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

API <u>47</u>	County	District				
Quad	Pad Name	Field/Pool Name				
Farm name		Well	Number			
Operator (as registered with the	OOG)					
Address	City	S	state	Zip		
As Drilled location NAD 83/ Top hole		ed plat, profile view, and devi	•			
Landing Point of Curv						
Bottom Hole	Northing	Easting _				
Elevation (ft)	GL Type of Well	□New □ Existing	Гуре of Report	□Interim □Final		
Permit Type	□ Horizontal □ Horizon	ntal 6A	Depth Type	□ Deep □ Shallow		
Type of Operation □ Convert	□ Deepen □ Drill □	□ Plug Back □ Redrilling	□ Rework	□ Stimulate		
Well Type □ Brine Disposal	□ CBM □ Gas □ Oil □ Se	condary Recovery	n Mining 🗆 Sto	rage   Other		
Type of Completion □ Single	□ Multiple Fluids Produ	ıced □ Brine □Gas □ l	NGL □ Oil	□ Other		
Drilled with □ Cable □ Ro	-					
Drilling Media Surface hole  Production hole □ Air □ Mo  Mud Type(s) and Additive(s)			□ Air □ Mud	□ Fresh Water □ Brine		
Date permit issued	Date drilling com	menced	Date drilling c	eased		
Date completion activities bega	n	_ Date completion activities	ceased			
Verbal plugging (Y/N)	Date permission grante	d G	ranted by			
Please note: Operator is require	ed to submit a plugging applic	cation within 5 days of verbal	permission to pl	ug		
Freshwater depth(s) ft		Open mine(s) (Y/N) depths				
Salt water depth(s) ft		Void(s) encountered (Y/N)	depths			
Coal depth(s) ft		Cavern(s) encountered (Y/I	N) depths			
Is coal being mined in area (Y/N	N)					
				Reviewed by:		

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API 47		Well number							
CASING STRINGS	Hole Casing Size Size		Depth	New or Grade Used wt/ft		Bas Dep	sket th(s)	Did cement circulate (Y/ N) * Provide details below*	
Conductor									
Surface									
Coal									
Intermediate 1									
Intermediate 2									
Intermediate 3									
Production									
Tubing									
Packer type and de	epth set	•	•			•			
Comment Details									
CEMENT DATA	Class/Type of Cement	Number of Sacks	Slurry wt (ppg)	Yie ( ft <sup>3</sup> /		Volume (ft <sup>3</sup> )	Cemen Top (Ml		WOC (hrs)
Conductor									
Surface									
Coal									
Intermediate 1									
Intermediate 2									
Intermediate 3									
Production									
Tubing									
Deepest forma	tion penetrated _		P						
Kick off depth Check all wire		□ caliper 1	density	 □ deviated	d/directiona	al □ indu	ction		
Well cored									
		_ 5511, 511110114	_ 5.40		., 510				. =
DESCRIBE T	HE CENTRALIZ	ZER PLACEMEN	T USED FOR I	EACH CAS	SING STR	ING			
WAS WELL O	COMPLETED A	S SHOT HOLE	□ Yes □ No	o DET	ΓAILS				
WAS WELL O	COMPLETED O	PEN HOLE?	Yes   No	DETA	ILS				
WERE TRAC	ERS USED 🗆	Yes □ No □	TYPE OF TRA	CER(S) U	SED				

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API 47-	_	Farm name	Well number
$\Delta II + /-$	_	Tailli liailic	VV CII IIUIIIDCI

## 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.

WR-35 Page <u>4</u> of <u>4</u> Rev. 8/23/13 API 47- \_\_\_ - \_\_\_\_\_ Farm name \_\_\_\_\_\_\_ Well number \_\_\_\_\_ PRODUCING FORMATION(S) **DEPTHS** \_\_\_\_\_ TVD Please insert additional pages as applicable. GAS TEST □ Build up □ Drawdown □ Open Flow OIL TEST □ Flow □ Pump SHUT-IN PRESSURE Surface \_\_\_\_\_psi Bottom Hole \_\_\_\_psi DURATION OF TEST \_\_\_\_\_ hrs NGL **OPEN FLOW** Gas Oil Water GAS MEASURED BY mcfpd \_\_\_\_\_ bpd \_\_\_\_\_ bpd bpd □ Estimated □ Orifice □ Pilot TOP **BOTTOM** TOP **BOTTOM** LITHOLOGY/ **FORMATION** DEPTH IN FT DEPTH IN FT DEPTH IN FT DESCRIBE ROCK TYPE AND RECORD QUANTITY AND DEPTH IN FT MD NAME TVD TVD MDTYPE OF FLUID (FRESHWATER, BRINE, OIL, GAS, H<sub>2</sub>S, ETC) 0 0 Please insert additional pages as applicable. Drilling Contractor \_\_\_\_\_ \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Address \_\_\_\_\_ Logging Company \_\_\_\_\_ \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Address \_\_\_\_\_ Cementing Company \_\_\_\_\_ Stimulating Company \_\_\_\_\_ \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Please insert additional pages as applicable. Completed by \_\_\_\_\_ Telephone \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_ Date \_\_\_\_