

WR-35
Rev (9-11)

State of West Virginia
Department of Environmental Protection
Office of Oil and Gas
Well Operator's Report of Well Work

DATE: 9/20/13
API #: 47-017-05951

Farm name: Lewis Maxwell Operator Well No.: 513138

LOCATION: Elevation: 1240' Quadrangle: Oxford 7.5'

District: West Union County: Doddridge
Latitude: 10458 Feet South of 39 Deg. 15 Min. 00 Sec.
Longitude 2500 Feet West of 80 Deg. 47 Min. 30 Sec.

Company: EQT Production Company

Address:	Casing & Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
<u>EQT Plaza, Suite 1700</u>				
<u>625 Liberty Ave, Pittsburgh, PA 15222</u>	<u>20</u>	<u>40</u>	<u>40</u>	<u>38</u>
Agent: <u>Cecil Ray</u>				
Inspector: <u>Dave Scranage</u>				
Date Permit Issued: <u>4/22/10</u>				
Date Well Work Commenced: <u>4/28/10</u>				
Date Well Work Completed: <u>4/28/10</u>				
Verbal Plugging: <u>n/a</u>				
Date Permission granted on: <u>n/a</u>				
Rotary <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rig <input checked="" type="checkbox"/>				
Total Vertical Depth (ft): <u>40</u>				
Total Measured Depth (ft): <u>40</u>				
Fresh Water Depth (ft.): <u>n/a</u>				
Salt Water Depth (ft.): <u>n/a</u>				
Is coal being mined in area (N/Y)? <u>n</u>				
Coal Depths (ft.): <u>n/a</u>				
Void(s) encountered (N/Y) Depth(s) <u>n/a</u>				

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OPEN FLOW DATA (If more than two producing formations please include additional data on separate sheet)

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

Second producing formation no second formation Pay zone depth (ft) _____
Gas: Initial open flow _____ MCF/d Oil: Initial open flow _____ Bbl/d
Final open flow _____ MCF/d Final open flow _____ Bbl/d
Time of open flow between initial and final tests _____ Hours
Static rock Pressure _____ psig (surface pressure) after _____ Hours

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

9/20/13
Date

17-05951

Were core samples taken? Yes _____ No **X**

Were cuttings caught during drilling? Yes _____ No **X**

Were Electrical, Mechanical or Geophysical logs recorded on this well? If yes, please list n/a

NOTE: IN THE AREA BELOW PUT THE FOLLOWING: 1). DETAILS OF PERFORATED INTERVALS, FRACTURING OR STIMULATING, PHYSICAL CHANGE, ETC. 2). THE WELL LOG WHICH IS A SYSTEMATIC DETAILED GEOLOGICAL RECORD OF THE TOPS AND BOTTOMS OF ALL FORMATIONS, INCLUDING COAL ENCOUNTERED BY THE WELLBORE FROM SURFACE TO TOTAL DEPTH.

Perforated Intervals, Fracturing, or Stimulating:

n/a

Plug Back Details including Plug Type and Depth(s): n/a

Formations Encountered:	Top Depth	Bottom Depth
Surface:		

Sand/Shale 0/40

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