input type="checkbox"/> Amendment
<input type="checkbox"/> Amendment and Ratification	<input type="checkbox"/> New	<input type="checkbox"/> Amendment	<input type="checkbox"/> Road Right-of-Way Agreement	<input type="checkbox"/> New	<input type="checkbox"/> Amendment
<input type="checkbox"/> Surface Use Agreement	<input type="checkbox"/> New	<input type="checkbox"/> Amendment	<input type="checkbox"/> Term Assignment	<input type="checkbox"/> New	<input type="checkbox"/> Amendment
<input type="checkbox"/> Surface Damage Agreement	<input type="checkbox"/> New	<input type="checkbox"/> Amendment	<input type="checkbox"/> Deed	<input type="checkbox"/> New	<input type="checkbox"/> Corrective

DATE:

This Order of Payment is entered into by Salt Fork Resources Operating LLC ("SFR") and the payee(s) identified below ("Payee") in connection with the above designated agreement, including any Memorandum required to be executed in connection therewith (collectively "Agreement"). Payee hereby agrees that SFR shall have up to thirty (30) days following the receipt of the Agreement duly executed by Payee to review and approve or reject the Agreement, to perform at its discretion a review of Payee's right, title, and/or interest represented to be owned by Payee subject to the Agreement, including but not limited to a determination that no liens, judgments, encumbrances or other matters which may adversely affect Payee's title, and/or to perform such other due diligence as SFR deems appropriate. Payee acknowledges that SFR may reject the Agreement should the Agreement be unacceptable to SFR for any reason, and that upon rejection of the Agreement, SFR shall have no payment obligations under this Order of Payment, and the Agreement shall be deemed null and void. All payments made hereunder shall be final and non-refundable and under no circumstances will Lessee initiate any kind of action to recover any monies paid to Lessor.

Payee agrees that SFR shall not be in default of payment hereunder unless and until SFR fails to make payment within thirty (30) days after SFR's receipt of written notice of Payee's intention to declare such default. Should SFR determine that Payee owns less than the full and undivided 100% fee simple interest in the property subject to the Agreement, Payee agrees that at SFR's sole discretion (1) that the Agreement and this Order of Payment shall be deemed null and void upon notice to Payee or (2) that the amount specified below shall be proportionally reduced according to the percentage of the interest that Payee actually owns.

The provisions of this Order of Payment shall be binding upon Payee and SFR, and each of their respective heirs, successors, and/or assigns.

PAY TO	
THE AMOUNT OF	DOLLARS
PAYEE ADDRESS	

DOCUMENT No.	PAYEE'S PHONE NUMBER:
	PAYEE'S EMAIL ADDRESS:
TOWNSHIP	COUNTY
	18 OHIO
	0 WEST VIRGINIA
	GROSS ACRES: 482.3075
	1 NET ACRES: 120.5769

THIS PAYMENT IS FOR: | PAID UP OIL AND GAS LEASE

Dated _____, 20__, which covers covers property described as follows:

InstrumenUBook/Page: _____ Deed Book Volume 255/Page 65/ Instrument number 172769 Parcel/Tract No.: 50-01022-000, 50-01024-000, 50-01025-000, 50-01026-000, and 50-00940-000 Mineral Parcel No. 50-01022-001, 50-01024-001, 50-01025-001, and 50-01026-001	N: _____ E: _____ S: _____ W: _____
Signature _____ Printed Name: _____	Signature _____ Printed Name: _____

AGENT INSTRUCTIONS: Attach original, completed, and executed IRS FORM W-9. Order of Payment cannot be processed without completed and executed W-9 Form submitted simultaneously herewith. Do not include Taxpayer Identification Information on this Order of Payment form.

THIS AREA FOR OFFICE USE ONLY

OWNER NO.	
Check# _____ in the amount of \$	Agent:
Mailed to Payee/lessee on:	Phone No.:
	Email: