

State of West Virginia
 Department of Environmental Protection
 Office of Oil and Gas

DATE: 12/10/12
 AP# No: 47-001-03238 00-03238
 Lease No: 70642; L210154; 70667; 071053;
 70640

Well Operator's Report of Well Work

Farm Name: MCCAULEY, RANDALL & JUDY Operator Well No. PHILIPPI (407545)

LOCATION: Elevation: 1520' Quadrangle: Philippi
 District: Pleasant County: Barbour
 Latitude: 11,864 Feet South of: 39 Deg. 15 Min. 00 Sec.
 Longitude: 3,661 Feet West of: 80 Deg. 00 Min. 00 Sec.

Company: CNX Gas Company LLC

	Casing and Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
Address: P.O. Box 1248 Jane Lew, WV 26378				
Agent: Kent Wright				
Inspector: Bryan Harris				
Date Permit Issued: 06/17/2011				
Date Well Work Commenced: 07/31/2011	20"	103'	103'	Grouted In
Date Well Work Completed: 09/04/2011				
Verbal Plugging:	13 3/8"	653'	653'	520 sks
Date Permission granted on:				
Rotary Cable Rig: X	9 5/8"	2019'	2019'	635 sks
Total Vertical Depth (feet): 4320'				
Total Measured Depth (feet):				
Fresh Water Depth (ft.): N/A				
Salt Water Depth (ft.): N/A				
Is coal being mined in area (N/Y): No				
Coal Depths (ft.): 190', 230', 310'				
Void(s) encountered (N/Y) Depth(s)				

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OPEN FLOW DATA 09/04/2011 - VERTICAL AND HORIZONTAL DRILLING COMPLETED IN RECONVENING THE VERTICAL AND HORIZONTAL DRILLING IN...

DEC 10 2012

Producing formation _____ Pay zone depth (ft) _____
 Gas: Initial open flow _____ MCF/d _____ Bbl/d
 Final open flow _____ MCF/d _____ Bbl/d
 Time of open flow between initial and final tests _____ 12 Hours
 Static Rock Pressure _____ psig (surface pressure) after 12 Hours

WV Department of Environmental Protection

Second Producing formation _____ Pay zone depth (ft) _____
 Gas: Initial open flow * _____ MCF/d _____ Bbl/d
 Final open flow * _____ MCF/d _____ Bbl/d
 Time of open flow between initial and final tests * _____ Hours
 Static rock Pressure * _____ psig (surface pressure) after * _____ Hours

* COMMINGLED WITH PREVIOUS FORMATIONS

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this document and all the attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the information is true, accurate, and complete.

Signature

Date

