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

| API 47 061 01711   | County Monongalia                                     | District Clay  |                              |
|--|---|--|------------------------------|
| Quad Blacksville, WV   | Pad Name Campbell                                     | Field/Pool Name                                      |                              |
| Farm name Ellen F. Campbell  |   | Well Number 7H                                       |                              |
| Operator (as registered with the OOG   | Northeast Natural Energy, L                           |  |                              |
| Address 707 Virginia Street East,  |   | State WV   | <sub>Zip</sub> 25301         |
|  |   |  | 1                            |
| As Drilled location NAD 83/UTM Top hole  | Attach an as-drilled plat, prof<br>Northing 4394761.4 | ile view, and deviation survey  Easting 569973.5     |                              |
|  | Northing 4394625.9                                    | Easting 569552.2                                     |                              |
| Bottom Hole  | Northing 4396954.4                                    | Easting <u>567936.7</u>                              |                              |
| Elevation (ft) 1,293.6' GL   | Type of Well ■New □                                   | Existing Type of Report                              | ■Interim □Final              |
| Permit Type   Deviated   H   | Iorizontal 📱 Horizontal 6A 🗆                          | Vertical Depth Type                                  | □ Deep ■ Shallow             |
| Type of Operation □ Convert □ I  | Deepen ■ Drill □ Plug Back                            | □ Redrilling □ Rework                                | <b>■</b> Stimulate           |
| Well Type □ Brine Disposal □ CBM   | M ■ Gas □ Oil □ Secondary Red                         | covery   Solution Mining   Sto                       | orage   Other                |
| Type of Completion □ Single ■ Mu   | ıltiple Fluids Produced □ Brir                        | ne   | □ Other                      |
| Drilled with □ Cable ■ Rotary  | Traids Troduced & Bin                                 | ic adm arton adm                                     |                              |
| Drilling Media Surface hole Air  Production hole Air Mud Mud Type(s) and Additive(s)  Synthetic Based Mud- Horizontal Section: BIC | □ Fresh Water □ Brine                                 | termediate hole                                      |                              |
| MEGADRIL P SYSTEM, MEGADRIL P SYSTEM RE  |   |  |                              |
| Date permit issued 6/17/2015  Date completion activities began   |   | 7/29/2015 Date drilling on pletion activities ceased | eased 2/27/2016<br>7/27/2016 |
| Verbal plugging (Y/N)  | Date permission granted                               | Granted by   |                              |
| Please note: Operator is required to su  | ubmit a plugging application within                   | 5 days of verbal permission to pl                    | ug                           |
| Freshwater depth(s) ft   | 1,190' Open min                                       | e(s) (Y/N) depths                                    | N                            |
|  | 7,000' Void(s) er                                     | encountered (Y/N) depths                             | ECEINED                      |
|  | ; 940' Cavern(s)                                      | encountered (Y/N) depths                             | Of Oil and Gas               |
| Is coal being mined in area (Y/N)  | N   |  |                              |

| API 47- 061 _ 01711 Farm name Ellen F. Campbell Well number 7H      |   |                     |                         |                 |                      |                             |                      |  |                       |  |
|---|---|---------------------|-------------------------|-----------------|----------------------|-----------------------------|----------------------|--|-----------------------|--|
| CASING<br>STRINGS   | Hole<br>Size  | Casing<br>Size      | Depth                   | New or<br>Used  | Grade<br>wt/ft       |                             | Basket<br>Depth(s)   | Did cement circulate (Y/ * Provide details below |                       |  |
| Conductor   | 30  | 24                  | 50                      | N               |                      | N/A                         | N/A                  |  | Y to surface          |  |
| Surface   | 17.5  | 13-3/8              | 1,265'                  | N               |                      | 54.5                        | N/A                  | Y  | 38 bbl return         |  |
| Coal  |   |                     |                         |                 | 1                    |                             |                      |  |                       |  |
| Intermediate 1  | 12.25   | 9-5/8               | 2,432'                  | N               |                      | 40                          | N/A                  | Y 21 bbl retu                                    |                       |  |
| Intermediate 2  |   |                     |                         |                 |                      | 10                          | 14// (               | 1 21 bbi retur                                   |                       |  |
| Intermediate 3  |   |                     | 1 2                     |                 |                      |                             |                      |  |                       |  |
| Production  | 8.5   | 5-1/2               | 18,382'                 | N               |                      | 20                          | N/A                  |  | 6 bbl return          |  |
| Tubing  |   | 2-3/8               | 8,912                   | N               |                      | 4.7                         | N/A                  |  |                       |  |
| Packer type and d   | lepth set   | No packer utilized  |                         | 114             |                      | 4.7                         | IV/A                 |  | N/A                   |  |
| Comment Details   |   |                     |                         |                 |                      |                             |                      |  |                       |  |
| CEMENT<br>DATA  | Class/Type<br>of Cement                                   | Numbe<br>of Sack    |                         |                 |                      |                             | e Cement<br>Top (MD) |  | WOC<br>(hrs)          |  |
| Conductor   | 4,500 psi ready   |                     |                         |                 | .75                  | (ft <sup>3</sup> )<br>27.27 | CT                   |  | 48                    |  |
| Surface   | Class A   | 1,054               | 15.2                    |                 | 1.27                 | 1,271                       | СТ                   | S  | 8                     |  |
| Coal  |   |                     |                         |                 |                      |                             |                      |  |                       |  |
| Intermediate 1  | Class A   | 889                 | 15.2                    |                 | 1.26                 | 1,074                       | СТ                   | S  | 8                     |  |
| Intermediate 2  |   |                     |                         |                 |                      | .,                          |                      |  |                       |  |
| Intermediate 3  |   |                     |                         |                 |                      |                             |                      |  |                       |  |
| Production  | 50/50 Premium NE - 1.3% R-3.3%                            | MPA 170 2,804       | 14.5                    |                 | 1.17                 | 2,661                       | СТ                   | S  | 48                    |  |
| Tubing  |   |                     | - 110                   |                 |                      | 2,001                       | -                    |  |                       |  |
| Drillers TD (ft<br>Deepest forma<br>Plug back pro<br>Kick off depth | cedure  | Marcellus           |                         | Loggers T       | ` /                  |                             |                      |  |                       |  |
| Check all wire  |   | □ caliper □ neutron | □ density □ resistivity | □ deviat        | ted/directi<br>a ray |                             | duction<br>mperature | □sonic   |                       |  |
| Well cored  | Yes No  | Convention          | onal Sidev              | vall            | W                    | ere cuttings                | collected <b>•</b>   | ■ Yes □  | No                    |  |
| Surface: bow spring centr   | HE CENTRALI   | x 120'              | ENT USED FO             | R EACH C        | ASING S              | TRING                       |                      |  |                       |  |
|   | ing centralizers every 3rd<br>led spiral centralizers eve |                     | D' from TD to KOP then  | bow spring from | KOP to 9 5/8"        | every forth joint or        | aprox 140'           |  |                       |  |
| WAS WELL (  | COMPLETED A   | S SHOT HOLE         | ■ Yes □                 | No Di           | ETAILS               | Perforations shot thr       | ough production casi | ng along lateral. S                              | ee attached documenta |  |
| WAS WELL (  | COMPLETED C   | PEN HOLE?           | □ Yes ■ No              | o DET           | AILS                 |                             |                      |  |                       |  |
| WERE TRAC   | ERS USED 🗆  | Yes • No            | TYPE OF TE              | RACER(S)        | USED                 |                             |                      |  |                       |  |

API 47- 061 - 01711 Farm name Ellen F. Campbell Well number 7H

## PERFORATION RECORD

| Stage<br>No. | Perforation date | Perforated from MD ft. | Perforated to MD ft. | Number of Perforations | Formation(s)        |
|--------------|------------------|------------------------|----------------------|------------------------|---------------------|
|              |                  |                        |                      |                        | Please See Attached |
|              |                  |                        |                      |                        |                     |
|              |                  |                        |                      |                        |                     |
|              |                  |                        |                      |                        |                     |
|              |                  |                        |                      |                        |                     |
|              |                  |                        |                      |                        |                     |
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|              |                  |                        |                      |                        |                     |
|              |                  |                        |                      | -                      |                     |
|              |                  |                        |                      |                        |                     |
|              |                  |                        |                      |                        |                     |
|              |                  |                        |                      |                        |                     |
|              |                  |                        |                      |                        |                     |
|              |                  |                        |                      |                        |                     |

Please insert additional pages as applicable.

## STIMULATION INFORMATION PER STAGE

Complete a separate record for each stimulation stage.

| Stage<br>No. | Stimulations<br>Date | Ave Pump<br>Rate (BPM) | Ave Treatment<br>Pressure (PSI) | Max Breakdown<br>Pressure (PSI) | ISIP (PSI) | Amount of<br>Proppant (lbs) | Amount of<br>Water (bbls) | Amount of<br>Nitrogen/other (units) |
|--------------|----------------------|------------------------|---------------------------------|---------------------------------|------------|-----------------------------|---------------------------|-------------------------------------|
|              |                      |                        |                                 |                                 |            | Please                      | See                       | Attached                            |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        | -                               |                                 |            |                             |                           |                                     |
|              |                      |                        | ****                            |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 | -                               |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
| -            |                      |                        |                                 |                                 |            |                             |                           |                                     |
| _            |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |

Please insert additional pages as applicable.

Signature

Submittal of Hydraulic Fracturing Chemical Disclosure Information

Date // 3/

Attach copy of FRACFOCUS Registry Frotection