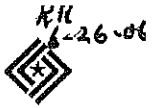


Mine Activity Data



1. Action: a. New Entry b. Update 2. Activity Code: E02 3. Event Number: 4111130

4. Date Event Started: 6/26/2006 5. Date Event Finished: 6/26/2006 6. Mine ID: 46-08436

7a. Organization Code (Mine Assignment): 20401 b. Work Group Identifier: 02 9. Company Name: PERFORMANCE COAL COMPANY

8a. Organization Code (AR Assignment): 20401 b. Work Group: 02 10. Mine Name: UPPER BIG BRANCH MINE-SOUTH

11. Report Type (check one): a. First b. Interim c. Last d. Not Applicable 12. Area of Inspections: a. Active Sections: 1 b. Idle Sections: 0

c. Outby Areas d. Shafts/Slopes e. Surface Areas (UG) f. Surface Workings g. Company Records h. ATF i. Impoundments j. Refuse Piles

k. Major Construction (1) Shaft/Slope Sinking (2) Impoundment Construction (3) Buildings (4) Dragline/Shovel (5) Other l. Miscellaneous

m. MMU/Pit Number: (1) 009

13. Number of Samples Collected: a. Air Samples: 0 b. Rock Dust Spot: 0 c. Rock Dust Survey: 0 d. Respirable Dust: 0 e. Noise: 0 f. Other: 0

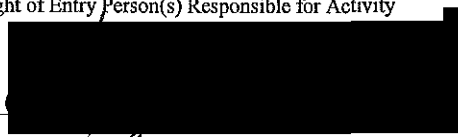
14. Impoundments/Refuse Piles: a. Number b. FHC c. Configuration

15. Prime Independent Contractor Codes (Major Construction)

16. Inspection Results

	Citations		Orders		Safeguards		Other	
	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con
a. This Inspection								
(1) New Issuances		0						
(2) Terminations/Vacations								
(3) Modifications/Extensions								
(4) Left Pending		0						
b. Previously Issued								
(1) Modifications/Extensions								
(2) Terminations/Vacations								

18. Signature and Card Number of Authorized Representative/Right of Entry Person(s) Responsible for Activity

a.  Card Number: 3591

b. _____

c. _____

d. _____

19. Key Entered By _____ Date _____

17. Remarks:

Shift	Sun			Mon			Tue			Wed			Thur			Fri			Sat		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Week 1 6/25/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>