

Long Wall

PRESHIFT - ONSHIFT and DAILY REPORT

(Started 1-14-10)

Full

Company Performance Coal

Mine URB

SECTION Long Wall

LOCATION Naoma Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

When this book is completed it shall be retained at the mine for a period of one year after the date of the last entry in the book, regardless of change of ownership. When a mine is temporarily closed or abandoned, the operator shall retain this book in a safe place during the period of closure or for a period of one year after the mine is abandoned. **Do not** mail this book to the Bureau of Mines.

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FORM# MS-014

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-14-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	CH ₄ 2.0% 20.8% None found	Ret
2. Roof Support	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Tracks	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:00pm	0.9%	11.		
2. "	7:00pm	1.0%	12.		
3. "	9:00pm	1.0%	13.		
4. "	11:00pm	1.0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:45pm	0.9%	6.		
2. "	9:45pm	0.9%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Briefed men on roof tie's plan. pg. 19

Discussed dust control plan. 4:00pm. Visual checked sh. & at 1-17k

Richard Lamm (JSA) T. Moore 38357
Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible
Penell or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-14 20.10 Section or Area Examined

Time of Examination: from 9 a.m. or p.m. to 10:55 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom R. L. ... Time A.M. 10:55 P.M.

Report received by L. B. ... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
Face	0% CH none observed	Reported
Supports		
Power center		
Charger		
Truck		
Travelway		
Barriade car		

Air Measurements

Location	CFM	Location	CFM
Intake	133680		
7	965		
160	841		
MPA	12110		
MP3	Movement to 600		

Remarks: 0% CH 20.8% O₂ 0% CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357A

Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 38928

Assistant Foreman L. R. Certificate No. _____

Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-15-10 Shift 3rd Area or Section wg11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Tracks</u>		
6. <u>Traveling</u>		
7. <u>Barricade car</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:15 AM</u>	<u>0 %</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:45 AM</u>	<u>0 %</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

[Signature]
Assistant Mine

38922
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33259
Certificate No.

Superintendent or Assistant

Use Indellible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-15 20 10 Section or Area Examined Longwall
 Time of Examination from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside? Yes no
 By whom Kevin W. Medley Time 5:35 A.M. P.M.
 Report received by Kevin W. Medley
 (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported		Action Taken	
	CH ₄	O ₂		
1. <u>Faces</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	"	"	"	"
3. <u>Power Center</u>	"	"	"	"
4. <u>Chargers</u>	"	"	"	"
5. <u>Track</u>	"	"	"	"
6. <u>Travelways</u>	"	"	"	"
7. <u>Barricade Station</u>	"	"	"	"
8. _____				
9. _____				
10. _____				

Location	Air Measurements		Location	CFM
	CFM			
<u>Intake</u>	<u>139</u>	<u>960</u>		
<u># 9</u>	<u>1057</u>			
<u># 160</u>	<u>918</u>			
<u>MP A</u>	<u>10,040</u>			
<u>MP B</u>	<u>Movement to Gob</u>			

Remarks: CH₄ 0% O₂ 20.8% Oppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Certificate No. 38728 Assistant Foreman Kevin W. Medley Certificate No. 38810
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-15-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>20.8</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>Barricade station</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:45 AM</u>	<u>0%</u>	11.		
2.	<u>9:45 AM</u>	<u>0%</u>	12.		
3.	<u>11:43 AM</u>	<u>0%</u>	13.		
4.	<u>1:42 PM</u>	<u>0%</u>	14.		
5.	<u>3:40 PM</u>	<u>0%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:30 AM</u>	<u>0%</u>	6.		
2.	<u>10:30 AM</u>	<u>0%</u>	7.		
3.	<u>12:29 PM</u>	<u>0%</u>	8.		
4.	<u>2:29 PM</u>	<u>0%</u>	9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Covered page 3 in roof control plan

Kevin W. Medley
Assistant Mine

38810
Certificate No.

To [Signature]
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-15-70 20 Section or Area Examined Long Wall
 Time of Examination: from 1245 a.m. or p.m. to 130 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time A.M. P.M.
 Report received by Richard Rann 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>CH4 0%</u> <u>O2 20.8%</u>	<u>None obs</u>	<u>None</u>
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Travelways	" "	" "
7. Barricade Station	" "	" "
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>135,660</u>		
<u>#9</u>	<u>957</u>		
<u>#160</u>	<u>870</u>		
<u>MPA</u>	<u>11,890</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: 0% CH4 20.8% O2 0 ppmCO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley 38810 Certificate No. Richard Rann Assistant Foreman 1357-A Certificate No.
 Countersigned T. Mann Mine Manager—Mine Foreman 35387 Shel Cully Superintendent or Assistant 28045

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-15-90 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	NOPE	None
2. Roof Support	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Track	" "	"
6. Tracelways	" "	"
7. Barnica Station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:30pm	10.9%	11.		
2. "	6:30pm	10.9%	12.		
3. "	8:30pm	10.9%	13.		
4. "	10:30pm	10.9%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:15pm	10.9%	6.		
2. "	9:15pm	10.9%	7.		
3. "	11:55pm	10.9%	8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Boiled men on ROOF to 15' plan. pg. 20

Visual checked shields 1-176. Discussed dust control plan. 3:50pm

Neil Kelly Assistant Mine Foreman Certificate No. 2804
T. Moore Mine Foreman-Mine Manager Certificate No. 33357
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-15 2010 Section or Area Examined wall
 Time of Examination: from 9:30 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. L. Lilly Time 10:30 A.M. P.M.
 Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	%CH	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0%</u>	<u>NONE observed</u>	<u>Reported</u>
2. <u>supports</u>			
3. <u>power center</u>			
4. <u>Charger</u>			
5. <u>Truck</u>			
6. <u>Traveler</u>			
7. <u>Barricade car</u>			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>139630</u>		
<u>9</u>	<u>995</u>		
<u>160</u>	<u>850</u>		
<u>MPA</u>	<u>11690</u>		
<u>MPB</u>	<u>Air Lab</u>		

Remarks: 0% CH 20.8% O₂ 0% CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By R. L. Lilly Preshift-Mine Examiner Certificate No. 28045
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33352
R. L. Lilly Assistant Foreman Certificate No. 32928
L. Brown Superintendent or Assistant Certificate No. 1257-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-16-16 Shift 3-0 Area or Section W911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fair</u>	<u>no observation</u>	<u>reported</u>
2. <u>Supports</u>		
3. <u>Power center</u>		
4. <u>Chassis</u>		
5. <u>Tracks</u>		
6. <u>Travelway</u>		
7. <u>Barricade cor</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Fair</u>	<u>4:40 AM</u>	<u>0%</u>			
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>5:00 AM</u>	<u>0%</u>			
2. _____					
3. _____					
4. _____					
5. _____					

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

[Signature] Assistant Mine 32928 Certificate No. [Signature] Mine Foreman-Mine Manager 33359 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination: 1-16-2010 Section or Area Examined: Longwall
 Time of Examination: from 4:30 a.m. or p.m. to 5:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom: Larry Brown Time: 5:40 A.M. P.M.
 Report received by: Kevin W. Medley (Signed)

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None Observed	Reported
2. Roof Supports	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Location	CFM	Location	CFM
Intake	139,340		
#9	978		
#120	857		
MFA	11,400		
MPB	Air to Gob		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By: [Signature] Preshift-Mine Examiner Certificate No. 38928
 Countersigned: Kevin W. Medley Assistant Foreman Certificate No. 38810
[Signature] Mine Manager - Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-16-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>"</u>	<u>"</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
8. _____				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:40 AM</u>	<u>0%</u>	11. _____		
2. _____	<u>9:40 AM</u>	<u>0%</u>	12. _____		
3. _____	<u>11:38 AM</u>	<u>0%</u>	13. _____		
4. _____	<u>1:37 PM</u>	<u>0%</u>	14. _____		
5. _____	<u>3:35 PM</u>	<u>0%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:30 AM</u>	<u>0%</u>	6. _____		
2. _____	<u>10:28 AM</u>	<u>0%</u>	7. _____		
3. _____	<u>12:28 PM</u>	<u>0</u>	8. _____		
4. _____	<u>2:26 PM</u>	<u>0</u>	9. _____		
5. _____			10. _____		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Covered 1/2 of page 4 in roof control plan

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33357
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-16-19 20. Section or Area Examined Long Wall
Time of Examination: from 1:00 a.m. or p.m. to 1:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time A.M. P.M.
Report received by Richard Rann (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Power Center, Chargers, Tracks, Travelways, Barricade Station.

Air Measurements

Table with columns: Location, CFM. Rows include Intake, #9, #160, MPA, MPB.

Remarks: .0% CH4 20.8% O2 0ppmCO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley 38810 Preshift-Mine Examiner Certificate No.
Countersigned T. M. Moore Mine Manager-Mine Foreman Certificate No. 33339
Richard Rann Assistant Foreman Certificate No. 1357-A
W.D. Cully Superintendent or Assistant Certificate No. 29045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-16-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	none found	reports
2. Roof Support	"	"
3. Power Center	"	"
4. Chargers	"	"
5. Track	"	"
6. Trunkways	"	"
7. Barricade Station	"	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:55pm	.070	11.		
2. "	6:55pm	.070	12.		
3. "	8:55pm	.070	13.		
4. "	10:55pm	.070	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:45pm	.070	6.		
2. "	9:45pm	.070	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Brieftd men on ROOF + 2:15 pm. 2:20
Visual check shields 1-176 Discussed dust Control plan. 4:30pm

Red Lilly Assistant Mine 28045 Certificate No. T. Mann Mine Foreman-Mine Manager 33353 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-16-10 20 Section or Area Examined L/Wall
 Time of Examination: from 10:00 a.m. or p.m. to 10:55 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time A.M. P.M.
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>1070 chg none found</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>" "</u>	<u>"</u>
3. <u>Power Centers</u>	<u>" "</u>	<u>"</u>
4. <u>Changers</u>	<u>" "</u>	<u>"</u>
5. <u>Tank</u>	<u>" "</u>	<u>"</u>
6. <u>Travelways</u>	<u>" "</u>	<u>"</u>
7. <u>Barricade st.</u>	<u>" "</u>	<u>"</u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>1070 chg Intake</u>	<u>138,160</u>		
<u>#9</u>	<u>1130</u>		
<u>#160</u>	<u>940</u>		
<u>MPA</u>	<u>12,060</u>		
<u>MPB</u>	<u>11,210</u>		
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: 1070 chg, 201870 O₂ No CO found at time of Exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By H. D. Little 28095
 Freshift Mine Examiner Certificate No.
 Countersigned T. Moore 33357
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-17-10 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section</u>	<u>Idle</u>	
2. <u>Power</u>	<u>Knocked due to fan work</u>	
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

Assistant Mine

Certificate No.

T. Moore
Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-17 Section or Area Examined Longwall
 Time of Examination: from 4:03 a.m. or p.m. to 4:45 a.m. or p.m.
 Was this report phoned to outside: Yes 6 no DX5 Time 5:13 A.M. P.M.
 By whom Shannon Dickens
 Report received by George Curran (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. FACE <u>0% CH₄</u>	<u>None Found</u>	<u>Reported</u>
2. Roof Supports <u>0% CH₄</u>	<u>None Found</u>	<u>Reported</u>
3. Power Center <u>0% CH₄</u>	<u>None Found</u>	<u>Reported</u>
4. Chargers <u>0% CH₄</u>	<u>None Found</u>	<u>Reported</u>
5. Track <u>0% CH₄</u>	<u>None Found</u>	<u>Reported</u>
6. TRAVELWAYS <u>0% CH₄</u>	<u>None Found</u>	<u>Reported</u>
7. BARRICADE ST <u>0% CH₄</u>	<u>None Found</u>	<u>Reported</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	Air Measurements	Location	CFM
<u>0% CH₄ Intake</u>	<u>135,723</u>		
<u># 9</u>	<u>1,119</u>		
<u># 160</u>	<u>822</u>		
<u>MPA</u>	<u>13,053</u>		
<u>MPB</u>	<u>Movement To Gob</u>		

Remarks: 0% CH₄, 0% CO, 20.8% O₂

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38010
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 73359
[Signature] Assistant Foreman Certificate No. 38322
[Signature] Superintendent or Assistant Certificate No. 32218

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-17-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>		
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Chargers</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Intake</u>			11.		
2. <u>#9</u>			12.		
3. <u>#160</u>			13.		
4. _____			14.		
5. <u>MPA</u>			15.		
6. <u>MPB</u>			16.		
7. _____			17.		
8. _____			18.		
9. _____			19.		
10. _____			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. _____			6. _____		
2. _____			7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-17-90 20 Section or Area Examined Long Wall
Time of Examination: from a.m. or p.m. to a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported
Violation or Hazardous Condition

Action Taken

Location

- 1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Location

CFM

Air Measurements

Location

CFM

Remarks:

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Mine Manager--Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11/7/10 Shift DAY Area or Section Longwall 1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries like 'Face 20.8% O2 Safety' and 'None observed'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for 'Face' at 8:00, 10:00, 12:00, and 2:00, all showing 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for 'Ret' at 9:30 and 1:30, both showing 0% methane content.

Number of Bolts Tested _____ Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof control P.19

Jim Davis Assistant Mine

38372 Certificate No.

T. Moore Mine Foreman-Mine Manager

33389 Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-17-10 20. Section or Area Examined Long Wall
 Time of Examination: from 1:15 a.m. or pm to 2:05 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Tom Davis Time 2:10 A.M. P.M.
 Report received by Richard Rann 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violations		Hazardous Conditions		Action Taken
	CH ₄	O ₂	Violation	Hazardous Condition	
1. Face	.07%	20.8%	None	obs	None
2. Roof Support	"	"	"	"	"
3. Power Center	"	"	"	"	"
4. Chargers	"	"	"	"	"
5. Tracks	"	"	"	"	"
6. Travelways	"	"	"	"	"
7. Barricade Station	"	"	"	"	"
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Intake	130,647		
#9	847		
#160	717		
MPA	11,940		
MPB	Movement to Gob		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Richard Rann Assistant Foreman Certificate No. 1357-A
 Countersigned Tom Davis Mine Manager - Mine Foreman Certificate No. 33357
W.D. Cully Assistant Foreman Certificate No. 28045
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-17-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Power Center, Chargers, Tracks, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20 showing methane readings at various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings in return aircourses.

Number of Bolts Tested Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Bricked men on roof trib. plow pri. 20. Visual checked shields 1-176. Discussed dust Control plan. 4:15pm

Assistant Mine Certificate No. 28045 Mine Foreman-Mine Manager Certificate No. 33359 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-17-10 Section or Area Examined Longwall
 Time of Examination: from 10:50 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Harold Lilly Time 11:05 A.M. P.M.
 Report received by Samuel K. Staley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% CH₄ 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Binnacle Station		
3. Roof Supports		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake <u>090ch4</u>	<u>136,050</u>		
#9	<u>1,130</u>		
#160	<u>940</u>		
M2A	<u>12,690</u>		
MPB	<u>11,420</u>		

Remarks: 0.0% CH₄ 20.8% O₂ Oppen CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Harold Lilly Certificate No. 28015 Samuel K. Staley Assistant Foreman Certificate No. 39218
 Countersigned T. Moore Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-18-10 Shift 3rd Area or Section Lungwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>0.0% CH₄ 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>" "</u>	<u>" "</u>
3. <u>Barricade Station</u>	<u>" "</u>	<u>" "</u>
4. <u>Power Center</u>	<u>" "</u>	<u>" "</u>
5. <u>Chargers</u>	<u>" "</u>	<u>" "</u>
6. <u>Track</u>	<u>" "</u>	<u>" "</u>
7. <u>Travelways</u>	<u>" "</u>	<u>" "</u>
8. <u>Tailgate Blockage</u>	<u>Lungwall</u>	<u>Reported</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:18 AM</u>	<u>0.0 %</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:05 AM</u>	<u>0.0 %</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over tailgate blockage with crew.

