

See

Bleeder construction

PRESHIFT - ONSHIFT and DAILY REPORT

Started 11-25-09

Closed out 12-15-09

Company Performance

Mine UBB

SECTION _____

LOCATION _____
Post Office County State

Full

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.

REORDER FROM CHAPMAN PRINTING COMPANY • (800) 824-6620

FORM# MS-014

Use Indelible
Pencil or Ink

**DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT**

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 11-25-09 Section or Area Examined Bleeder construction
 Time of Examination: from 7 a.m. or p.m. to 7:45 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>80BK-125BK</u> | <u>water various places</u> | <u>pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 0.02 ch4 20.82 O2 0.00

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. 1479A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3506
 _____ 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 10-23-19 Shift 1 Area or Section Pool 2-11

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 11-26-09 Section or Area Examined Bleeder Const.
Time of Examination: from 7:25 a.m. or p.m. to 7:50 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>88BK-125BK</u> | <u>water various places</u> | <u>pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good Air Movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: OCH4 20.8% 02 0% C.O.

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. 1477A
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. [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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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) _____

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-27-09 Section or Area Examined Bleeder const.
 Time of Examination: from 7 a.m. or p.m. to 7:45 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>88BK-125BK</u> | <u>Water Various places</u> | <u>pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Food A/c Movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: o₂ 20.8% o₂ 0% C.O.

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. 1477A Assistant Foreman _____ Certificate No. _____
 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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) _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-28-09 Section of Area Examined Bleeder const.
Time of Examination: from 6:50 am or p.m. to 7:40 am 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

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 88 BK - 125 BK, water various places, Pumping.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good air movement.

Remarks: Ochy 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. 1474-A
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 Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10.

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. 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 11-29-09 Section or Area Examined Bleeder
 Time of Examination: from 7 a.m. or p.m. to 7:30 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>88BK-125BK</u> | <u>water various places</u> | <u>pumping</u> |
| 2. <u> </u> | <u> </u> | <u> </u> |
| 3. <u> </u> | <u> </u> | <u> </u> |
| 4. <u> </u> | <u> </u> | <u> </u> |
| 5. <u> </u> | <u> </u> | <u> </u> |
| 6. <u> </u> | <u> </u> | <u> </u> |
| 7. <u> </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>Good Air movement</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> | <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> </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> | <u> </u> | <u> </u> |

Remarks: Och4 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. 1479-A
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 890624
 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 _____ Shift 1st Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 11-30-09 2009 Section or Area Examined Bleeder
 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. <u>S8BK - 125BK</u> | <u>Water in various places</u> | <u>Pumping water</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 0% CH4 20.802 % 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. 1941 A
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1479-A
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

**DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT**

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 11-30-09 20____ Section or Area Examined Bkade!
 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 A. Co. 1500 Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---------------------|----------------------------------|--------------|
| <u>88BK - 125BK</u> | <u>water various places</u> | <u>pump</u> |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good Air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 20.82.02 o.d.c. 4

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. 1722-A
 Countersigned [Signature] 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported.

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 11-30-09 20. Section or Area Examined Bleeder
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 Brandon Bowen Time _____ A.M. _____ P.M.
Report received by Shawn Walker (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|------------------------|----------------------------------|----------------|
| 1. <u>SSBK to DSBK</u> | <u>Water various places</u> | <u>pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>good Air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 0% CH4 20.8 O2 0% 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 Brandon Bowen Preshift-Mine Examiner Certificate No. 1122-A
 Countersigned Shawn Walker Mine Manager—Mine Foreman Certificate No. 39000-28
 Assistant Foreman Certificate No. 19412
 Superintendent or Assistant

Use Indelible
Pencil or Ink

**DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT**

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-1-09 20: Section or Area Examined Bleeder east
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom SHAWN WALKER Time 6:28 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>880K to 1250K</u> | <u>water in various places</u> | <u>pumping water</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good Air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 20.86 O2 0.02 CH4 0 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 Shaklee 1941A Preshift-Mine Examiner Certificate No. _____ Assistant Foreman
 Countersigned Shawn Walker Mine Manager—Mine Foreman Certificate No. _____
Reik Hutchins 37569 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 12-1-09 Shift EVN Area or Section Bleeder Const.

