

CHECK APPROPRIATE BLOCKS

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

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

1C APPLICATION FOR PERMIT TO CLEAR RIGHTS OF WAY (ORS 477.685).

PREVIOUS NOTIFICATION NO. _____

COUNTY (ENTER ONLY ONE)
COLUMBIA

2 OPERATOR

NAME: **OREGON NATURAL GAS DEVELOPMENT COMPANY**

MAILING ADDRESS - STREET: **220 N.W. SECOND AVE.**

CITY, STATE AND ZIP CODE: **PORTLAND, OR 97209** PHONE NO.: **220-2573**

3 LAND-OWNER

NAME: **LONGVIEW FIBRE CO.**

MAILING ADDRESS - STREET: **P.O. BOX 667**

CITY, STATE AND ZIP CODE: **LONGVIEW, WA 98632** PHONE NO.: **206-425-1550**

4 TIMBER OWNER

NAME: **LONGVIEW FIBRE CO.**

MAILING ADDRESS - STREET: **P.O. BOX 667**

CITY, STATE AND ZIP CODE: **LONGVIEW, WA 98632** PHONE NO.: **206-425-1550**

TIMBEROWNER E.I. NUMBER OR SOCIAL SECURITY NO. _____

NAME OF OPERATOR'S DESIGNATED REPRESENTATIVE TO CONTACT IN CASE OF FIRE EMERGENCY: **2A TODD THOMAS** PHONE NO. **220-2573**

THE OPERATOR, TIMBER OWNER OR LAND-OWNER UPON GIVING THIS NOTICE GIVES CONSENT TO THE STATE FORESTER TO GO UPON THE LAND SUBJECT TO THE OPERATION 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.

NO. _____

5. 1/4 SECTION	NE		NW		SW		SE		S E C.	T W P.	R G E.	6. OPERATION STARTING DATE (15 DAY NOTICE REQUIRED)		7. TYPES OF OPERATIONS (USE NOS IN INSTRUCTIONS)	8. WESTERN OREGON SEVERANCE TAX HARVEST UNIT NO. (IF ANY)	TO BE COMPLETED BY OREGON DEPARTMENT OF FORESTRY	
	1/16 SECTION	N	N	S	S	N	N	S				S	N			N	S
									10	6N	5W	4	15	3,8		B	NW3
									3	6N	5W	4	15	3,8		B	NW3

PLEASE CHECK 1/16 SECTIONS WHERE OPERATING

COMPLETE FOR AREAS OUTSIDE OF REGULAR SECTIONS: GOVERNMENT LOT NUMBER _____

EXPLAIN "OTHER" TYPES OF OPERATIONS: **DRILLING NATURAL GAS WELL**

TIMBER SALE NAME AND NUMBER (IF ANY): _____

9. SIGNATURE OF AUTHORIZED REPRESENTATIVE **TODD A. THOMAS** **KLS** PRINT NAME OF SIGNER: _____ DATE SIGNED: **03-30-88**

TO BE COMPLETED BY THE OREGON DEPARTMENT OF FORESTRY

15 DAY WAITING PERIOD IS HEREBY WAIVED

BY: _____ DATE: **04-06-88** TIME: **mail** FOREST PRACTICES FORESTER: **LIN FARM** F.P.F. NO.: **12XX** F.P.F. PHONE: **397-2636**

YOU ARE HEREBY ADVISED THAT THE STATE FORESTER HAS DETERMINED THE FOLLOWING RESOURCES OCCUR WITHIN OR ADJACENT TO YOUR OPERATION AREA. YOUR OPERATION MAY REQUIRE PRIOR APPROVAL BEFORE YOU BEGIN.

CLASS 1 WATER(S) HIGH RISK AREA(S) CRITICAL WILDLIFE HABITAT WATER RIGHT(S) PROTECTED HABITAT(S) COASTAL SHORELANDS.

DISTRICT: **ADAMS CREEK** FOREST OFFICE: **CU 3**

SIGNATURE: **LEE ONAN** STATE FORESTER: **JAMES E. BROWN**

RC **5** EG **1** S **7**