Daniel K. Stahly
Assistant Mine

39218
Certificate No.

T. M. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11/18 2010 Section or Area Examined Longwell
 Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:30 ^{OKS} A.M. P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Free 20.8% O₂ @ CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof Support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Barriade Station</u>		
8.		
9. <u>Tail gate Blockage</u>	<u>low wall</u>	<u>Reported</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>136,310</u>		
	<u>944,1237</u>		
	<u>941</u>		
<u>MPA</u>	<u>12,338</u>		
<u>MPPB</u>	<u>movement to Gob</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂

All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Donald K Stanley Certificate No. 39218 Jim Davis Assistant Foreman Certificate No. 38322
 Countersigned Tom [unclear] Mine Manager—Mine Foreman Certificate No. 33389
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-16-6 Shift Day Area or Section Lwell

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	MPM OBS	None
2.	Roof support	[Large handwritten arrow pointing down]	[Large handwritten arrow pointing down]
3.	tracks		
4.	Traveling		
5.	PC		
6.	Charges		
7.	Barricade Station		
8.	Tailgate Blockage		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	800 513	.02	11.		
2.			12.		
3. "	1005 1020	.02	13.		
4.			14.		
5. "	1200 1215	.02	15.		
6.			16.		
7. "	207 217	.02	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret.	11:27	.02	6.		
2.			7.		
3. "	313	.02	8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Tailgate Blockage

[Signature] Assistant Mine Certificate No. 38322
[Signature] Mine Foreman-Mine Manager Certificate No. 33359
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-18-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	O ₂ %	Violation or Hazardous Condition	Action taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	" "	"
3. Power Center	"	"	" "	"
4. Chargers	"	"	" "	"
5. Tracks	"	"	" "	"
6. Travelways	"	"	" "	"
7. Barricade Station	"	"	" "	"
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:30 ^{pm}	0%	11.		
2.	6:30 ^{pm}	0%	12.		
3.	8:30 ^{pm}	0%	13.		
4.	10:30 ^{pm}	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:15 ^{am}	0%	6.		
2.	9:10 ^{am}	0%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
 Number of Bolts Torqued Above Range _____ Below Range _____
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Settler talk on Pg 18 of RCP

Visual check of Shields 1-176
Richard [Signature] Assistant Mine Certificate No. 1357A
[Signature] Mine Foreman-Mine Manager Certificate No. 33359
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-18-10 Section or Area Examined Langwell
Time of Examination: from 9:30 a.m. or p.m. to 11:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Dick Lane Time AM 11:05 P.M.
Report received by Daniel K. Stanley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Power Center, Barricade Station, Changers, Tracks, Travelways.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake #9, #160, MPA, MPB.

Remarks: 0.10% 20.89% O2 Oppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1357-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33559
Assistant Foreman [Signature] Certificate No. 39218
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-19-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{CH₄} 0.0% 20.8% ^{0.2}	None Observed	Reported
2. Roof Support		
3. Barricade Station		
4. Power Center		
5. Changers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:40 Am	0.0%	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:10 Am	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Roof Control Plan pg 18 with crew.

Danell K. Stanley
Assistant Mine

39218
Certificate No.

T. J. Malone
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1/19 2010 Section or Area Examined Wingwall
 Time of Examination: from 9:10 a.m. or p.m. to 5:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:30 A.M. P.M.
 Report received by Jim O'Connell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% CO_2 Sheelr</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travellert</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake #9</u>	<u>135,760</u>		
<u>#160</u>	<u>1201</u>		
	<u>928</u>		
<u>WCPA</u>	<u>12,134</u>		
<u>WCPB</u>	<u>11,784</u>		

Remarks: 0% CH_4 0% CO 0.20.8% CO_2 0.0.0 H_2S 0.0.0 H_2

All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Keith K. Stanley Preshift-Mine Examiner Certificate No. 39218
 Countersigned Jim O'Connell Mine Manager—Mine Foreman Certificate No. 38322
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11/19/10 Shift DAY Area or Section LONGWALL

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face 20.8% O₂ 0.6CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charges</u>		
7. <u>Barricade Station</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>8.00</u>	<u>0%</u>	11. _____		
2. _____	<u>10.00</u>	<u>0%</u>	12. _____		
3. _____	<u>12.00</u>	<u>0%</u>	13. _____		
4. _____	<u>2.00</u>	<u>0%</u>	14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret</u>	<u>9.30</u>	<u>0%</u>	6. _____		
2. _____	<u>1.30</u>	<u>0%</u>	7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof control P.20

Jim O...
Assistant Mine

36322
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-19-10 20. Section or Area Examined Long Wall
 Time of Examination: from 130 a.m. or p.m. to 230 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 247 A.M. P.M.
 Report received by Richard Rame 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	" "	"
3. Power Center	"	"	" "	"
4. Chargers	"	"	" "	"
5. Track	"	"	" "	"
6. Travelways	"	"	" "	"
7. Barricade Stations	"	"	" "	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	133,467		
#9	12,040-1240		
#160	88L		
MPA	12,720		
MPB	17,215		

Remarks: 0% CH₄ 20.8% O₂ Oppu CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 33459
 Countersigned Richard Rame Assistant Foreman Certificate No. 1357-A
Tim Davis Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-19-10 Shift EVE Area or Section Long Well

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1.	Face	0%	20.8%	None obs	None
2.	Roof Support	"	"	"	"
3.	Power Centre	"	"	"	"
4.	Charges	"	"	"	"
5.	Tracks	"	"	"	"
6.	Travellings	"	"	"	"
7.	Barricade Station	"	"	"	"
8.					

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:30 PM	0%	11.		
2.	6:30 PM	0%	12.		
3.	8:30 PM	0%	13.		
4.	10:30 PM	0%	14.		
5.	11:45 PM	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:05 PM	0%	6.		
2.	9:00 PM	0%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
 Number of Bolts Torqued Above Range _____ Below Range _____
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk on p. 20 of RCP
Visual check of shields 1-176
Richard Turner 12574 Assistant Mine Certificate No.
T. J. Moore Mine Foreman-Mine Manager
33359 Superintendent or Assistant Certificate No.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-19 2010 Section or Area Examined wall
 Time of Examination: from 8:20 a.m. or p.m. to 9:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Larc Time A.M. 10:50 P.M.
 Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% coal None observed</u>	<u>Reported</u>
2. <u>Supports</u>	}	}
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelway</u>		
7. <u>Roadside car</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>133,856</u>		
<u>9</u>	<u>1189</u>		
<u>160</u>	<u>871</u>		
<u>MPA</u>	<u>11941</u>		
<u>MPB</u>	<u>14365</u>		

Remarks: 0% coal 20.8% O₂ 0% CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By R. Larc Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 38928
 Assistant Foreman Certificate No. 38928
 Superintendent of Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-20-10 Shift 3-2 Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>File</u>	<u>CH₄ 0.0% 20.0%</u>	<u>None Observed</u>
2. <u>Supports</u>		<u>Reported</u>
3. <u>Power center</u>		
4. <u>Churner</u>		
5. <u>track</u>		
6. <u>Traveling</u>		
7. <u>Barriade car</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>File</u>	<u>4:15AM</u>	<u>0.0 %</u>	11. _____		
2. _____			12. _____		
3. _____			13. _____		
4. _____			14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:05AM</u>	<u>0.0 %</u>	6. _____		
2. _____			7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on page 20 of roof control plan.

Daniel K. Study
Assistant Mine

39218
Certificate No.

T. J. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1/20 Section or Area Examined LONGWALK
 Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 Time 5:30 A.M. P.M.
 By whom Keith Stanley
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% CH₄</u>	<u>NONE</u>	<u>Observed</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Charges</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Location	Air Measurements	Location	CFM
<u>INTAKE</u>	<u>13,320</u>		
<u>#9</u>	<u>12.82</u>		
<u>#160</u>	<u>993</u>		
<u>MPA</u>	<u>11,470</u>		
<u>MPB</u>	<u>13,361</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Keith Stanley Freshift-Mine Examiner Certificate No. 37218
 Countersigned Jim Davis Mine Manager - Mine Foreman Certificate No. 38322
Jim Davis Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Penell or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1/20/10 Shift DAY Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 20.8% O ₂ 0% CH ₄	None observed	None
2. Roof support		
3. Tracks		
4. Traverser		
5. P.C.		
6. Charger		
7. Barricade station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8.00	0%	11.		
2.	10.00	0%	12.		
3.	12.00	0%	13.		
4.	2.00	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret	9.30	0%	6.		
2.	1.30	0%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof Control P20

Jim Davis
Assistant Mine

38322
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-20 20-10 Section or Area Examined Longwall
Time of Examination: from 1:15 a.m. or p.m. to 2:00 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Tim Davis Time A.M. 2:35 P.M.
Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Tracks, Travelway, Power Center, Charger, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake, #9, #160, MP A, MP B.

Remarks: 0% CH4 20.8% O2 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38822
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38810
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-20-10 Shift 2nd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u> ^{CH₄ O₂} <u>0% 20.8%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>" "</u>	<u>" "</u>
3. <u>Track</u>	<u>" "</u>	<u>" "</u>
4. <u>Travelways</u>	<u>" "</u>	<u>" "</u>
5. <u>Power Center</u>	<u>" "</u>	<u>" "</u>
6. <u>Chargers</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade Station</u>	<u>" "</u>	<u>" "</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:45 PM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>6:44 PM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>8:44 PM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>10:42 PM</u>	<u>0%</u>	14. _____	_____	_____
5. _____	<u>12:30 PM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:50 PM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>7:50 PM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>9:47 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Covered last 7 items of page 8 of RCP

Austin W. Medley
Assistant Mine

39810
Certificate No.

T. Mena
Mine Foreman-Mine Manager

33253
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-20 2010 Section or Area Examined Wall
 Time of Examination: from 9:25 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom K Medley Time A.M. P.M.
 Report received by L Brand (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

Location	Violation or Hazardous Condition	Action Taken
1. Face	0% CH ₄ None observed	Repeated
2. Supports		
3. Truck		
4. Traveling		
5. Power center		
6. Chassis		
7. Barricade ear		
8.		
9.		
10.		

Air Measurements

Location

CFM

Location

CFM

Location	CFM	Location	CFM
Intake	136270		
9	1164		
160	968		
MPA	12170		
MPB	movement to 600		

Remarks:

0% CH₄ 0% CO 20.8% O₂ at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley 38810 Certificate No. Z R Assistant Foreman 38927 Certificate No.
 Countersigned T. Moore Mine Manager—Mine Foreman 33359
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-21-10 Shift 3rd Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	None observed	Reported
2.	Supports		
3.	Track		
4.	Travelway		
5.	Power Center		
6.	Charger		
7.	Barricade car		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	9:30 AM	0%	11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	RT	5:10 AM	0%	6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

 Assistant Mine Foreman
 Certificate No. 38928
 Mine Foreman-Mine Manager
 Certificate No. 33357
 Superintendent or Assistant _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-21-20 Section or Area Examined Lhuan
Time of Examination: from 9:30 a.m. or p.m. to 5:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:10 A.M. P.M.
Report received by (Signed) [Signature]

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 20% oz. of rock	none find	Rein
2. Roof Support	u u	u
3. Power Center	u u	u
4. Chargers	u u	u
5. Trench	u u	u
6. Travelways	u u	u
7. Barricade St.	u	u
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
0% rock I n take	137,420		
#9	1,040		
#160	917		
MPA	12,311		
MPB	14,265		

Remarks: 0% ch, 20.8% oz No Co found AT time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Preshift-Mine Examiner
Countersigned [Signature] Mine Manager - Mine Foreman

30928 Certificate No.
33357

[Signature] Assistant Foreman
[Signature]

28090 Certificate No.
38,322

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-21-10 Shift Day Area or Section L/wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	no rocks none found	Report
2. Roof Supports	" "	
3. Power Center	" "	
4. Chargers	" "	
5. Track	" "	
6. Travelways	" "	
7. Barricade St.	" "	
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:00am	.090	11.		
2. "	9:00am	.090	12.		
3. "	11:00am	.090	13.		
4. "	1:00pm	.090	14.		
5. "	3:00pm	.090	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:45am	.090	6.		
2. "	11:45am	.090	7.		
3. "	3:50pm	.090	8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Visual checked shield - 1-176, Breited new on roof + rib plan. pg 20 Discussed dust control plan 6:50am

Idid Lilly Assistant Mine 2804 Certificate No. T. M. ... Mine Foreman-Mine Manager 3359 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-21 20-12 Section or Area Examined Langwall
 Time of Examination: from 1:30 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Harold Willey Time A.M. 2:40 P.M.
 Report received by Kevin Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	O ₂ %	Violation or Hazardous Condition		Action Taken
1. Face	0%	20.8%	None Observed		Reported
2. Roof Supports	"	"	"	"	"
3. Power Center	"	"	"	"	"
4. Chargers	"	"	"	"	"
5. Track	"	"	"	"	"
6. Travelways	"	"	"	"	"
7. Barricade Station	"	"	"	"	"
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Intake	139,040		
# 9	1270		
# 160	980		
MFA	14,360		
MFB	11,090		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By W. Willey 2009 Kevin W. Medley 38810
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Medley 33359
 Mine Manager—Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-21-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at Face at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing methane readings in Return Aircourses.

Number of Bolts Tested Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Covered last 7 items on page 4 of RCP

Mevin W. Medley Assistant Mine

38810 Certificate No.

T. McNamee Mine Foreman-Mine Manager

3359 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-21 2010 Section or Area Examined W 411
Time of Examination: from 9:00 a.m. or p.m. to 2:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom K Medley Time A.M P.M.
Report received by K B (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0% None observed	Reported
2. Supports		
3. Power center		
4. Charge		
5. Track		
6. Traveling		
7. Barricade car		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	137840		
9	1054		
160	965		
MPA	14450		
MPB	11120		

Remarks: 0% CH 20.8% O2 0% CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley 38810 Certificate No. Assistant Foreman 38928 Certificate No.
Countersigned T. M... Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-22-10 Shift 3rd Area or Section W 911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Berwick cur</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:50 AM</u>	<u>0 %</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:10 AM</u>	<u>0 %</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

[Signature]
Assistant Mine

30928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

30959
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11/21 2010 Section or Area Examined Longwall 351
 Time of Examination: from 3:45 a.m. or p.m. to 4:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:30 A.M. P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% O_2 2.0% CH_4</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>137,460</u>		
<u>#9</u>	<u>1,038</u>		
<u>#160</u>	<u>952</u>		
<u>MPA</u>	<u>14,160</u>		
<u>MPB</u>	<u>10,840</u>		

Remarks: 0% CH_4 20.8% O_2

All Clear at Time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38928
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3359
[Signature] Assistant Foreman Certificate No. 38322
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-22-10 Shift Day Area or Section 4Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None found	None
2. Roof Supports	u	u
3. Track	u	u
4. Travelway	u	u
5. Power Centers	u	u
6. Chargers	u	u
7. Barricade st.	u	u
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:05am	10.90	11.		
2. "	9:05am	10.90	12.		
3. u	11:05am	10.90	13.		
4. "	1:05pm	10.90	14.		
5. u	3:05pm	10.90	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:50am	10.90	6.		
2. u	11:50am	10.90	7.		
3. u	3:05pm	10.90	8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Visual checked shields 1-176
Discussed alert Control plan. 6:45am Read ROOF Control plan pp 23

And Kelly
Assistant Mine

28095
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-22 2010 Section or Area Examined Longwall
Time of Examination: from 1:20 or p.m. to 2:20a.m. or p.m.
Was this report phoned to outside: Yes X no _____
By whom Harold Lilly Time 2:20 A.M. P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition		Action Taken
1. Face	CH ₄ 0% O ₂ 20.8%	None Observed	Reported
2. Roof Supports	" "	" "	" "
3. Power Center	" "	" "	" "
4. Chargers	" "	" "	" "
5. Track	" "	" "	" "
6. Tracelways	" "	" "	" "
7. Barricade Station	" "	" "	" "
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	137,020		
#9	1,95		
#160	895		
MFA	14,360		
MFB	12,090		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Harold Lilly Preshift-Mine Examiner Certificate No. 2804T
Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
T. Moore Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-22-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	O ₂ %	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Chamber</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:35 PM</u>	<u>0%</u>	11.		
2.	<u>6:35 PM</u>	<u>0%</u>	12.		
3.	<u>8:33 PM</u>	<u>0%</u>	13.		
4.	<u>10:33 PM</u>	<u>0%</u>	14.		
5.	<u>12:30 PM</u>	<u>0%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:40 PM</u>	<u>0%</u>	6.		
2.	<u>7:40 PM</u>	<u>0%</u>	7.		
3.	<u>9:40 PM</u>	<u>0%</u>	8.		
4.	<u>11:38 PM</u>	<u>0%</u>	9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Covered tail blockage portion of MCP on page 6