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|-----------------------|----------------------------------|----------------------|
| 1. <u>88BK To 125</u> | <u>Water in various places</u> | <u>pumping water</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |

Examinations for Methane in Working Places

| Location | Time | Methane Content | Location | Time | Methane Content |
|-----------------------------|-------|-----------------|-----------|-------|-----------------|
| 1. <u>Good Air Movement</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>20.80%</u> | _____ | _____ | 6. _____ | _____ | _____ |
| 2. <u>0% CH4</u> | _____ | _____ | 7. _____ | _____ | _____ |
| 3. <u>0% CO</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) _____

Rick Hutchins
Assistant Mine

37569
Certificate No.

Charles Cook
Mine Foreman-Mine Manager

390000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-1 209 Section or Area Examined Bleeder Corro
 Time of Examination: from 100 a.m. or p.m. to 100 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Rich Hutchins Time AM 11:15 P.M.
 Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---------------------------|----------------------------------|----------------|
| 1. <u>BK 88 to BK 125</u> | <u>Water is High</u> | <u>pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>abatt</u> | | | |
| <u>208</u> | | | |
| <u>good air movement</u> | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: pumping water

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 Rich Hutchins 31569 Preshift-Mine Examiner Certificate No. Kyle Anderson 33238 Assistant Foreman Certificate No.
 Countersigned _____ 32000-01 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 12-1 Shift 3rd Area or Section Bleeder Cons.

Violations and other Hazardous Conditions Observed and Reported

| | Location | Violation or Hazardous Condition | Action taken |
|----|-----------------|----------------------------------|--------------|
| 1. | 88 Break to 125 | Water | Pumping |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

Examinations for Methane in Working Places

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|-----|-------------------|------|-----------------|-----|----------|------|-----------------|
| 1. | elect | | | 11. | | | |
| 2. | 208 | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | good air movement | | | 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) _____

Ryle Anderson
Assistant Mine

33238
Certificate No.

Carl Cook
Mine Foreman-Mine Manager

33000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-2-09 20. Section or Area Examined Steeler Leach
Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom K. Anderson Time 6:00 A.M. P.M.
Report received by A. Coakley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|------------------|----------------------------------|----------------------|
| 1. <u>88-125</u> | <u>water in various places</u> | <u>pumping water</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 20.8% O2 0.02% CH4 0.00

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 Kyle Anderson Preshift-Mine Examiner Certificate No. 33238
Countersigned A. Coakley 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 12-3-09 Shift Day Area or Section Bleeder

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|------------------|----------------------------------|----------------|
| 1. <u>88-125</u> | <u>water in various places</u> | <u>pumping</u> |
| 2. _____ | _____ | _____ |
| 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.

Charles Lamb
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 12-2 Section or Area Examined Bladder Cons.
 Time of Examination: from 1000 a.m. or p.m. to 1100 a.m. or p.m.
 Was this report phoned to outside: Yes X no _____
 By whom Rich Henderson Time 1108 A.M. P.M.
 Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---------------------|----------------------------------|----------------|
| 1. <u>88 to 105</u> | <u>water in various places</u> | <u>Pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks:

26 at 4
20.8

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 Rich Henderson Certificate No. _____
 Preshift-Mine Examiner
 Countersigned Kyle Anderson Certificate No. 53238
 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 12-2 Shift 3rd Area or Section Blender Cons.

Violations and other Hazardous Conditions Observed and Reported

| | Location | Violation or Hazardous Condition | Action taken |
|----|-----------------|----------------------------------|----------------|
| 1. | <u>887s 105</u> | <u>Water in various places</u> | <u>Pumping</u> |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

Examinations for Methane in Working Places

| Location | Time | Methane Content | Location | Time | Methane Content |
|------------------|------|-----------------|----------|------|-----------------|
| <u>area down</u> | | <u>2.6%</u> | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 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) _____

Kyle Anderson
Assistant Mine

33038
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33038
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-2-09 20-- Section or Area Examined Bleeder
 Time of Examination: from 4:45 or p.m. to 5:30 or p.m.
 Was this report phoned to outside: Yes no
 By whom Kyle Anderson Time 5:50 A.M. P.M.
 Report received by A. Casbar (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-----------------|----------------------------------|----------------------|
| <u>8-105 BK</u> | <u>water in various places</u> | <u>pumping water</u> |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good Air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 20.8% O2 0.02 Ch4 0 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 Kyle Anderson Preshift-Mine Examiner Certificate No. 33238
 Countersigned [Signature] 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-3 2009 Section or Area Examined Bleeder Cont.
Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brandon Bowling Time A.M. 2:40 P.M.
Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 88 BK To 105 BK, Water in various places, pumping. Row 2: 0LH47, 20.802. Row 3: oppm c/o.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good air movement, 0LH47, 20.802, oppm c/o.

Remarks: 0% ch4
20.802

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. 1122 A Assistant Foreman
Countersigned [Signature] Certificate No. 3506022 Mine Manager—Mine Foreman
Rick Hutchens Assistant Foreman 37569 Superintendent or Assistant

Use Indelible
Pencil or Ink

**DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT**

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-3 2069 Section or Area Examined Blender Coals
Time of Examination: from 1000 a.m. or p.m. to 1100 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Hutters Time 1100 A.M. 1100 P.M.
Report received by Kyle T. Down (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|------------------|----------------------------------|----------------|
| 1. <u>85-105</u> | <u>water in 3 and 4</u> | <u>pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 20.8
20.8

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 Hutters 37569 Certificate No. Kyle T. Down 33038 Certificate No.
Countersigned [Signature] 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 12-3-09 Shift Eve Area or Section Bleeder Cont

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|------------------|----------------------------------|-------------------|
| 1. <u>85-105</u> | <u>Water in Vaucesplacia</u> | <u>pump water</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |

Examinations for Methane in Working Places

| Location | Time | Methane Content | Location | Time | Methane Content |
|-----------------------------|-------|-----------------|-----------|-------|-----------------|
| 1. <u>Good air Movement</u> | _____ | _____ | 11. _____ | _____ | _____ |
| 2. _____ | _____ | _____ | 12. _____ | _____ | _____ |
| 3. <u>0% CH4</u> | _____ | _____ | 13. _____ | _____ | _____ |
| 4. <u>20.80%</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. _____ | _____ | _____ | 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) _____

Rick Hutchins 37569 Assistant Mine Certificate No. [Signature] Mine Foreman-Mine Manager Certificate No. 3900001 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-11 20 Section or Area Examined Bladder Con
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: yes no
 By whom Kyle Anderson Time 6:10 A.M. P.M.
 Report received by Etager (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--|----------------------------------|--------------|
| 1. <u>Water</u> | <u>85 - up</u> | <u>ref</u> |
| 2. _____ | _____ | _____ |
| 3. <u>Water is down in #1 & 2 so where you can</u> | _____ | _____ |
| 4. <u>walk through</u> | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|----------|-------|----------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: I always clear a.s methane found

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 Kyle Anderson Certificate No. 33238
 Preshift Mine Examiner
 Countersigned [Signature] Mine Manager—Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant
 Certificate No. 1977-A
26221

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-4-09 Shift Day Area or Section Bleeder const.

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|------------------|----------------------------------|--|
| 1. <u>85-100</u> | <u>water in various places</u> | <u>pump water down 3inchs - hour</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | <u>Setting more Air pumps</u> |
| 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) Talked to crew about
Loose Ribs, SCSR'S OK.

[Signature] Assistant Mine Certificate No. 1479-A
[Signature] Mine Foreman-Mine Manager Certificate No. 39000
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-4-09 2009 Section or Area Examined Bleeder const.

Time of Examination: from 1:00 a.m. or 2:00 p.m. to 2:00 a.m. or 3:00 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

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 85-100, water in various places, pumping water.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good Air movement.

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 [Signature] Preshift-Mine Examiner Certificate No. 1479A Assistant Foreman [Signature] Certificate No. [Signature] Mine Manager-Mine Foreman [Signature] Assistant Foreman [Signature] Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-4-09 Shift Even Area or Section Bleeder Contr

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|------------------|----------------------------------|--------------------------------|
| 1. <u>85-100</u> | <u>0% CH₄</u> | <u>Water in various places</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |

Examinations for Methane in Working Places

| Location | Time | Methane Content | Location | Time | Methane Content |
|-----------------------------|-------|-----------------|-----------|-------|-----------------|
| 1. <u>Good air movement</u> | _____ | _____ | 11. _____ | _____ | _____ |
| 2. _____ | _____ | _____ | 12. _____ | _____ | _____ |
| 3. _____ | _____ | _____ | 13. _____ | _____ | _____ |
| 4. <u>20.8⁰²</u> | _____ | _____ | 14. _____ | _____ | _____ |
| 5. <u>0% CH₄</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. _____ | _____ | _____ | 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) _____

Rick Hutchins 31569
Assistant Mine Certificate No.

[Signature]
Mine Foreman Mine Manager

39000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-4 Section or Area Examined Bleeger construction
 Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Hutgens Time A.M. 11:00 P.M.
 Report received by [Signature] 1947-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-------------|----------------------------------|----------------------|
| 1. <u>3</u> | <u>Water</u> | <u>Pumping water</u> |
| 2. <u>4</u> | <u>water</u> | <u>Pumping water</u> |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>Good Air movement</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: 0% CH₄, 20.8% O₂, 0 PPM C.O.

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 Hutgens Certificate No. 37569 R. Anderson Assistant Foreman Certificate No. 33038
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3506000
 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 12-4 Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-5 2009 Section or Area Examined Bleeder const.
 Time of Examination: from 5 a.m. or p.m. to 6 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kenny Farmer Time 605 A.M. P.M.
 Report received by [Signature] 1479-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---------------------|----------------------------------|----------------|
| 1. <u>100 Break</u> | <u>water in #3#4</u> | <u>pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|--------------------------|----------|-------|
| <u>Good Air movement</u> | <u>0% CH₄</u> | | |
| | <u>20.802</u> | | |
| | <u>0% CO</u> | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 [Signature] Preshift-Mine Examiner Certificate No. 3009
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman [Signature] Certificate No. 1479-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 12-5-09 Shift Day Area or Section Bleeder const.

Violations and other Hazardous Conditions Observed and Reported

| | Location | Violation or Hazardous Condition | Action taken |
|----|------------------|----------------------------------|----------------|
| 1. | <u>100 Break</u> | <u>water in #4 entry</u> | <u>pumping</u> |
| 2. | <u>no</u> | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

Examinations for Methane in Working Places

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|-----|--------------------------|------|-----------------|-----|----------|------|-----------------|
| 1. | <u>Good Air movement</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. | | | | 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

1479-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-5-09 Section or Area Examined Bleeder Cont.

Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom J Thomas Time A.M. 2:40 P.M.

Report received by Rick Hutchens
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-------------------|--|-------------------------------|
| 1. <u>1, 2, 3</u> | <u>0% CH₄</u> <u>Water pump Down</u> | <u>Reported</u> |
| 2. <u>4</u> | <u>0% CH₄</u> <u>Water in BK 100BK</u> | <u>Reported & pumping</u> |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good Air Movement</u> | _____ | _____ | _____ |
| <u>20.802</u> | _____ | _____ | _____ |
| <u>0% CH₄</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 [Signature] Certificate No. 1479A
Preshift-Mine Examiner Assistant Foreman Certificate No.

Countersigned [Signature] Mine Manager—Mine Foreman

Rick Hutchens Assistant Foreman Certificate No. 37569
Superintendent or Assistant

Use Indelible
Pencil or Ink

**DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT**

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-6-09 20 Section or Area Examined Bleeder cons.
Time of Examination: from 2:30 a.m. or p.m. to 8:00 a.m. or p.m.
Was this report phoned to outside: Yes no carried out
By whom A. Carlson Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 88-125 BK, water in various places, pumping water.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good air movement.

Remarks: 20.8% O2 0.00 CH4 0.00

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. 3906007
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 3906007
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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-6-09 20. Section or Area Examined _____
 Time of Examination: from 1:30 a.m. or p.m. to 2:00 a.m. or p.m.
 Was this report phoned to outside: Yes _____ no carried out
 By whom A. Cooper Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|------------------|----------------------------------|----------------------|
| <u>08-125 BK</u> | <u>water in various places</u> | <u>pumping water</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>Good air movement</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: 0.02 ch4 20.8% O2 @ 0.00

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] Pre-shift-Mine Examiner Certificate No. 3906200
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 154477
 _____ 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-6 2069 Section or Area Examined Bldg 2
 Time of Examination: from 9:00 a.m. or PM to 11:00 a.m. or PM
 Was this report phoned to outside? Yes no
 By whom Beck Time 11:00 P.M.
 Report received by Ray (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-----------------------|----------------------------------|-----------------|
| 1. <u>88-125 Bldg</u> | <u>water on various floors</u> | <u>Pump out</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: Lawrence clean at time of exam
CH₄ 0%, CO₂ 0%, O₂ 20.8%

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 Beck Hutcherson 37569 Preshift-Mine Examiner Certificate No.
Ray Assistant Foreman Certificate No. 70284
 Countersigned Carl Cook 390607 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| <i>Location</i> | <i>Violation or Hazardous Condition</i> | <i>Action taken</i> |
|-----------------|---|---------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |

Examinations for Methane in Working Places

| <i>Location</i> | <i>Time</i> | <i>Methane Content</i> | <i>Location</i> | <i>Time</i> | <i>Methane Content</i> |
|-----------------|-------------|------------------------|-----------------|-------------|------------------------|
| 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

| <i>Location</i> | <i>Time</i> | <i>Methane Content</i> | <i>Location</i> | <i>Time</i> | <i>Methane Content</i> |
|-----------------|-------------|------------------------|-----------------|-------------|------------------------|
| 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.

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 12-7-09 20 Section or Area Examined Steeler
Time of Examination: from 5:00 a.m. or p.m. to 5:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom K. [Signature] Time 6:00 A.M. P.M.
Report received by A. [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 88-1250K, water in various places, pumping water.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good Air movement, [blank], [blank], [blank].

Remarks: 20.80 02 0.00 4.4 0.00

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
Assistant Foreman [Signature] Certificate No. 32254
Assistant Foreman [Signature] Certificate No. 39060
Superintendent or Assistant [Signature]

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-7-09 Section or Area Examined Bleeder Construction
 Time of Examination: from 100 a.m. or 20 p.m. to 20 a.m. or 20 p.m.
 Was this report prepared to outside? Yes no
 By whom Andy Coatsen Time 2:30 A.M. P.M.
 Report received by Bruce Bony (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--------------------------------------|----------------------------------|---------------------------|
| 1. #88 Brk to 125 OCHYL 20.802 | Water in various places | Reported Pumping Water |
| 2. OPPM C/O | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

Air Measurements

| Location | CFM | Location | CFM |
|--|-----|----------|-----|
| Good Air movement OCHYL. 20.802 OPPM C/O | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: OCHYL. 20.802 OPPM C/O
Travelways OK 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. 31000
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 31000
[Signature] Assistant Foreman Certificate No. 33238
 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-7 to 09 Section or Area Examined Stauden
 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 Kyle Time 11:20 A.M. P.M.
 Report received by Kyle (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---------------------------|----------------------------------|-------------------------|
| 1. <u>88 Bk to 125 Bk</u> | <u>water in narrow locations</u> | <u>Reported Pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|-------------------------|-------|----------|-------|
| <u>Geo Per monument</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: TRAILWAYS clear at time of EXAM
O₂ 20% CO - 0% CH₄ 0%

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 Kyle Anderson 33238 Certificate No. 3228
 Preshift-Mine Examiner Assistant Foreman
 Countersigned [Signature] 38000 Certificate No. _____
 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| | <i>Location</i> | <i>Violation or Hazardous Condition</i> | <i>Action taken</i> |
|----|-----------------|---|---------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |

Examinations for Methane in Working Places

| | <i>Location</i> | <i>Time</i> | <i>Methane Content</i> | | <i>Location</i> | <i>Time</i> | <i>Methane Content</i> |
|-----|-----------------|-------------|------------------------|-----|-----------------|-------------|------------------------|
| 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

| | <i>Location</i> | <i>Time</i> | <i>Methane Content</i> | | <i>Location</i> | <i>Time</i> | <i>Methane Content</i> |
|----|-----------------|-------------|------------------------|-----|-----------------|-------------|------------------------|
| 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.

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 12-7-09 20.09 Section or Area Examined Bleeder
Time of Examination: from 1000 a.m. or p.m. to 1100 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kyle Anderson Time A.M. 1130 P.M.
Report received by Shanon Wadler (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 88 BK 125 BK, Water UG-side Locations, Pumping.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good Air movement.

Remarks: Travelways clear at time of exam
20.802 0% CH4 0% CO2

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 Kyle Anderson Preshift-Mine Examiner Certificate No. 33238
Countersigned Shanon Wadler Mine Manager-Mine Foreman Certificate No. 32001
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 Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10.

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.

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 12-8 2009 Section or Area Examined Bleeder
 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 Kenneth Turner Time 0530 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|----------------------|-----------------------------------|--------------|
| 1. <u>88-BK ASBK</u> | <u>Water at various Locations</u> | <u>Pumps</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: Travel ways clear at time of exam
20:8 O2 0% CH4 0% 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. 32284
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1941-A
 Assistant Foreman Certificate No. 1477A
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-8-09 2009 Section or Area Examined Bleeder-const.

Time of Examination: from 11 a.m. or p.m. to 12:45 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>88Bk-125Bk</u> | <u>water in various places</u> | <u>pumping</u> |
| 2. <u> </u> | <u> </u> | <u> </u> |
| 3. <u> </u> | <u> </u> | <u> </u> |
| 4. <u> </u> | <u> </u> | <u> </u> |
| 5. <u> </u> | <u> </u> | <u> </u> |
| 6. <u> </u> | <u> </u> | <u> </u> |
| 7. <u> </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>Good Air movement</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> | <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> </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> | <u> </u> | <u> </u> |

Remarks: 0.02% CH4 20.8% O2 0% CO.
Travel ways clear OIT 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] 1479-A [Signature] 93238
Pre-shift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [Signature] 3800
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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-8 2005 Section or Area Examined Bleeder
 Time of Examination: from 10:00 a.m. or 6:00 p.m. to 11:00 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Kyle Anderson Time 11:00 A.M. 11:00 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--------------------------|----------------------------------|--------------|
| 1. <u>88 BK - 125 BK</u> | <u>Water in various place</u> | <u>pumps</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good Air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 20.8 O2 0% CH4 0% CO
Travel ways 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. 33238
 Countersigned [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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-9 20 59 Section or Area Examined B/REEDER

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes no X

By whom Time A.M P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 88 Bk - 125 Bk, Water in various places being pumped.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: good air movement.

Remarks: 20.8 O2 0% CH4 0% CO. Travel ways fair at time seen.

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. 1941-A. Assistant Foreman. 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 12-9-09 Shift Day

Area or Section Bleeder const

Violations and other Hazardous Conditions Observed and Reported

| | Location | Violation or Hazardous Condition | Action taken |
|----|-----------|----------------------------------|--------------|
| 1. | 88-125 BK | water in various places | pumping |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

Examinations for Methane in Working Places

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|-----|-------------------|------|-----------------|-----|----------|------|-----------------|
| 1. | Good Air movement | | | 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) page 4 para 11 of R.C.P.

To crew at 7Am

[Signature]
Assistant Mine

1479-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

26011
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-9 209 Section or Area Examined Blaedee
 Time of Examination: from 10:30 a.m. or p.m. to 2:00 a.m. or p.m.
 Was this report phoned to outside? Yes no
 By whom Jay Ford Time 2:46 P.M.
 Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|------------------------|----------------------------------|----------------|
| 1. <u>88 bk to 125</u> | <u>water in various places</u> | <u>Pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: Travel ways clear at time of exam
20.8
o/b cth

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. 1477A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 20041
[Signature] Assistant Foreman Certificate No. 33238
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

**DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT**

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-9 2009 Section or Area Examined Bleeder
 Time of Examination: from 9:00 a.m. or 10:00 a.m. or 10:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Kyle Anderson Time 1050 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|----------------------|----------------------------------|----------------------|
| 1. <u>88-125 BIC</u> | <u>Water in various places</u> | <u>pumping water</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>good Air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 20.802 0% CH4 0% CO
fract wings few 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] 33278 Certificate No. 1941-A
 Countersigned [Signature] 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-10-09 Section or Area Examined Bleeder
Time of Examination: from 3:00 or p.m. to 5:00 or p.m.
Was this report phoned to outside: Yes no
By whom R. Farmer Time 5:30 P.M.
Report received by John A. Beckford
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|----------------------|----------------------------------|----------------------|
| 1. <u>88-125 Bsk</u> | <u>Water in various places</u> | <u>Pumping water</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good Air Movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 07.64, 07.10 & 20.87% O₂ detected at time of exam

Travelways fair 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] Mine Examiner
 Countersigned [Signature] Mine Manager / Mine Foreman
[Signature] Assistant Foreman
 Certificate No. 32294
2009
 Assistant Foreman
 Certificate No. 1479-A
26176
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-10-09 Shift Day Area or Section Bleeder const.

Violations and other Hazardous Conditions Observed and Reported

| | Location | Violation or Hazardous Condition | Action taken |
|----|---------------------|----------------------------------|----------------|
| 1. | <u>88-125 Break</u> | <u>water in various places</u> | <u>pumping</u> |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| 1. | Location | Time | Methane Content | 6. | Location | Time | Methane Content |
|----|----------|------|-----------------|-----|----------|------|-----------------|
| 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 page 8 para 11

To crew at 6:30 AM
[Signature] Assistant Mine
1477A Certificate No.
[Signature] Mine Foreman / Mine Manager
26011 Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-10-79 Section or Area Examined Bleeder Cons.
Time of Examination: from 12:00 a.m. or p.m. to 1:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom [Signature] Time A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 85-125, Water in various places, Pumping.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good air movement, [blank], [blank], [blank].

Remarks: o.c.H.H.

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. 1479-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33238
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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-10 2009 Section or Area Examined Bleeder
Time of Examination: from 10:00 a.m. or 11:00 a.m. or 11:00 p.m.
Was this report phoned to outside: Yes no
By whom Ryle Anderson Time A.M. 11:00 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-----------|----------------------------------|--------------|
| 1. GS-123 | Water in various places | Pumping |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

Air Measurements

| Location | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good air movement | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: 20.5 oz O2 CH4 0% 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 Ryle Anderson 33238 Certificate No. 26041
Countersigned [Signature] Mine Manager—Mine Foreman
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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-11-09 20 Section or Area Examined Bleeder Co. sta
Time of Examination: from 5:20 a.m. or p.m. to 6:25 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no [X]
By whom Henry F. [signature] Time 5:25 A.M. P.M.
Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Location 'Bleeder 28 - 126', Violation 'Water', Action 'Pumping'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Location 'Good Air Movement', CFM blank.

Remarks: O2 CMH, ppm 19, 22.25 O2 detected at time of exam
Track: Traveling ok 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. 32294
Countersigned [signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1478A
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 12-11-09 Shift Day Area or Section Bleeder Const.

Violations and other Hazardous Conditions Observed and Reported

| | Location | Violation or Hazardous Condition | Action taken |
|----|----------------|----------------------------------|-----------------------------|
| 1. | <u>88-0125</u> | <u>water in various places</u> | <u>pumping moving pumps</u> |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

Examinations for Methane in Working Places

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|-----|---------------------------|------|-----------------|-----|----------|------|-----------------|
| 1. | <u>Good Air, movement</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. | | | | 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 page 5 para 19-20
To crew at 8AM

[Signature] Assistant Mine
1479-A Certificate No.
[Signature] Mine Foreman-Mine Manager
26021 Certificate No.
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-11-09 Section or Area Examined Bleeder CONST
 Time of Examination: from 12:01 a.m. or 0 p.m. to 1:35 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out J. Thomas 1479-A Time A.M. P.M.
 Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|------------------|----------------------------------|----------------|
| 1. <u>88-125</u> | <u>water in various places</u> | <u>Pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good Air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: Travel ways clear at time of exam
0.03% ch4 20.8% O2 0% C.O.

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
[Signature] Assistant Foreman
 Certificate No. 1479-A
2041
Kyle Anderson Assistant Foreman
33238 Certificate No.
 Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-11 2009 Section or Area Examined Bleeder

Time of Examination: from 9:00 a.m. or 9:00 p.m. to 10:00 a.m. or 10:00 p.m.

Was this report phoned to outside: Yes no

By whom Kyle Anderson Time 2:30 P.M.

Report received by [Signature]
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--------------------|----------------------------------|----------------|
| 1. <u>88 - D.S</u> | <u>Water in various places</u> | <u>pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: Travel ways walkways clear at time of exam

0% CH4 20.802 0% 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] 33238 [Signature] 1991-7
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 2641
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indefinible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-12-09 20 Section or Area Examined Bleeder
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Kenny Farmer Time 5:27 (A.M.) P.M.
Report received by Jim Boyer 32241 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 88-128, 0% CH4 water in various places, Ding Gumped.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good air movement.

Remarks: 0% CH4 0% CO 20.8% O2 detected
haulways, walkways safe 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. 14774
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 26041
Assistant Foreman [Signature] Certificate No. 32294
Superintendent or Assistant

Use Indelible
Pencil or Ink

**DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT**

Report shall be
signed when made

Date 10-10-70 Shift 3rd Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-12 2009 Section or Area Examined Bleeder
Time of Examination: from 12 a.m. or p.m. to 1:45 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>88BK - 125BK</u> | <u>water in various places</u> | <u>pumping</u> |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>Good Air movement</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: 0.13% CH4 20.8% O2 0% 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
Countersigned [Signature] Mine Manager—Mine Foreman
Certificate No. 1477-A
[Signature] Assistant Foreman
Certificate No. 33238
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 12-12-09 Shift Day

Area or Section Bleeder const.

Violations and other Hazardous Conditions Observed and Reported

| | Location | Violation or Hazardous Condition | Action taken |
|----|------------|----------------------------------|----------------------------|
| 1. | 88BK-125BK | water in various places | pumping setting more pumps |
| 2. | | | |
| 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) Read page 5 para 21-22

J.C.S.R.S OK!

[Signature]
Assistant Mine

1479-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

260211
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-12 209 Section or Area Examined B leader Cons
 Time of Examination: from 9:00 a.m. or p.m. to 1:00 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>71-to 125</u> | <u>Water in various places</u> | <u>Reported</u> |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>good air movement</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: 0.6 H₂
20.8
76 CO₂

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 Kyle Anderson 33238 Assistant Foreman Certificate No.
 Countersigned [Signature] 21241 Mine Manager—Mine Foreman
[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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-13 2009 Section or Area Examined Bleeder Cont.
Time of Examination: from 1:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Carl Grinett Time 2:40 P.M.
Report received by Rick Hutchins
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---------------------|--|-----------------|
| 1. <u>71 To 125</u> | <u>0% CH₄ Water in various places</u> | <u>Reported</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good air movement</u> | _____ | _____ | _____ |
| <u>0% CH₄</u> | _____ | _____ | _____ |
| <u>20.8°</u> | _____ | _____ | _____ |
| <u>0% C°</u> | _____ | _____ | _____ |

Remarks: 0% CH₄, 0% CH₄, Travelways, walkways 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 Carl Grinett 15447
Preshift-Mine Examiner Certificate No.
Countersigned Rick Hutchins 26041
Mine Manager—Mine Foreman
Rick Hutchins 37569
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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-13 2009 Section or Area Examined BLEEDER AREA

Time of Examination: from 9:00 a.m. or PM to 1:00 a.m. or PM

Was this report phoned to outside: Yes no

By whom _____ Time 11:15 A.M. P.M.

Report received by Shuler
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|------------------|----------------------------------|-----------------|
| 1. <u>71-125</u> | <u>Water in various places</u> | <u>Reported</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>good air movement</u> | _____ | _____ | _____ |
| <u>0% CH4</u> | _____ | _____ | _____ |
| <u>0% CO</u> | _____ | _____ | _____ |
| <u>20.8 O2</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: Walkways travel ways 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 Hutchins 37569
 Preshift-Mine Examiner Certificate No.

Countersigned Shuler 26001
 Mine Manager—Mine Foreman Assistant Foreman

Shuler 15454
 Assistant Foreman Certificate No.

Hay 30224
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-20.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10.

Number of Bolts Tested 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. 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 12-14 20 9 Section or Area Examined BLEEDER AREA
Time of Examination: from 4 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom K FARMER Time 5:30 A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Inways clear. Row 2: Water in several different places pumping. Row 5: Traveled from 71-20-126 break 26 ch 4 20.8

Air Measurements

Location CFM Location CFM

Table for Air Measurements with columns for Location and CFM, mostly blank.

Remarks: Inways clear 0% ch 4 found 0x20.8

SKT 5 Sacks under Bad Bolts in the 80+ Bites

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] 32224 Certificate No. 26041 Assistant Foreman [Signature] 1977A
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-14 2079 Section or Area Examined Bhanda sec 1
 Time of Examination: from 1201 a.m. or (p.m) to 100 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 Ryle to dean (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|------------------------|----------------------------------|----------------|
| 1. <u>71-125 break</u> | <u>water in various places</u> | <u>pumping</u> |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 26.4K 20.8 0.6 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. 1179A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 35238
 _____ 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 _____ Shift _____ Area of Section _____

| Location | Violations and other Hazardous Conditions Observed and Reported Violation or Hazardous Condition | Action taken |
|----------|---|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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. _____ 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 12-14 2007 Section or Area Examined Bladder
 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 [Signature] Time 11:10 A.M. (P.M.)
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

| | Location | Violation or Hazardous Condition | Action Taken |
|-----|--------------------------|----------------------------------|----------------|
| 1. | <u>71-125</u> <u>Bak</u> | <u>Water run various places</u> | <u>Pumping</u> |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------------|-----|----------|-----|
| <u>Good</u> <u>all maximum</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: CH₄ - 0.8 CO - 0.8 O₂ - 20.8%

Watch for soft ribs

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] 33238 [Signature] 50094
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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.

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 12-15-09 20. Section or Area Examined Bleeder 88 - Fan
Time of Examination: from 3:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kenneth Farmer Time 5:12 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--------------------|----------------------------------|----------------|
| <u>88 - F23 Bk</u> | <u>H2O In several places</u> | <u>Pumping</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Air Measurements

| Location | CFM | Location | CFM |
|-------------|------------|-----------------|-----|
| <u>Good</u> | <u>air</u> | <u>movement</u> | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: OCHP D.802 .000 - always OK at
time of Exam.
set 2 fans in old #2 return roadway
have repaired 6 return stoppings in old #2

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] 32294 [Signature] 36526
Preshift Mine Examiner Assistant Foreman Certificate No.
Countersigned [Signature] 20221
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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 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) _____

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-15 2009 Section or Area Examined _____

Time of Examination: from 4:00 a.m. or p.m. to 6:50 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Keyle Anderson Time 6:30 A.M. P.M.

Report received by Mike Bailey
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---------------------|--|-----------------------|
| 1. <u>85-126</u> | <u>H₂O Various Places</u> | <u>Pumping</u> |
| 2. _____ | <u>Stopping at 84 crushed out</u> | <u>needs finished</u> |
| 3. <u>1 Entry</u> | <u>20" H₂O</u> | <u>Setting Pump</u> |
| 4. <u>2 Entries</u> | <u>22" H₂O</u> | <u>Reported</u> |
| 5. _____ | _____ | _____ |
| 6. _____ | <u>Traveled from 85 to 126 back of H₂ 208</u> | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|-----------------------------|-------|----------|-------|
| <u>Good Air Measurement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 0% CH₄ 20.8% O₂ 0 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 Keyle Anderson 33238
Preshift-Mine Examiner Certificate No.

Countersigned Chase 2001
Mine Manager—Mine Foreman Assistant Foreman Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indefilible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-15 Shift Eve Area or Section B leader Cons.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for water in various places and pumping reports.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 20 numbered rows for recording methane levels in working places.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 5 numbered rows for recording methane levels 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) _____

Handwritten signatures and names: Kyle Anderson (Assistant Mine), Certificate No. 33238, Elvira (Mine Foreman or Mine Manager), Certificate No. 26241, Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-15 2009 Section or Area Examined Bleeder Cons
Time of Examination: from 11:00 a.m. or 0:00 p.m. to 11:00 a.m. or 0:00 p.m.
Was this report phoned to outside: Yes no
By whom Kyle Anderson Time 1100 A.M. P.M.
Report received by Shelton
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---|--|-----------------------|
| 1. <u>85-126</u> | <u>Water various places</u> | <u>pumping</u> |
| 2. <u>Traveled from 85 to 126 break abt 1/2 208</u> | | |
| 3. <u>Stopping crushed at 84 Break</u> | | <u>needs finished</u> |
| 4. <u>1 entry 125 break</u> | <u>20" water</u> | <u>pumping</u> |
| 5. <u>2 entry 125 break</u> | <u>20" water</u> | <u>pumping</u> |
| 6. | | |
| 7. <u>all are pumping 89 83 82 breaks</u> | <u>26 inches in 3 - 40 in 4 entry</u> | |
| 8. <u>100 break</u> | <u>8 inches in 4</u> | |
| 9. <u>125 break</u> | <u>17 inches in 1 20 inches in 2 entry</u> | <u>Reported</u> |
| 10. | <u>3 entry 28 and 4 entry 31 inches</u> | <u>Reported</u> |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>good Air movement</u> | | | |
| | | | |
| | | | |
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| | | | |
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| | | | |
| | | | |

Remarks: 0% CH4 20.802 0% 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 Kyle Anderson 32238 Certificate No. 194167
Countersigned Shelton 26241 Assistant Foreman
Assistant Foreman
Superintendent or Assistant