

WV DEP Office of Oil and Gas
601 57th Street, SE
Charleston, WV 25304

To Whom It May Concern:

Please review the closing form WR-35 for well number BW-1661, API 47-033-00173.

If you have any further questions or comments, please feel free to contact me by means of the information listed below.

Sincerely,



Clint Kelly
Senior Engineer
Eastern Gas Transmission and Storage, Inc.
681-622-9148
Clinton.Kelly@bhegts.com

08/28/2026

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

API 47-033-00173 County Harrison District Union
Quad West Milford Pad Name BW-1661 Field/Pool Name Kennedy
Farm name Nay's Riverbed Farms Well Number BW-1661
Operator (as registered with the OOG) 307048
Address 925 White Oaks BLVD City Bridgeport State WV Zip 26330

As Drilled location NAD 83/UTM Attach an as-drilled plat, profile view, and deviation survey
Top hole Northing 39.141764 Easting -80.460817
Landing Point of Curve Northing _____ Easting _____
Bottom Hole Northing _____ Easting _____

Elevation (ft) 9895 GL Type of Well ☐ New ☒ Existing Type of Report ☐ Interim ☒ Final
Permit Type ☐ Deviated ☐ Horizontal ☐ Horizontal 6A ☐ Vertical Depth Type ☐ Deep ☒ Shallow
Type of Operation ☐ Convert ☐ Deepen ☐ Drill ☐ Plug Back ☐ Redrilling ☒ Rework ☐ Stimulate
Well Type ☐ Brine Disposal ☐ CBM ☐ Gas ☐ Oil ☐ Secondary Recovery ☐ Solution Mining ☒ Storage ☐ Other _____
Type of Completion ☐ Single ☐ Multiple Fluids Produced ☐ Brine ☒ Gas ☐ NGL ☐ Oil ☐ Other _____
Drilled with ☐ Cable ☐ Rotary

Drilling Media Surface hole ☐ Air ☐ Mud ☐ Fresh Water Intermediate hole ☐ Air ☐ Mud ☐ Fresh Water ☐ Brine
Production hole ☐ Air ☐ Mud ☐ Fresh Water ☐ Brine
Mud Type(s) and Additive(s)

Date permit issued 4/04/2025 Date drilling commenced n/a Date drilling ceased n/a
Date completion activities began 8/26/2025 Date completion activities ceased 12/03/2025
Verbal plugging (Y/N) N Date permission granted N/A Granted by Jason Harmon

Please note: Operator is required to submit a plugging application within 5 days of verbal permission to plug

Freshwater depth(s) ft N/A Open mine(s) (Y/N) depths N/A
Salt water depth(s) ft N/A Void(s) encountered (Y/N) depths N
Coal depth(s) ft 90'-92' Cavern(s) encountered (Y/N) depths N
Is coal being mined in area (Y/N) N

Reviewed by:

08/28/2026

API 47-033 - 00173 Farm name Nay's Riverbend Farms Well number BW-1661

CASING STRINGS	Hole Size	Casing Size	Depth	New or Used	Grade wt/ft	Basket Depth(s)	Did cement circulate (Y/N) * Provide details below*
Conductor		10-3/4	231		33.9		Existing
Surface		8-5/8	795		24		Existing
Coal							
Intermediate 1		7	1472'		20		Yes
Intermediate 2							
Intermediate 3							
Production		4-1/2	1460'	New	11.6		Yes
Tubing							
Packer type and depth set							

Comment Details _____

CEMENT DATA	Class/Type of Cement	Number of Sacks	Slurry wt (ppg)	Yield (ft ³ /sks)	Volume (ft ³)	Cement Top (MD)	WOC (hrs)
Conductor							
Surface							
Coal							
Intermediate 1	Class A	84	15.6	1.18	17.6	0' CTS	12
Intermediate 2							
Intermediate 3							
Production	Class A	153	15.6	1.24	33.8	0' CTS	12
Tubing							

Drillers TD (ft) ¹⁵ 5 Loggers TD (ft) ¹⁵ 83

Deepest formation penetrated Gantz Plug back to (ft) _____

Plug back procedure _____

Kick off depth (ft) _____

Check all wireline logs run ☒ caliper ☐ density ☐ deviated/directional ☐ induction
☒ neutron ☒ resistivity ☒ gamma ray ☒ temperature ☐ sonic

Well cored ☐ Yes ☒ No Conventional Sidewall Were cuttings collected ☐ Yes ☒ No

DESCRIBE THE CENTRALIZER PLACEMENT USED FOR EACH CASING STRING Production String had a centralizer on every joint.

WAS WELL COMPLETED AS SHOT HOLE ☐ Yes ☒ No DETAILS _____

WAS WELL COMPLETED OPEN HOLE? ☒ Yes ☐ No DETAILS _____

WERE TRACERS USED ☐ Yes ☒ No TYPE OF TRACER(S) USED _____

08/28/2026

API 47- 033 - 00173 Farm name Nay's Riverbend Farms Well number BW-1661

PERFORATION RECORD

Stage No.	Perforation date	Perforated from MD ft.	Perforated to MD ft.	Number of Perforations	Formation(s)

Please insert additional pages as applicable.

STIMULATION INFORMATION PER STAGE

Complete a separate record for each stimulation stage.

Stage No.	Stimulations Date	Ave Pump Rate (BPM)	Ave Treatment Pressure (PSI)	Max Breakdown Pressure (PSI)	ISIP (PSI)	Amount of Proppant (lbs)	Amount of Water (bbls)	Amount of Nitrogen/other (units)

Please insert additional pages as applicable.

08/28/2026

DEPTHS

Please insert additional pages as applicable.

[illegible][illegible]

Please insert additional pages as applicable.

Please insert additional pages as applicable.

Submittal of Hydraulic Fracturing Chemical Disclosure Information Attach copy of FRACFOCUS Registry

08/28/2026