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-22-40 Section or Area Examined W 9 11
 Time of Examination: from 9 a.m. or p.m. to 9:59 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom K. Medley Time A.M. 10:40 P.M.
 Report received by: CR (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fire</u>	<u>0% ch</u> <u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Truck</u>		
6. <u>Trucking</u>		
7. <u>Brownside car</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>137140</u>		
<u>9</u>	<u>1240</u>		
<u>160</u>	<u>905</u>		
<u>mpA</u>	<u>14225</u>		
<u>mpB</u>	<u>12110</u>		

Remarks: 0% ch 20.8% O₂ 0% CO at exm

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley 38810 [Signature] 38928
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Indelible
Ball or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

1-23-10 Shift 3-2 Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
Face	None observed	Reported
Supports		
Power Center		
Charger		
Track		
Traveling		
Barriade car		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
Face	3:15AM	0%			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
RT	3:25AM	0%			

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

 38928 Certificate No.
 3339 Certificate No.
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-23-10 20. Section or Area Examined Long Wall
Time of Examination: from 3:15 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 525 A.M. P.M.
Report received by Richard Rumm 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	.0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Changers	"	"	"	"
4. Power Center	"	"	"	"
5. Barricade Station	"	"	"	"
6. Tracks	"	"	"	"
7. Travelways	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	138,030		
#9	1108		
#10	972		
MPA	12,144		
MPB	10,645		

Remarks: .0% CH₄ 20.8% O₂ 0.3ppmCO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] 38928 Certificate No. [Signature] 1357-A Assistant Foreman Certificate No.
Countersigned [Signature] 33357 Mine Manager—Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Handwritten initials

Report shall be signed when made

Date 1-23-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	nope find	none
2. Roof Support	" "	"
3. Chargers	" "	"
4. Power Center	" "	"
5. Tracks	loose top rock at mountrip area. Pulled down.	
6. Travelways	nope find	none
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:15 am	0.9%	11.		
"	9:15 am	0.9%	12.		
"	11:15 am	0.9%	13.		
"	1:15 pm	0.9%	14.		
"	3:15 pm	0.9%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:50 am	0.9%	6.		
"	11:50 am	0.9%	7.		
"	3:10 pm	0.9%	8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine)

Visual checked shields 1-176.
Briefed men on Roof 40' b plan. pp 23. Discussed dust Control Plan. 6:50 am.

Signature
Assistant Mine

1357-A
Certificate No.

Signature
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-23 2010 Section or Area Examined Longwall
 Time of Examination: from 1:00 a.m. or 1:00 p.m. to 2:00 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Richard Lane Time AM 2:45 P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____				
9. _____				
10. _____				

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>137,420</u>		
<u>#9</u>	<u>1,068</u>		
<u>#160</u>	<u>955</u>		
<u>M P A</u>	<u>12,360</u>		
<u>M P B</u>	<u>10,495</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned Kevin W. Medley Mine Manager - Mine Foreman Certificate No. 35334
Kevin W. Medley Assistant Foreman Certificate No. 38810
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Date 1-23-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition				Action taken
1. <u>Face</u>	<u>CH₄ 0.9%</u>	<u>O₂ 20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	"	"	"	"	"
3. <u>Power Center</u>	"	"	"	"	"
4. <u>Chargers</u>	"	"	"	"	"
5. <u>Track</u>	"	"	"	"	"
6. <u>Travelways</u>	"	"	"	"	"
7. <u>Barricade Station</u>	"	"	"	"	"
8. _____					

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:40 PM</u>	<u>0.9%</u>	11. _____		
2. _____	<u>6:39 PM</u>	<u>0.9%</u>	12. _____		
3. _____	<u>8:39 PM</u>	<u>0.9%</u>	13. _____		
4. _____	<u>10:37 PM</u>	<u>0.9%</u>	14. _____		
5. _____	<u>12:35 PM</u>	<u>0.9%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:30 PM</u>	<u>0.9%</u>	6. _____		
2. _____	<u>7:29 PM</u>	<u>0.9%</u>	7. _____		
3. _____	<u>9:29 PM</u>	<u>0.9%</u>	8. _____		
4. _____	<u>11:28 PM</u>	<u>0.9%</u>	9. _____		
5. _____			10. _____		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

FN - Shield movement on page 679 in RCP

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read safety precautions for longwall

Kevin W. Medley 38810
Assistant Mine Certificate No.

Tony Moore
Mine Foreman - Mine Manager

33359
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-23 2010 Section or Area Examined Lang wall
 Time of Examination: from 8:23 a.m. or p.m. to 9:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 10:45 A.M. P.M.
 Report received by Donell K Stanley 39218
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.07%^{ch4} 20.89%^{O2}</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>137560</u>		
<u>#9</u>	<u>1223</u>		
<u>#160</u>	<u>938</u>		
<u>MPA</u>	<u>13975</u>		
<u>MPB</u>	<u>12,140</u>		

Remarks: 0.07%ch⁴ 20.89%O² 0ppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley 38810 Donell K Stanley 39218
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 33357
Mine Manager—Mine Foreman Assistant Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-24-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face ^{G.O. 20.8%}	None Observed	Reported
2.	Roof Supports		
3.	Barricade Station		
4.	Power Center		
5.	Chargers		
6.	Track		
7.	Travelways		
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:35 AM	0.0%	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:20 AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed page 23 of roof control plan with crew

Samuel K. Stanley
Assistant Mine

39218
Certificate No.

Tracy M. Miller
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-24-10 Section or Area Examined Long Wall

Time of Examination: from 420 a.m. or p.m. to 520 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Keith Stanley Time 538 A.M. P.M.

Report received by Richard Lamm 1357 A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition		Action Taken
1. Face	.0%	20.8%	None	obs	None
2. Roof Support	"	"	"	"	"
3. Chargers	"	"	"	"	"
4. Power Center	"	"	"	"	"
5. Track	"	"	"	"	"
6. Travelways	"	"	"	"	"
7. Barricade Station	"	"	"	"	"
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Intake	138,322		
#9	1,291		
#160	976		
MPA	13,717		
MPB	12,264		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Keith Stanley Preshift-Mine Examiner Certificate No. 39218

Countersigned Tom Moore Mine Manager—Mine Foreman Certificate No. 33359

Richard Lamm Assistant Foreman Certificate No. 1357-A

Ward Kelly Superintendent or Assistant Certificate No. 28045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-24-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>1070 ch</u>	<u>none found</u>	<u>none</u>
2. Roof Support	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Tracks	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	<u>7:20 AM</u>	<u>0.0%</u>	11.		
2. "	<u>9:20 AM</u>	<u>0.0%</u>	12.		
3. "	<u>11:20 AM</u>	<u>0.0%</u>	13.		
4. "	<u>1:20 PM</u>	<u>0.0%</u>	14.		
5. "	<u>3:20 PM</u>	<u>0.0%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	<u>8:00 AM</u>	<u>0.0%</u>	6.		
2. "	<u>12:00 PM</u>	<u>0.0%</u>	7.		
3. "	<u>3:45 PM</u>	<u>0.0%</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine)

Briefed men on Roof fall plan 8:20
Discussed dust control plan 6:40 AM Visual checked shields 1-176.

Richard Rasmussen
Assistant Mine

1357-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-24-2010 Section or Area Examined Longwall
Time of Examination: from 11:15 a.m. or 9 p.m. to 2:00 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Richard Lane Time A.M. 2:35 P.M.
Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Air Measurements

Table with columns: Location, CFM. Rows include Intake, #9, #160, MPA, MPB.

Remarks: 0% CH4 20.8% O2 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Richard Lane Preshift-Mine Examiner Certificate No. 3335
Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
Assistant Foreman
Superintendent or Assistant

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-24-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition		Action taken
1. <u>Face</u>	<u>0.9%</u>	<u>20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____	_____	_____	_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:35 PM</u>	<u>0.9%</u>	11. _____	_____	_____
2. _____	<u>6:34 PM</u>	<u>0.9%</u>	12. _____	_____	_____
3. _____	<u>8:34 PM</u>	<u>0.9%</u>	13. _____	_____	_____
4. _____	<u>10:32 PM</u>	<u>0.9%</u>	14. _____	_____	_____
5. _____	<u>12:30 PM</u>	<u>0.9%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:50 PM</u>	<u>0.9%</u>	6. _____	_____	_____
2. _____	<u>7:47 PM</u>	<u>0.9%</u>	7. _____	_____	_____
3. _____	<u>9:46 PM</u>	<u>0.9%</u>	8. _____	_____	_____
4. _____	<u>11:45 PM</u>	<u>0.9%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) covered safety precautions for Longwall Recovery pgs 748 of RCP

Kevin W. Medley 38810 Assistant Mine Certificate No. Troy Moore 35359 Mine Foreman-Mine Manager Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-24 2010 Section or Area Examined Longwall
 Time of Examination: from 9:00 a.m. or p.m. to 9:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time AM 10:50 P.M.
 Report received by Donell K Staley 39218
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0%^{ch4} 20.8%^{O2}</u>	<u>None Observed</u>	<u>Reported</u>
2. Barricade Station		
3. Roof Supports		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	<u>136,125</u>		
#9	<u>4,205</u>		
#160	<u>904</u>		
MPA	<u>14,240</u>		
MPB	<u>12,620</u>		

Remarks: 0.0%ch4 20.8%O2 Oppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley 38810 Donell K Staley 39218
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Tony Moore 33389
Mine Manager - Mine Foreman Certificate No.
 Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-25-10 Shift 3rd Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{ch⁴} 0.0% 20.8% ^{o²}	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:25AM	0.0 %	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:50AM	0.0 %	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 7 of Roof Control plan with crew.

Samuel K. Starlin
Assistant Mine

39218
Certificate No.

Tracy Moore
Mine Foreman-Mine Manager

53357
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-25-10 Section or Area Examined Long Wall 2-1
Time of Examination: from 4:00 a.m. or p.m. to 4:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley
Report received by Richard Rame 1357-A (Signed)

Time 529 A.M. P.M.

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	.0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Chargers	"	"	"	"
4. Power Center	"	"	"	"
5. Tracks	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	137,612		
#9	1,268		
#160	951		
MPA	14,123		
MPB	13,081		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Daniel K. Stanley 37218 Preshift Mine Examiner
Countersigned Tony Moore 37257 Mine Manager - Mine Foreman
Richard Rame 1357-A Assistant Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-25-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄ %	O ₂ %	Violation or Hazardous Condition	Action taken
1.	Face	.0%	20.8%	None obs	None
2.	Roof Support	"	"	"	"
3.	Power Center	"	"	"	"
4.	Chargers	"	"	"	"
5.	Tracks	"	"	"	"
6.	Travelways	"	"	"	"
7.	Barricade Stations	"	"	"	"
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	7:30 AM	.0%	11.			
2.		9:30 AM	.0%	12.			
3.		11:30 AM	.0%	13.			
4.		1:30 PM	.0%	14.			
5.		3:00 PM	.0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	8:10 AM	.0%	6.			
2.		12:05 PM	.0%	7.			
3.		2:15 PM	.0%	8.			
4.				9.			
5.				10.			

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine)

discussed dust control plan Safety talk of Pg 20 of RCP
Visual check of Shields 1776

Richard L...
Assistant Mine

1357
Certificate No.

J. M. ...
Mine Foreman-Mine Manager

3387
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-25 2010 Section or Area Examined Longwall
 Time of Examination: from 1:30 a.m. or p.m. to 2:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Richard Lane Time 2:40 P.M.
 Report received by Kevin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ O ₂		Violation or Hazardous Condition		Action Taken
	CH ₄	O ₂			
1. Face	0%	20.8%	None Observed		Reported
2. Roof Supports	"	"	"	"	"
3. Power Center	"	"	"	"	"
4. Chargers	"	"	"	"	"
5. Track	"	"	"	"	"
6. Travelways	"	"	"	"	"
7. Barricade Station	"	"	"	"	"
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Intake	129,425		
#9	1,089		
#160	867		
MPA	13,842		
MPB	13,220		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Richard Lane 1357-
 Preshift-Mine Examiner Certificate No.
 Countersigned Tony Thomas 33307
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-25-00 Shift EVC Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{CHY 0% 0% 2087}	None obs	None
2. Roof Supports	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:30 AM	0%			
2.	9:30 AM	0%			
3.	11:30 AM	0%			
4.	1:30 PM	0%			
5.	3:00 PM	0%			
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:10 AM	0%	6.		
2.	12:05 PM	0%	7.		
3.	2:15 PM	0%	8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk on ps 20 of RCP discussed dust control plan Visual check of Shield 1478

Richard L... Assistant Mine 1357 Certificate No. T. M... Mine Foreman-Mine Manager 3359 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination _____ 20____ Section or Area Examined _____
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location *Air Measurements* Location CFM

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned _____ Mine Manager—Mine Foreman _____
 _____ Assistant Foreman _____
 _____ Superintendent or Assistant _____

Indelible
Ball or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

125-10

Shift

EVE

Area or Section

Long Wa V

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition		Action taken
Face	0%	20.8%	None	Observed	None
Roof Support	"	"	"	"	"
Chargers	"	"	"	"	"
Power Center	"	"	"	"	"
Tracks	"	"	"	"	"
Travelways	"	"	"	"	"
Barricade station	"	"	"	"	"

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
Face	4:40 PM	0%			
	6:40 PM	0%			
	8:38 PM	0%			
	10:36 PM	0%			
	12:35 PM	0%			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
Return	5:45 PM	0%			
	7:43 PM	0%			
	9:43 PM	0%			
	11:42 PM	0%			

Number of Bolts Tested

Number of Bolts Torqued Above Range

Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine)

Read safety precautions for pillar recovery on pages 8+9 in RCP

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. Moore
Mine Foreman-Mine Manager

38889
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-25 20 10 Section or Area Examined Langwell
 Time of Examination: from 8:15 a.m. or p.m. to 9:08 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time A.M. 10:50 P.M.
 Report received by Samuel K. Staley 39218
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% CH₄ 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>130,125</u>		
<u>#9</u>	<u>1,175</u>		
<u>#160</u>	<u>890</u>		
<u>MPA</u>	<u>11,965</u>		
<u>MPB</u>	<u>14,560</u>		

Remarks: 0.0% CH₄ 20.8% O₂ 0ppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley 38810 Samuel K. Staley 39218
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Moore 35357
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-26-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>0.0% CH₄ 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Support		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:40 AM</u>	<u>0.0 %</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:00 AM</u>	<u>0.0 %</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pages 839 of Roof Control Plan with crew

Daniel K. [Signature]
Assistant Mine

39218
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-26-10 20 Section or Area Examined Long Wall
 Time of Examination: from 4:15 a.m. or p.m. to 5:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:35 A.M. P.M.
 Report received by Richard Rame 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Chargers	"	"	"	"
4. Power Center	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	135,286		
#9	1139		
#160	862		
MPA	13,547		
MPB	13,210		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Keith Stanley 39218 Certificate No. Preshift-Mine Examiner
 Countersigned T. Moore 33367 Certificate No. Mine Manager - Mine Foreman
Richard Rame 1357-A Certificate No. Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-26-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1.	Face	.0%	20.8%	None obs	None
2.	Roof Support	"	"	" "	"
3.	Chargers	"	"	" "	"
4.	Power Center	"	"	" "	"
5.	Tracks	"	"	" "	"
6.	Travelways	"	"	" "	"
7.	Barricade Station	"	"	" "	"
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	7:30 AM	.0%	11.			
2.		9:30 AM	.0%	12.			
3.		11:30 AM	.0%	13.			
4.		1:30 PM	.0%	14.			
5.		3:00 PM	.0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	8:05 AM	.0%	6.			
2.		12:45 PM	.0%	7.			
3.		2:15 PM	.0%	8.			
4.				9.			
5.				10.			

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Talk on pg 18 of RCP
Discussed dust control plan Visual check of Shields 1-176

Orchard Lane Assistant Mine
1357A Certificate No.
T. J. [Signature] Mine Foreman-Mine Manager
33359 Certificate No.
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1/26 2060 Section or Area Examined Longwall
 Time of Examination: from 2:30 a.m. or p.m. to 2:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rich Lane Time 2 A.M. 2:45 P.M.
 Report received by Jim Oane (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% O₂ O₂ CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Traverse</u>		
5. <u>PC</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>127,392</u>		
<u>#9</u>	<u>1,077</u>		
<u>#160</u>	<u>858</u>		
<u>MPA</u>	<u>13,122</u>		
<u>MPB</u>	<u>13,344</u>		

Remarks: O₂ CH₄ face 20.8% O₂
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357A
 Countersigned T. Oane Mine Manager—Mine Foreman Certificate No. 33357
Jim Oane Assistant Foreman Certificate No. 38322
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1/26/10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face 20 ft 12 - 12 1/2</u>	<u>None observed</u>	<u>None</u>
2. <u>Post Support</u>		
3. <u>Track</u>		
4. <u>Truckway</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Barbed Staple</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>5:00</u>	<u>0%</u>	11.		
2.	<u>2:00</u>	<u>0%</u>	12.		
3.	<u>9:00</u>	<u>0%</u>	13.		
4.	<u>11:00</u>	<u>0%</u>	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret</u>	<u>6:30</u>	<u>0%</u>	6.		
2.	<u>10:30</u>	<u>0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof Control P. 18

[Signature]
Assistant Mine

38322
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33959
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-26 20 10 Section or Area Examined Longwall
 Time of Examination: from 9:15 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jim Davis Time 11:00 A.M. P.M.
 Report received by Douglas K. Italy 39218
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.07% ch⁴ 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Barricade Station		
3. Roof Supports		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>121,240</u>		
<u>#9</u>	<u>1,045</u>		
<u>#160</u>	<u>746</u>		
<u>MPA</u>	<u>12,780</u>		
<u>MPB</u>	<u>movement intake</u>		

Remarks: 0.07% ch⁴ 20.8% O₂ Oppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Jim Davis 38332 Douglas K. Italy 39218
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned T. J. ... 33357
Mine Manager - Mine Foreman Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-27-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1. Face	0.0%	20.8%	None Observed	Reported
2. Barricade Station				
3. Roof Supports				
4. Power Center				
5. Chargers				
6. Tracks				
7. Travehways				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:45AM	0.0%	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:00AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read and discussed pg 18 of RCP with crew

Amell V. Stankov
Assistant Mine

39218
Certificate No.

Tony Moore
Mine Foreman-Mine Manager

35707
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-27-20 Section or Area Examined L/WALL
 Time of Examination: from 4:05 a.m. or p.m. to 5:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:30 A.M. P.M.
 Report received by W.D. Lilly 28045 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	none found	None
2. Roof Support	"	"
3. Power Center	"	"
4. Chargers	"	"
5. Track	"	"
6. Travelways	"	"
7. Barricade st.	"	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
070 ch Intake	119,710		
#9	1021		
#160	863		
MPA	12,631		
MPB	11,520		

Remarks: 070 ch, 20.8% O2 No Co found at time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Keith Stanley Certificate No. 39218
 Countersigned T. J. Moore Mine Manager—Mine Foreman Certificate No. 33357
W.D. Lilly Assistant Foreman Certificate No. 28045
Richard Bann Assistant Foreman Certificate No. 1357-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-27-10 Shift Day Area or Section LHWAY

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Cuts, Changers, Track, Airways, Barricade St.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at Face at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing methane readings in Return Aircourses.

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine)

Based on roof & Rib plan pg 18. Visual chul shields 1-17. Discussed date control plan 6:35am

Assistant Mine, Certificate No. 1357-A, Mine Foreman-Mine Manager, Certificate No., Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11/22 Section or Area Examined Longwell
 Time of Examination: from 6:30 a.m. or p.m. to 2:20 a.m. or p.m.
 Was this report phoned to outside: Yes no Time 2:30 A.M. 2:30 P.M.
 By whom Rick Lane
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ % or O ₂ %	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>20.8%</u>	<u>None obs</u>	<u>None</u>
2. <u>Roof support</u>	"	"	"
3. <u>Tracks</u>	"	"	"
4. <u>Travelway</u>	"	"	"
5. <u>P.C</u>	"	"	"
6. <u>Charger</u>	"	"	"
7. <u>Barracks Station</u>	"	"	"
8. _____			
9. _____			
10. _____			

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>120,090</u>		
<u>#9</u>	<u>12,030</u>		
<u>#160</u>	<u>985</u>		
<u>MPA</u>	<u>12,630</u>		
<u>MPB</u>	<u>11,090</u>		

Remarks: 2% CH₄ 20.8% O₂
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Rick Lane Preshift-Mine Examiner Certificate No. 1757-8
 Countersigned Jim Davis Mine Manager—Mine Foreman Certificate No. 33507
 Assistant Foreman
 Superintendent or Assistant

38 322
Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1/27/10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes entries for Face, Root support, Track, Travelway, P.C, Charger, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes entries for Face at 5:00, 7:00, 9:00, 11:00.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes entries for Ret at 6:30, 10:30.

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof control P. 18 Visual check of shields 1-176

Signature of Assistant Mine Foreman

Certificate No.

Signature of Mine Foreman-Mine Manager

Certificate No. 33359

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-27 2010 Section or Area Examined Wall
 Time of Examination: from 7:45 a.m. or p.m. to 10:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom T. Davis Time A.M. P.M.
 Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	%CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u> </u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>	<u> </u>	<u> </u>	<u> </u>
3. <u>Track</u>	<u> </u>	<u> </u>	<u> </u>
4. <u>Travelway</u>	<u> </u>	<u> </u>	<u> </u>
5. <u>Power center</u>	<u> </u>	<u> </u>	<u> </u>
6. <u>Charger</u>	<u> </u>	<u> </u>	<u> </u>
7. <u>Barricade car</u>	<u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>112270</u>	<u> </u>	<u> </u>
<u>9</u>	<u>985</u>	<u> </u>	<u> </u>
<u>160</u>	<u>690</u>	<u> </u>	<u> </u>
<u>MPA</u>	<u>13880</u>	<u> </u>	<u> </u>
<u>MPB</u>	<u>Movement to Gob</u>	<u> </u>	<u> </u>

Remarks: 0%CH₄ 20.8%O₂ 0%CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By T. Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33302
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-28-10 Shift 3rd Area or Section W911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supp. 1)</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power Contr</u>		
6. <u>Charger</u>		
7. <u>Bumper de car</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:40 AM</u>	<u>0%</u>	11. _____		
2. _____			12. _____		
3. _____			13. _____		
4. _____			14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>AT</u>	<u>4:00 AM</u>	<u>0%</u>	6. _____		
2. _____			7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

ZB
Assistant Mine

38928
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-28-10 20 Section or Area Examined Long Wall
Time of Examination: from 330 a.m. or p.m. to 445 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Larry Brown Time 535 A.M. P.M.
Report received by Richard Lamm 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Powercenter, Changers, Tracks, Travelways, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake, #9, #160, MPA, MPB.

Remarks: .07 CH4 20.8% O2 OppMCO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] 38928 Certificate No. Richard Lamm Assistant Foreman 1357-A Certificate No.
Countersigned [Signature] 33359 Certificate No. Mine Manager-Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1/28/10 Shift Day Area or Section Long Wall 11

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1.	Face	0%	20.8%	None obs	None
2.	Roof Support	"	"	"	"
3.	Power Center	"	"	"	"
4.	Track	"	"	"	"
5.	Travelways	"	"	"	"
6.	Chargers	"	"	"	"
7.	Barricade Station	"	"	"	"
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	7:30 ^{AM}	0%	11.			
2.		9:30 ^{AM}	0%	12.			
3.		11:30 ^{AM}	0%	13.			
4.		1:30 ^{PM}	0%	14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	8:15 ^{AM}	0%	6.			
2.		11:20 ^{AM}	0%	7.			
3.		2:10 ^{PM}	0%	8.			
4.				9.			
5.				10.			

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk on Pg 20 of RCP
Discussed Dust control plan Visual check of Shields 1-17C

Richard Krum Assistant Mine Certificate No. 1357A
T. J. Moore Mine Foreman-Mine Manager Certificate No. 33357
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-28 2010 Section or Area Examined Longwall
 Time of Examination: from 1:30 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report phoned outside: Yes 2 no _____
 By whom Rock Lane Time _____ A.M. _____ P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 10 ft or 0% CH₄</u>	<u>NONE</u>	<u>NONE</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Track layout</u>		
5. <u>P.C.</u>		
6. <u>Charges</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>99,050</u>		
<u>#9</u>	<u>1,010</u>		
<u>#160</u>	<u>880</u>		
<u>M.P.A</u>	<u>14,360</u>		
<u>M.P.B</u>	<u>12,180</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂

All clear AT Time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Richard Rasmussen Preshift-Mine Examiner
 Countersigned Jim Davis Mine Manager—Mine Foreman
1357-A Certificate No. 53357
Jim Davis Assistant Foreman
38322 Certificate No.
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1/28/10 Shift EVE Area or Section LONGWALL

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 20.8% O ₂ 0% CH ₄	None observed	NONE
2. Root support		
3. Track		
4. Travelway		
5. P.C		
6. Charger		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5.00	0%	11.		
2.	7.00	0%	12.		
3.	9.00	0%	13.		
4.	11.00	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. P&T	6.30	0%	6.		
2.	10.30	0%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____ Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting Root control P.18

Assistant Mine [Signature] Certificate No. 38322 Mine Foreman-Mine Manager [Signature] Certificate No. 33357 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Examination 1-28 2010 Section or Area Examined Longwall
 Examination: from 9:30 a.m. or p.m. to 6:30 a.m. or p.m.
 report phoned to outside: Yes no
 received by Tim Davis Time A.M. 10:45 P.M.
Daniel K Staley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>ch4 0.07% 20.8% O2</u>	<u>None Observed</u>	<u>Reported</u>
<u>Supports</u>		
<u>Locomotive Station</u>		
<u>Power Center</u>		
<u>Engines</u>		
<u>Tracks</u>		
<u>Travelways</u>		

Air Measurements

Location	CFM	Location	CFM
<u>ok</u>	<u>94,170</u>		
<u>ok</u>	<u>1,012</u>		
<u>ok</u>	<u>794</u>		
<u>ok</u>	<u>13,470</u>		
<u>ok</u>	<u>movement into gob</u>		

0.07% ch4 20.89% O2 0ppm CO
All clear at time of exam

to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report

By Tim Davis Freshift-Mine Examiner Certificate No. 38322
Daniel K Staley Assistant Foreman Certificate No. 39218
Tim Moore Mine Manager—Mine Foreman Certificate No. 33359
 Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-29-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. Roof Supports		
3. Power Center		
4. Barricade Station		
5. Chargers		
6. Tracks		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:50 AM	0.9%	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:15 AM	0.9%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

L.B.
Assistant Mine

38928
Certificate No.

Tim Moore
Mine Foreman-Mine Manager

53359
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-29 2010 Section or Area Examined Longwall
 Time of Examination: from 4:30 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:45 A.M. P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None Observed	Reported
2. Roof Supports	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	91,371		
#9	1,008		
#160	762		
MPA	13,667		
MPB	12,510		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Certificate No. 38928
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33857
[Signature] Assistant Foreman Certificate No. 28045
[Signature] Superintendent or Assistant Certificate No. 38810

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-29-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition		Action taken
1. Face	0% 0% ₀	20.8% ₀	None Observed		None
2. Roof Supports	11	11	11	11	11
3. Power Center	11	11	11	11	11
4. Chargers	11	11	11	11	11
5. Track	11	11	11	11	11
6. Travelways	11	11	11	11	11
7. Barricade Station	11	11	11	11	11
8.					

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:40 AM	0%	11.		
2.	8:40 AM	0%	12.		
3.	11:40 AM	0%	13.		
4.	1:38 PM	0%	14.		
5.	3:35 PM	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:35 AM	0%	6.		
2.	10:34 AM	0%	7.		
3.	12:32 PM	0%	8.		
4.	2:30 PM	0%	9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed safety precautions for Mobile Roof supports systems page 9 in RCP

Kevin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman / Mine Manager

38859
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1/29 2010 Section or Area Examined Kongwell
 Time of Examination: from 10 a.m. or p.m. to 2:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 2:45 P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 205 Shot Loc 44</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof Support</u>		
3. <u>Truck</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Guerrade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>93,864</u>		
<u>#9</u>	<u>1,125</u>		
<u>#160</u>	<u>875</u>		
<u>MCA</u>	<u>11,640</u>		
<u>MCA B</u>	<u>12,250</u>		

Remarks: 0.0% CH4 0.0% CO2 20.8% O2
All clear AT time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley 38810 Preshift-Mine Examiner Certificate No.
 Countersigned Jim Davis 33857 Mine Manager—Mine Foreman Assistant Foreman Certificate No.
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11/29/10 Shift Eve

Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. FACE 20.8% O ₂ 0.6% CH ₄	NONE	Observed
2. Root support		
3. Track		
4. Trussing		
5. PC		
6. Charger		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. FACE	5:00		11.		
2.	7:00		12.		
3.	9:00		13.		
4.	11:00		14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret	6:30	0%	6.		
2.	10:30	0%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Root control P. 26

Signature: Jim Oaur Assistant Mine Certificate No. 38322
Signature: [Signature] Mine Foreman-Mine Manager Certificate No. 33359
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-29 2010 Section or Area Examined Well
 Time of Examination: from 9:40 a.m. or p.m. to 10:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom T Davis Time AM 10:40 PM
 Report received by L B. v. w (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% None Observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Trucks</u>		
4. <u>Traveling</u>		
5. <u>Power cords</u>		
6. <u>Chairs</u>		
7. <u>Barricade Section</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>89760</u>		
<u>9</u>	<u>1070</u>		
<u>160</u>	<u>747</u>		
<u>MPA</u>	<u>12042</u>		
<u>MPB</u>	<u>Air to Gob</u>		

Remarks: 0% CH 20.8 % O₂ 0% CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By T Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned T. B. v. w Mine Manager—Mine Foreman Certificate No. 38928
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-30-10 Shift 3rd Area or Section W11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Inspector</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power center</u>		
6. <u>Chug</u>		
7. <u>Burnside car</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:30 AM</u>	<u>0%</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>5:00</u>	<u>0%</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

[Signature]
Assistant Mine

3928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3339
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-30 2010 Section or Area Examined Longwall
 Time of Examination: from 4:30 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:40 A.M. P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	O ₂ %	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>" "</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>" "</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>" "</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>	<u>" "</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>" "</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>	<u>"</u>	<u>" "</u>	<u>"</u>
8. _____				
9. _____				
10. _____				

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>90 465</u>		
<u># 9</u>	<u>11 20</u>		
<u># 160</u>	<u>734</u>		
<u>M P A</u>	<u>12 285</u>		
<u>M P B</u>	<u>movement to Gob</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38728
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38810
[Signature] Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-30-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Centers, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with columns: Location, Time, Methane Content. Rows 1-20, with 'Face' at 7:45 AM and 0% methane.

Examinations for Methane in Return Aircourses

Table with columns: Location, Time, Methane Content. Rows 1-10, with 'Return' at 8:35 AM and 0% methane.

Number of Bolts Tested Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed page 10 of R.C.P.

Kevin W. Medley Assistant Mine 38810 Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1/30 2010 Section or Area Examined Long Wall
 Time of Examination: from 1:20 a.m. or p.m. to 2:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin W. Medley Time 2:30 A.M. P.M.
 Report received by J. J. O'Connell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>	↓	↓
3. <u>Tracks</u>	↓	↓
4. <u>Travelway</u>	↓	↓
5. <u>P.C.</u>	↓	↓
6. <u>Charger</u>	↓	↓
7. <u>Barricade Station</u>	↓	↓
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>90270</u>		
<u>#9</u>	<u>1,150</u>		
<u>#160</u>	<u>748</u>		
<u>MPA</u>	<u>11987</u>		
<u>MPB</u>	<u>Movement To Cools</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂

All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley 38810 J. J. O'Connell 38322
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. J. O'Connell 38322
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant