

DICE LEASE 176.50 ACRES± WELL NO. 1

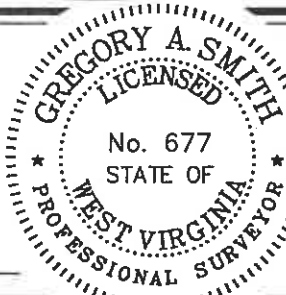
ROY & EDITH MALLOW
156.50 ACRES±ROY & EDITH MALLOW
156.50 ACRES±DALE & SHIRLEY
HARPER
14 ACRES±GAE DICE
20 ACRES±DONNIE
VANDEVANDER
144 ACRES±ALVIN HINKLE
47.50 ACRES±WELL NO. 1
STATE PLANE
COORDINATES(N) 644,200
(E) 2,441,633

NOTES ON SURVEY

1. TIES TO WELLS AND CORNERS ARE BASED ON GRID NORTH FOR THE WV STATE PLANE COORDINATE SYSTEM SOUTH ZONE NAD '27.
2. TIES TO REFERENCES ARE BASED ON MAGNETIC NORTH 01/03/06.
3. LEASE BOUNDARY SHOWN HEREON TAKEN FROM DEED BOOK 114 AT PAGE 299, DEED BOOK 139 AT PAGE 392 AND DEED BOOK 168 AT PAGE 287.
4. SURFACE OWNER AND ADJOINER INFORMATION TAKEN FROM THE ASSESSOR AND COUNTY CLERK RECORDS OF PENDLETON COUNTY IN JULY, 2006.
5. WELL LAT./LONG. (NAD'27) ESTABLISHED BY DGPS(SUBMETER MAPPING GRADE).



I THE UNDERSIGNED, HEREBY CERTIFY THAT THIS PLAT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SHOWS ALL THE INFORMATION REQUIRED BY LAW AND THE REGULATIONS ISSUED AND PRESCRIBED BY THE DIVISION OF ENVIRONMENTAL PROTECTION.

P.S.
677

(+) DENOTES LOCATION OF WELL ON UNITED STATES TOPOGRAPHIC MAPS.

DATE JANUARY 05, 20 07

OPERATORS WELL NO. DICE #1

API WELL NO. 47-071-00021
STATE COUNTY PERMITMINIMUM DEGREE
OF ACCURACY

1 / 200

FILE NO. 6204P1 (208-76)

PROVEN SOURCE
OF ELEVATION

DGPS (SUBMETER MAPPING GRADE)

SCALE 1" = 400'

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GASWELL TYPE: OIL _____ GAS ☒ LIQUID INJECTION _____ WASTE DISPOSAL _____ IF "GAS" PRODUCTION ☒ STORAGE _____ DEEP ☒ SHALLOW _____

LOCATION:

ELEVATION 2,739' WATERSHED TRIBUTARY OF NORTH FORK OF SOUTH BRANCH OF POTOMAC RIVER

DISTRICT UNION COUNTY PENDLETON QUADRANGLE ONEGO 7.5'

SURFACE OWNER ROY & EDITH MALLOW

ACREAGE 156.5±

ROYALTY OWNER ROY & EDITH MALLOW, ET AL

LEASE ACREAGE 156.5 OF 176.5±

PROPOSED WORK:

LEASE NO. _____

DRILL ☒ CONVERT _____ DRILL DEEPER _____ REDRILL _____ FRACTURE OR STIMULATE ☒ PLUG OFF OLD FORMATION _____ PERFORATE NEW FORMATION _____ PLUG AND ABANDON _____ CLEAN OUT AND REPLUG _____ OTHER _____

PHYSICAL CHANGE IN WELL (SPECIFY) _____

TARGET FORMATION ORISKANY SANDSTONE

ESTIMATED DEPTH 8,800'

WELL OPERATOR MEGAENERGY OPERATING, INC.

DESIGNATED AGENT PAUL SMITH

SEP 21 2007

ADDRESS 9085 E. MINERAL CIRCLE
ENGLEWOOD, CO 80112ADDRESS P.O. BOX 884
BRIDGEPORT, WV 26330

COUNTY NAME PEN

PERMIT 0021

DICE LEASE 176.50 ACRES± WELL NO. 1

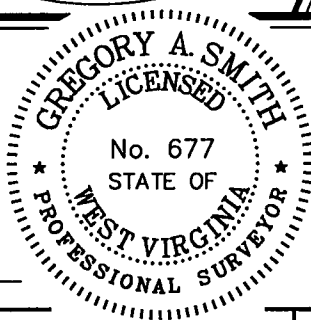
ROY & EDITH MALLOW
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STATE PLANE
COORDINATES(N) 644,200
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SLS

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P.S.
677

MINIMUM DEGREE OF ACCURACY 1 / 200 FILE NO. 6204P1 (208-76)
PROVEN SOURCE OF ELEVATION DGPS (SUBMETER MAPPING GRADE) SCALE 1" = 400'

(+) DENOTES LOCATION OF WELL ON UNITED STATES TOPOGRAPHIC MAPS.

DATE JANUARY 05, 20 07

OPERATORS WELL NO. DICE #1

API WELL NO. 47 - 071 - 00021
STATE COUNTY PERMITSTATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS

WELL TYPE: OIL _____ GAS ☒ LIQUID INJECTION _____ WASTE DISPOSAL _____ IF "GAS" PRODUCTION ☒ STORAGE _____ DEEP ☒ SHALLOW _____
LOCATION: ELEVATION 2,739' WATERSHED TRIBUTARY OF NORTH FORK OF SOUTH BRANCH OF POTOMAC RIVER
DISTRICT UNION COUNTY PENDLETON QUADRANGLE ONEGO 7.5'
SURFACE OWNER ROY & EDITH MALLOW ACREAGE 156.5±
ROYALTY OWNER ROY & EDITH MALLOW, ET AL LEASE ACREAGE 156.5 OF 176.5±
PROPOSED WORK: LEASE NO. _____
DRILL ☒ CONVERT _____ DRILL DEEPER _____ REDRILL _____ FRACTURE OR STIMULATE ☒ PLUG OFF OLD FORMATION _____ PERFORATE NEW FORMATION _____ PLUG AND ABANDON _____ CLEAN OUT AND REPLUG _____ OTHER _____
PHYSICAL CHANGE IN WELL (SPECIFY) _____ TARGET FORMATION ORISKANY SANDSTONE
ESTIMATED DEPTH 8,800'

WELL OPERATOR MEGAENERGY OPERATING, INC.
ADDRESS 9085 E. MINERAL CIRCLE
ENGLEWOOD, CO 80112DESIGNATED AGENT PAUL SMITH
ADDRESS P.O. BOX 884
BRIDGEPORT, WV 26330

567-2380

100
100

657 6847

71-00021
MEGAENERGY OPERATING, INC.
DIC



west virginia department of environmental protection

Office of Oil and Gas
601 57th Street SE
Charleston, WV 25304
(304) 926-0450
(304) 926-0452 fax

Joe Manchin III, Governor
Randy C. Huffman, Cabinet Secretary
www.wvdep.org

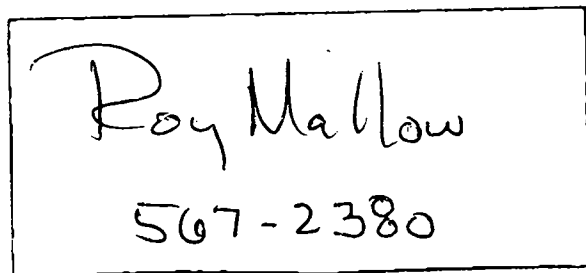
September 03, 2009

FINAL INSPECTION REPORT

WELL PERMIT RELEASED

MEGAENERGY OPERATING, INC.,

The FINAL INSPECTION REPORT for the permit, API Well Number: 47-7100021, issued to MEGAENERGY OPERATING, INC., and listed below has been received in this office, and reclamation requirements approved. The well designated by the permit number below has been released under reclamation and will remain under your bond.



James Martin
Chief

Operator: MEGAENERGY OPERATING, INC.
Operator's Well No: DICE 1
Farm Name: MALLOW, ROY & EDITH
API Well Number: 47-7100021
Date Issued: 09/20/2007
Date Released: 09/03/2009

Promoting a healthy environment.

RECEIVED
IR-26
Office of Oil & Gas
JUN 22 2009
WV Department of
Environmental Protection

API No. 47-71-00021

INSPECTORS PERMIT SUMMARY FORM

GPS YES [] NO []

DATE STARTED/LOCATION: _____ OPERATOR: Mega Energy
DRILLING COMMENCED: 5-7-08 FARM: Mallow
TO DATE: 5-27-08 DEPTHS: 8551 Well No: Dice #1
WATER DEPTHS: _____ COAL DEPTHS: _____

QUESTIONS FOR THIS REPORT ARE IN ACCORDANCE OF WV CODE 22-6-30 AND REGULATIONS 35CSR 4-12.1 AND 35CSR 4-16 AND THE GENERAL WATER POLLUTION CONTROL PERMIT.

POINTS ARE TO BE GIVEN UP TO MAXIMUM AS SHOWN BASED ON PERFORMANCE.

1. DID OPERATOR GIVE PROPER NOTICE TO INSPECTOR BEFORE THE FOLLOWING:
- A. CONSTRUCTION YES ☒ NO [] (2_PTS) (4_PTS) 4
- B. DRILLING YES ☒ NO [] (2_PTS)
2. WAS THE TIMBER CUT, STACKED, AND BRUSH USED FOR SEDIMENT BARRIERS BEFORE DIRT WORK STARTED? YES ☒ NO [] (2_PTS) (4_PTS) 4
3. ARE ALL LOCATION AND/OR ROAD BANKS BEING SLOPED? YES [] NO [] (4_PTS) (4_PTS) 4
4. CONSTRUCTIONS:
WERE THE FOLLOWING SEDIMENT CONTROL STRUCTURES PROPERLY INSTALLED/MAINTAINED?
- A. ROAD DITCHES (1)_ (2)_ (3)_ (4)_ (PTS) B. CROSS DRAINS (1)_ (2)_ (3)_ (4)_ (5)_ (PTS)
- C. CULVERTS (1)_ (2)_ (3)_ (4)_ (5)_ (PTS) D. CREEK CROSSINGS (1)_ (2)_ (3)_ (PTS)
- E. DIVERSION DITCHES (1)_ (2)_ (3)_ (PTS) F. BARRIERS (1)_ (2)_ (3)_ (PTS)
- G. TEMPORARY SEEDING YES ☒ NO [] (10_PTS)
- POINTS AVAILABLE FOR QUESTION 4: (33_PTS) 33
5. HAS TOP SOIL (IF ANY) BEEN STOCKED PILED? YES ☒ NO [] (2_PTS) (2_PTS) 2
6. IS THE PIT PROPERLY INSTALLED AND MAINTAINED? YES ☒ NO [] (9_PTS) (9_PTS) 9
7. RECLAMATION:
- A. ROADWAY (1)_ (2)_ (3)_ (PTS) B. LOCATION (1)_ (2)_ (3)_ (PTS)
- C. PITS (1)_ (2)_ (3)_ (PTS) D. PIPELINES (1)_ (2)_ (3)_ (PTS)
- E. TANK DIKES (1)_ (2)_ (3)_ (PTS) F. API INSTALLED YES ☒ NO [] (3_PTS)
- G. ADEQUATE SEEDING MATERIALS (1)_ (2)_ (3)_ (PTS)
- H. WAS SEED BED ADEQUATE (1)_ (2)_ (3)_ (PTS)
- POINTS AVAILABLE FOR QUESTION 7: (24_PTS) 24
8. WAS RECLAMATION COMPLETED WITHIN:
6 MTHS OF TD 6_PTS ONLY; 4 MTHS OF TD 12_PTS ONLY; 2 MTHS OF TD 19_PTS ONLY;

POINTS AVAILABLE FOR QUESTION 8: (19_PTS) 0

TOTAL MAXIMUM POSSIBLE SCORE OF 99.

TOTAL RECLAMATION SCORE: 80

6-18-09
DATE RELEASED

Bill Nathield
INSPECTOR'S SIGNATURE

State of West Virginia
Department of Environmental Protection
Office of Oil and Gas
Discharge Monitoring Report
Oil and Gas General Permit

Company Name: MegaEnergy Operating, Inc.

API: 47-71-00021

County: Pendleton

District: Union

Farm Name: Mallow, Roy & Edith Well No: Dice #1

Discharge Dates/s From:(MMDDYY) 5-21-08 TO:(MMDDYY) 5-22-08

Discharge Times : From 6:00 AM TO 6:00 PM

Disposal Option Utilized: UIC (2): Permit No.

Centralized Facility (5): 5 Permit No. Waynesburg Tri-County Waste Management, Inc

Reuse (4): Alternate Permit Number:

Offsite Disposal(3): Site Location:

Land Application(1): (Include a topographical map of the Area.)

Other method(6): (Include an explanation)

Follow Instructions below to determine your treatment category.

Optional Pretreatment test: Cl- mg/l DO Mg/l

1. Do you have permission to use expedited treatment from the Director or his representative? (Y/N) If yes who? , and place a four (4) on line 7. If not go to line 2

2. Was Frac Fluid or flowback put into the pit? (Y/N) If yes go to line 5 if not go to line 3

3. Do you have a chloride value pretreatment (see above)? (Y/N) If yes go to line 4 if not go to line 5

4. Is that chloride level less than 5000 mg/l? (Y/N) If yes then enter a one (1) on line 7

5 Do you have a pretreatment value for DO? (See above) (Y/N) If yes then go to line 6 if not enter a three (3) in line 7.

6 Is that DO greater than 2.5 mg/l?(Y/N) If yes then enter a two (2) on line 7 If not enter a three (3) on line 7.

7. is the category of your pit. Use the Appropriate section.

Name of Principal Exec. Officer John Scott Hornafius

Title of Officer President

Date Completed: May 30, 2008

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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

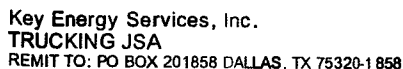
Signature of a Principal Exec. Officer or Authorized agent

Signature

RECEIVED
Office of Oil & Gas

JAN 12 2009

WV Department of
Environmental Protection



Yard No. 0081	Unit/Asset No. 007514/1369153	Manifest	RCC No.
SWD Name Tri County Waste Water Management Inc		<input type="checkbox"/> Key SWD <input type="checkbox"/> Customer SWD <input checked="" type="checkbox"/> Public SWD	Disposal Ticket No. 670718

Start	End	Description	# BBL	Oil/Water	Rec'd By
3pm	8pm	Hauled Pit Water to Williamsburg Tri-County Waste Water Management, Inc.	110	Pit Water	
		5-21-08			

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	341189	341373
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ha _____ State	Ha _____ State

☐ Field Hail ☐ Safety Bells ☐ Safety Harness / Anti Fall Device ☐ Paper Cloth ☐ Sliding Protection
☒ Fire Extinguishers ☒ Steel Toed Boots ☒ Cotton/ Rubber Gloves ☐ Safety Glasses ☐ Other - Explain: _____
☐ Face Shields / Goggles ☒ Wheel Chock/Cones ☐ Confined Space Permit ☐ Work Permit Required
☐ H2S / Tri-Monitors ☐ Back Support Belts ☐ Lock Out/Tag Out ☐ Ground Cable

Lifting		Hazards		Body Position/Movement		Environmental Condition			
Manual Lifting (Body Position)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Proper Tool/Material Placement	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Climbing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Day	<input type="checkbox"/> Night	<input type="checkbox"/> Clear	
Mechanical Lifting Equipment	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Hot/Cold Surface or Material	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Pulling, Pushing	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Humid	<input type="checkbox"/> Rain	
Awkward Body Position	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Inadequate Lighting	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Bending	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Dust
Slip/Trip Potential	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fall Protection/Anchor Points	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Twisting Motion	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Temp			Degrees
Lifting w/Other Employees	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Pinch Points	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Walking	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Wind			mph
Proper Rigging Practices	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Trenching/Excavation	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Swinging	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Chains Required			
		Hand and Finger Hazards	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Straining	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Steep Grades			
		Electrical Hazards	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Stretching	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Mud			
		Welding/Flame Cutting	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Reaching	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Condition			
		Mechanical Equipment	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Over Extending	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> IF YES to any HAZARDS - Identify:			
		Environmental		Jumping	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
		Pollution (Personal Exposure)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Crawling	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER INJURY HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Driving	Trailing with R/Ls	None	Driver Mirrored
Loading	None	YES	Hand Placement
Unloading	None	YES	Hand Placement

Key Approval - Date:

Per Shirley Taylor 5/22/08 Customer Approval - Date:



Date: 5-21-08
S M T W T F S

Work Ticket No. 65 8

Asset	Service Code	Description	Qty	Rate	Total
		O Transport Trans/Vac O Vacuum			
402574	300015	Minimum <input checked="" type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL 0 50BBL			
		O Hour O Barrel O Load			
		Pump/Kill Truck Minimum O 130 BBL 0 60-80 BBL 0 50 BBL			
		Pump/Kill Truck Hourly 0 130 BBL 0 60-80 BBL 0 50 BBL			
		Hot Oil Unit Minimum 0 130 BBL 0 75 BBL			
		Hot oil Unit Hourly O 130 BBL O 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum O Light Duty O Heavy Duty			
		Winch Truck Hourly O Light Duty O Heavy Duty			
		Haul, Set & Deliver Equipment			
		O Swamper O Special Fluid Helper			
		Supervisor O Truck O Acid O Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned O Solid O BIS			
		Disposal Non Key O Solid O BIS			
402574	400030	Disposal Key Owned O Produced O Flowback			
		Disposal Non Key O Produced O Flowback			
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% 0 4% O other			
		Chemicals - Specify:			
402574	300700	FUEL Fuel Surcharge O Fuel Charge			
Sales tax calculated on invoice			Sub Total		
			Sales Tax		
			TOTAL		

Sales tax calculated on invoice

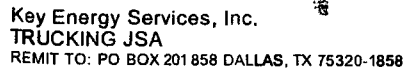
RECEIVED MAY 28 1964

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	48231	<i>[Signature]</i> 5-21-08	3:00	5:00	5				5
HELPER	5-21-08	<i>[Signature]</i> 5-21-08							

DW 5-2 12/08

~~PTN~~ No Signature Required



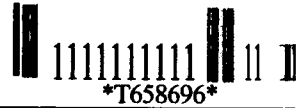
Yard No.	Unit/Asset No.	Manifest	RCC No.
0081	* 0106322		
SWD Name	<input type="checkbox"/> Key SWD	<input type="checkbox"/> Customer SWD	<input type="checkbox"/> Public SWD
TRI-County Waste Water Management, Inc.			Disposal Ticket No. # 6500

Hard Hat	<input checked="" type="checkbox"/> Safety Belts	<input type="checkbox"/> Safety Harness / Anti Fall Device	<input checked="" type="checkbox"/> Proper Clothing	Hearing Protection
Fire Extinguishers	<input checked="" type="checkbox"/> Steel Toed Boots	Cotton/ Rubber Gloves	<input checked="" type="checkbox"/> Safety Glasses	<input type="checkbox"/> Other - Explain: _____
Face Shields / Goggles	<input checked="" type="checkbox"/> Wheel Chock/Cones	<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Work Permit Required	
H2S / Tri-Monitors	<input type="checkbox"/> Back Support Belts	<input type="checkbox"/> Lock Out/Tag Out	<input checked="" type="checkbox"/> Ground Cable	

PRE-JOB HAZARD ASSESSMENT:									
Lifting		Hazards		Body Position/Movement		Environmental Condition			
Manual Lifting (Body Position)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Proper Tool/Material Placement	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Climbing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Day	<input type="checkbox"/> Night	<input checked="" type="checkbox"/> Clear	
Mechanical Lifting Equipment	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Hot/Cold Surface or Material	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Pushing, Pulling	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Humid	<input type="checkbox"/> Rain	
Awkward Body Position	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Inadequate Lighting	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Bending	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Dust	<input type="checkbox"/> Fog
Slip/Trip Potential	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fall Protection/Anchor Points	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Twisting Motion	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Temp	Degrees		
Lifting w/Other Employees	<input type="checkbox"/> Y <input type="checkbox"/> N	Pinch Points	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Walking	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Wind	mph		
Proper Rigging Practices	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Trenching/Excavation	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Swinging	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Chains Required			
		Hand and Finger Hazards	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Straining	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sleep Grades			
		Electrical Hazards	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Stretching	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Mud	Condition		
Access/Fall		Welding/Flame Cutting	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Reaching	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	# YES to any HAZARDS - Identify			
Scaffold (properly inspected)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Mechanical Equipment	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Over Extending	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Ladder	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
Hoisting of Tools/Materials	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Environmental		Jumping	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Secure Footing	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Pollution (Personal Exposure)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Crawling	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HARM AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Spot Truck	1- Backing	No	1- Spotting
Unload boxes	2- Slipping/ Falling	No	2- Drive Slowly
Load up boxes	3- Handling materials	No	3- Hand Placement
Unload boxes	4- Lifting and lowering	No	4- Lifting
Load boxes	5- Tipping	No	5- No Shift

Key Approval - Date: Tom Skudlitz 5/22/08 Customer Approval - Date:



Date: 6-21-2004
S M T W T F S

Work Ticket No. T658696

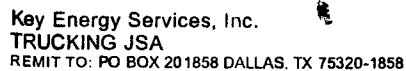
Asset	Service Code	Description	Qty	Rate	Total
		O Transport O TransNac <input checked="" type="checkbox"/> Vacuum			
		Minimum O 130 BBL <input checked="" type="checkbox"/> 60-80 BBL O 50 BBL			
0106322	300143	<input checked="" type="checkbox"/> Hour O Barrel O Load O 130 BBL <input checked="" type="checkbox"/> 60-80 BBL O 50 BBL	13.5	82.00	1025.50
		Pump/Kill Truck Minimum O 130 BBL O 60-80 BBL O 50 BBL			
		Pump/Kill Truck Hourly O 130 BBL O 60-80 BBL O 50 BBL			
		Hot Oil Unit Minimum O 130 BBL O 75 BBL			
		Hot Oil Unit Hourly O 130 BBL O 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum O Light Duty O Heavy Duty			
		Winch Truck Hourly O Light Duty O Heavy Duty			
		Haul, Set & Deliver Equipment			
		O Swamper O Special Fluid Helper			
		Supervisor O Truck O Acid O Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned O Solid O BIS			
		Disposal Non Key O Solid O BIS			
		Disposal Key Owned O Produced O Flowback			
0106322	301030	Disposal Non Key <input type="checkbox"/> Produced <input checked="" type="checkbox"/> Flowback (PIT)	70	2.94	205.80
		Third Party			
		KCl (Potassium Chloride) Powdered			
		KCl Substitute			
		KCl O 2% O 3% <input type="checkbox"/> 4% O Other			
		Chemicals - Specify:			
0106322	300700	FUEL <input checked="" type="checkbox"/> Fuel Surcharge O Fuel Charge	1	350.20	350.20
		Sub Total			1589.00
		Sales Tax			
		TOTAL			

'AYROLL.

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	#14327	Joe Freeman 5-21-2008	6:00	6:00	12.5				12.5
HELPER		JOE FREEMAN							

DATE 12/1/86

☒ **No Signature Required**



Yard No. 0081	Unit/Asset No. 136439 0167263 / 1366003	Manifest	RCC No.
SWD Name <input type="checkbox"/> Key SWD <input type="checkbox"/> Customer SWD <input checked="" type="checkbox"/> Public SWD Tri County Waste Water Management			Disposal Ticket No. 6693

Tank No.	Tank No.	HRS 13785	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	380014	380339
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ita _____ State	Ita _____ State

<input type="checkbox"/> Safety Belts	<input type="checkbox"/> Safety Harness / Anti Fall Device	<input type="checkbox"/> Proper Clothing	Working Protection
<input type="checkbox"/> Steel Toed Boots	<input type="checkbox"/> Cotton / Rubber Gloves	<input type="checkbox"/> Safety Glasses	Other - Explain: _____
<input type="checkbox"/> Face Shields / Goggles	<input type="checkbox"/> Chock/Cones	<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Work Permit Required
<input type="checkbox"/> H2S / Th-Monitors	<input type="checkbox"/> Back Support Belts	<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Ground Cable

Lifting		Hazards		Body Position/Movement		Environmental Condition			
Manual Lifting (Body Position)	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Proper Tool/Material Placement	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Climbing	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Day	<input checked="" type="checkbox"/> Night	<input checked="" type="checkbox"/> Clear	
Mechanical Lifting Equipment	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Hot/Cold Surfaces or Material	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Pulling, Pushing	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Drizzle	<input checked="" type="checkbox"/> Humid	<input checked="" type="checkbox"/> Rain	
Avoided Body Position	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Inadequate Uplight	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Bending	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Ice	<input checked="" type="checkbox"/> Snow	<input checked="" type="checkbox"/> Dust	
Swif/Trip Potential	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Fall Protection/Anchor Points	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Twisting Motion	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Temp	<input checked="" type="checkbox"/> Degrees	<input checked="" type="checkbox"/> Fog	
Lifting w/Other Employees	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Pinch Points	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Walking	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Wind	<input checked="" type="checkbox"/> mph		
Proper Rigging Practices	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Trenching/Excavation	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Swinging	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Chains Required			
		Hand and Anger Hazards	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Straining	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Steep Grades			
		Electrical Hazards	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Stretching	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Mud		Condition	
Access/Edit		Welding/Rams Cutting	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Reaching	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	If YES to any HAZARDS - Identify:			
Scaffold (properly inspected)	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Mechanical Equipment	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Over Extending	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Ladder	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Environmental		Jumping	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Hoisting of ToolS/Materials	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Pollution (Personal Exposure)	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Crawling	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Secure Footing	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N								

Key Approval - Date: Har Shingston 5/21/08

Customer Approval - Date: _____



Date: 5-21-08
MIT (W)

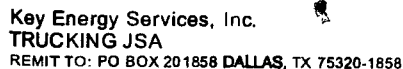
Work Ticket No. T658833

Asset	Service Code	Description	Qty	Rate	Total
		O Transport O Trans/Vac O Vacuum			
		Minimum 0 130 BBL 0 60-80 BBL 0 50BBL			
107963	300023	Hour 0 Barrel 0 load 0 130 BBL 0 60-80 BBL 0 50 BBL	1075	0.75	806.25
		Pump/Kill Truck Minimum 0 130 BBL 0 60-80 BBL 0 50 BBL			
		Pump/Kill Truck Hourly 0 130 BBL 0 60-80 BBL 0 50 BBL			
		Hot Oil Unit Minimum 0 130 BBL 0 75 BBL			
		Hot Oil Unit Hourly 0 130 BBL 0 75 BBL			
		Hot Oil by the BSL			
		Propane			
		Winch Truck Minimum O Light Duty O Heavy Duty			
		Winch Truck Hourly O Light Duty O Heavy Duty			
		Haul, Set & Deliver Equipment			
		O Swamper O Special Fluid Helper			
		Supervisor O Truck O Acid O Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Weler Non Key			
		Disposal Key Owned O Solid O BFS			
		Disposal Non Key O Solid O HS			
		Disposal Key Owned O Produced O Flowbac V			
0107363	201070	Disposal Non Key O Produced R Packed	126	4.7	592.2
		Third Party			
		KCl (Potassium Chloride) Powdered			
		KCL Substitute			
		KCl 0.2% 3% 0 4% O Other			
		Chemicals - Specify:			
0027263	300700	FUEL O Fuel Surcharge O Fuel Charge			
		Sub Total			
		Sales Tax			
		TOTAL			

PAYROLL

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	42790	K. L. ... 5-21-07			1.5				
HELPER		D. ...							

☒ No Signature Required



Yard No. 0081	Unit/Asset No. 0134857	Manifest TL658883	RCC No.
SWD Name		<input type="checkbox"/> Key SWD <input type="checkbox"/> Customer SWD <input checked="" type="checkbox"/> Public SWD	Disposal Ticket No. 10698

Start	End	Description	# BBL	Oil/Water	Rec'd By
6:14	6:00P	Hauled pit water from above well site to Tre-1 near WAYNESBURG PA. for disposal had to wait to unload.	89	Pit	

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	213867	264489
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ifa <u>DA</u> State	Ifa <u>WV</u> State

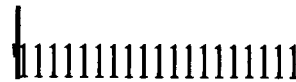
ard Hat ☐ Safety Belts ☐ Safety Harness / Anti Fall Device ☐ Proper Clothing ☒ Hearing Protection
Fire Extinguishers ☒ Steel Toed Boots ☐ Cotton/ Rubber Gloves Safety Glasses ☐ Other - Explain: _____
☒ Face Shields / Goggles ☐ Wheel Chock/Cones ☐ Confined Space Permit ☐ Work Permit Required
☐ H2S / Tri-Monitors ☐ Back Support Belts ☐ Lock Out/Tag Out ☒ Ground Cable

Lifting		Hazards	Body Position/Movement	Environmental Condition
Manual Lifting (Body Position)	() Y O N	Proper Tool/Material Placement	Climbing	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Clear
Mechanical Lifting Equipment	O Y O N	Hot/Cold Surfaces or Material	Putting, Pushing	O Drizzle O Humid O Rain
Ackward Body Position	O Y O N	Inadequate Lighting	Bending	O Ice O Snow O Dust O Fog
Slip/Trip Potential	O Y O N	Fall Protection/Anchor Points	Twisting Motion	O Temp _____ Degrees
Lifting w/Other Employees	O Y O N	Pinch Points	Walking	O Wind _____ mph
Proper Rigging Practices	O Y O N	Trenching/Excavation	Swinging	O Chains Required
		Hand and Finger Hazards	Straining	O Steep Grades
		Electrical Hazards	Stretching	O Mud _____ Condition
		Welding/Flame Cutting	Reaching	
		Mechanical Equipment	Over Extending	
		Environmental	Jumping	
		Respiratory (Personal Exposure)	Crawling	

If YES to any HAZARDS - Identify:

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HARM AND/OR RESCUE HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Drilling	Reactive & Aggressive	Aggressive	Use of Safety Dr. Ugly
Unloading Hoses	Aggressive	Aggressive	Use of Safety Dr. Ugly
Use Press Load Haul	Reactive & Aggressive	Aggressive	Use of Safety Dr. Ugly
Unloading Hoses	Reactive & Aggressive	Aggressive	Use of Safety Dr. Ugly
Drilling	Reactive & Aggressive	Aggressive	Use of Safety Dr. Ugly

Key Approval - Date: Key Approval Date 5/22/08 Customer Approval - Date:



Date: 5-21-0
S M T W T F S

Work Ticket No. T 58883

T658883

[illegible]

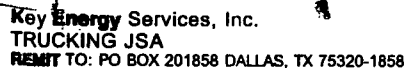
RECEIVED MAY 23 1961

ROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	48002	Jenylked 5-20-08	6:00	6:00	12				12
HELPER		Seena Redu							

OWEDOS 12104

 **No Signature Required**

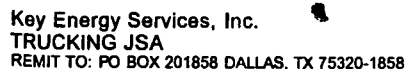


Key Approval - Date:

Customer Approval- Date:

0\VT-008 12i06

☒ No Signature Required



Yard No. 0081	Unit/Asset No. 0146713-1327080	Manifest	RCC No.
SWD Name <input type="checkbox"/> Key SWD <input type="checkbox"/> Customer SWD <input checked="" type="checkbox"/> Public SWD			Disposal Ticket No.
TRI-County waste water Management, INC.			6704-6710
WORK TICKET DESCRIPTION:			

[illegible]

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:**
- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Safety Belts | <input type="checkbox"/> Safety Harness / Anti Fall Device | <input checked="" type="checkbox"/> Proper Clothing | <input type="checkbox"/> Hearing Protection |
| <input type="checkbox"/> Fire Extinguishers | <input checked="" type="checkbox"/> Steel Toed Boots | <input checked="" type="checkbox"/> Cotton / Rubber Gloves | <input checked="" type="checkbox"/> Safety Glasses | <input type="checkbox"/> Other - Explain: _____ |
| <input type="checkbox"/> Face Shields / Goggles | <input checked="" type="checkbox"/> Wheel Chock/Cones | <input type="checkbox"/> Confined Space Permit | <input type="checkbox"/> Work Permit Required | |
| <input type="checkbox"/> H2S / Tri-Monitors | <input type="checkbox"/> Back Support Belts | <input type="checkbox"/> Lock Out/Tag Out | <input type="checkbox"/> Ground Cable | |

PRE-JOB HAZARD ASSESSMENT:

- | Lifting | | Hazards | | Body Position/Movement | | Environmental Condition | |
|--------------------------------|--|--------------------------------|--|------------------------|--|-------------------------|--|
| Manual Lifting (Body Position) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Proper Tool/Material Placement | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Climbing | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Day | <input type="checkbox"/> Night <input type="checkbox"/> Clear |
| Mechanical Lifting Equipment | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Hot/Cold Surface or Material | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Pushing, Pulling | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Drizzle | <input type="checkbox"/> Humid <input checked="" type="checkbox"/> Rain |
| Awkward Body Position | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Inadequate Lighting | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Bending | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Ice | <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog |
| Slippage Potential | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Fall Protection/Anchor Points | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Twisting Motion | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Temp | Degrees |
| Lifting w/Other Employees | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Pinch Points | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Walking | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Wind | mph |
| Proper Rigging Practices | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Trenching/Excavation | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Swinging | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Chains Required | |
| | | Hand and Finger Hazards | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Straining | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Steep Grades | |
| | | Electrical Hazards | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Stretching | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Mud | Condition |
| Access/Exit | | Welding/Flame Cutting | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Reaching | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | |
| Scaffold (properly inspected) | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Mechanical Equipment | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Over Extending | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | |
| Ladder | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Environmental | | Jumping | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | |
| Hoisting of Tools/Materials | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Pollution (Personal Exposure) | <input type="checkbox"/> Y <input type="checkbox"/> N | Crawling | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | |
| Secure Footing | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | | | |

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR LIMB HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Prizing	Marble Wood	None	Drive slowly
Docking	Blind spots	None	Do walk around
Hook unhook Holes	Hitting something	Pinch points	Body Placement

Key Approval - Date: 11/01/2008 Customer Approval - Date: 5/22/08



Date: 5-21-66
S M T W T F S

Work Ticket No. T7,5 053

T753053

Asset	Service Code	Description	Qty	Rate	Total
		<input type="radio"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="radio"/> Vacuum			
		Minimum <input type="radio"/> 130 BBL <input type="radio"/> 60-80 BBL <input type="radio"/> 50 BBL			
0146713	300073	<input checked="" type="checkbox"/> Hour 0 Barrel 0 Load <input checked="" type="checkbox"/> 130 BBL <input type="radio"/> 60-80 BBL <input type="radio"/> 50 BBL	10	87.00	870.00
		Pump/Kill Truck Minimum <input type="radio"/> 130 BBL <input type="radio"/> 60-80 BBL <input type="radio"/> 50 BBL			
		Pump/Kill Truck Hourly <input type="radio"/> 130 BBL <input type="radio"/> 60-80 BBL <input type="radio"/> 50 BBL			
		Hot Oil Unit Minimum <input type="radio"/> 130 BBL <input type="radio"/> 75 BBL			
		Hot Oil Unit Hourly <input type="radio"/> 130 BBL <input type="radio"/> 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum <input type="radio"/> Light Duty <input type="radio"/> Heavy Duty			
		Winch Truck Hourly <input type="radio"/> Light Duty <input type="radio"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		<input type="radio"/> Swamper <input type="radio"/> Special Fluid Helper			
		Supervisor <input type="radio"/> Truck <input type="radio"/> Acid <input type="radio"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="radio"/> Solid <input type="radio"/> BIS			
		Disposal Non Key <input type="radio"/> Solid <input type="radio"/> BIS			
		Disposal Key Owned <input type="radio"/> Produced <input type="radio"/> Flowback			
0146713	301030	Disposal Non Key <input type="radio"/> Produced <input checked="" type="checkbox"/> Flowback (P/T)	230	2.94	676.20
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="radio"/> 2% <input type="radio"/> 3% <input type="radio"/> 0.4% <input type="radio"/> Other			
		Chemicals - Specify:			
0146713	300700	FUEL <input checked="" type="checkbox"/> Fuel Surcharge <input type="radio"/> Fuel Charge	1	286.56	286.56
		Sub Total			1832.76
		Sales Tax			
		TOTAL			

ROLL.

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hour
DRIVER	47818	James S Chidester	2:00	12:00	10				0
HELPER		James Chidester 5-21-08	Pm	Pm					

12106

** No Signature Required**

Key **Energy** Services, Inc.
TRUCKING JSA
REMIT TO: PO BOX 201858 DALLAS, TX 75320-1858

Customer Name/No. <i>Sage Petroleum # 249</i>		County/Parish <i>Hendrix</i>	State <i>W.Va</i>
Contact <i>T.R. Harris</i>	Service Location <i>WELL COLE #1</i>		
Directions to Location			
Yard No. <i>0081</i>		Unit/Asset No. <i># C106322</i>	Manifest
SWD Name <i>Tri County Waste Water Management</i>	<input type="checkbox"/> Key SWD	<input type="checkbox"/> Customer SWD	
		RCC No.	
		<input type="checkbox"/> Public SWD	Disposal Ticket No. <i>6730</i>

WORK TICKET DESCRIPTION:

Start	End	Description	# BSI	Oil/Water	Rec'd By
1:00	6:00	hauled 1 ed Tanker			
		hauled 20 BSI 216 Water			
		From Above well Site To T-150526	70	PH	

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	4984.2	5018.1
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ilta 1000 State	Ilta 1000 State

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB: Hard Hat <input checked="" type="checkbox"/> Safety Belts <input type="checkbox"/> Safety Harness / Anti Fall Device <input checked="" type="checkbox"/> Proper Clothing <input checked="" type="checkbox"/> Hearing Protection	
Fire Extinguishers <input checked="" type="checkbox"/> Steel Toed Boots <input checked="" type="checkbox"/> Cotton/ Rubber Gloves <input checked="" type="checkbox"/> Safety Glasses <input type="checkbox"/> Other: Explain:	<input type="checkbox"/> Other: Explain:
Face Shields / Goggles <input checked="" type="checkbox"/> Wheel Chock/Cones <input type="checkbox"/> Confined Space Permit <input type="checkbox"/> Work Permit Required	<input type="checkbox"/> Work Permit Required
O H2S / Tri-Monitors <input type="checkbox"/> Back Support Belts <input type="checkbox"/> Lock Out/Tag Out <input type="checkbox"/> Ground Cable	<input type="checkbox"/> Ground Cable

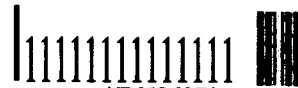
PRE-JOB HAZARD ASSESSMENT:

Lifting		Hazards		Body Position/Movement		Environmental Conditions	
Manual Lifting (Body Position)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Proper Tool/Material Placement	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Climbing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> r r a e
Mechanical Lifting Equipment	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Hot/Cold Surface or Material	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Pulling, Pushing	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Drizzle <input type="checkbox"/> Humid	<input type="checkbox"/> D Rain
Asklawd Body Position	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Inadequate Lighting	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Bending	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust	<input type="checkbox"/> O Fog
Slip/Trip Potential	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Full Protection Anchor Points	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Twisting Motion	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Temp	<input type="checkbox"/> Degrees
Lifting w/Other Employees	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	R/Lch Points	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Walking	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Wind	<input type="checkbox"/> mph
Proper Rigging Practices	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Trenching/excavation	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Swinging	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Chains Required	
		Hand and Finger Hazards	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Straining	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Step Grades'	
Access/Exit		Electrical Hazards	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Stretching	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Mud	<input type="checkbox"/> Condition
Scaffold (properly inspected)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Welding/Flame Cutting	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Reaching	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	YES to any HAZARDS - Identify:	
Ladder	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Mechanical Equipment	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Over Extending	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Hoisting of Tools/Materials	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Environmental		Jumping	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Secure Footing	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Pollution (Personal Exposure)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Crawling	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		

SEQUENCE OF BASIC JOB STEPS	POTENTIAL STRISK BEHAVIORS OR OTHER HAZARDS	FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Spot Track	1- Snapping	No	1- Spotting
Internal hoses	2- Nerveless, Rapid	No	2- Drive Stairs
Load up hoses	3- Containing a leaking hose	Yes	3- Load Placement
Unhook hoses	4- Pressing on the handle	Yes	4- Gloves
Load hoses	5- Twisting	No	5- No Risk

Key Approval - Date:

Customer Approval - Date:



Date: 3-22-2008
S 1 2 3 4 5 6 7 8 9 10 11 12 M T W T F

Work Ticket No. T658697

T658697

Asset	Service Code	Description	Qty	Rate	Total
		O Transport O TransNac <input checked="" type="checkbox"/> Minimum			
		Minimum O 130 BBL O 60-80 BBL O 50 BBL			
060000	300743	<input checked="" type="checkbox"/> Hour O Barrel O Load O 130 BBL O 60-80 BBL O 50 BBL	12	800	7074.24
		Pump/Kill Truck Minimum O 130 BBL O 60-80 BBL O 50 BBL			
		Pump/Kill Truck Hourly O 130 BBL O 60-80 BBL O 50 BBL			
		Hot Oil Unit Minimum O 130 BBL O 75 BBL			
		Hot Oil Unit Hourly O 130 BBL O 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum O Light Duty O Heavy Duty			
		Winch Truck Hourly O Light Duty O Heavy Duty			
		Haul, Set & Deliver Equipment			
		O Swamper O Special Fluid Helper			
		Supervisor O Truck O Acid O Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned O Solid O BIS			
		Disposal Non Key O Solid O BIS			
0106322	301036	Disposal Key Owned O Produced O Rowback	10	474	4740.00
		Disposal Non Key O Produced <input checked="" type="checkbox"/> Flowback			
		Third Party			
		KCl (Potassium Chloride) Powdered			
		KCl Substitute			
		KCl O 2% O 3% O 4% O Other			
		Chemicals - Specify:			
0106322	300746	FUEL <input checked="" type="checkbox"/> Fuel Surcharge O Fuel Charge	1	153.67	153.67
Sales tax calculated on invoice			Sub Total		153.67
			Sales Tax		
			TOTAL		

Sales tax calculated on invoice

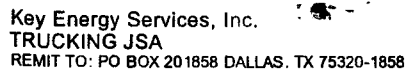
RECEIVED MAY 2 2 2000

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Other	Total Hours
DRIVER	014527	LEE FREEMAN 2/23/2008	6:00	6:55	12			
HELPER		LEE FREEMAN						

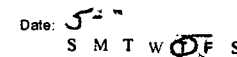
1210

☒ No Signature Required



Key Approval - Date: Prof. Sheng-Li Chen 5/23/08

Customer Approval - Date: _____

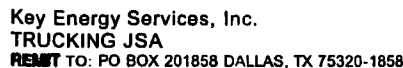


Work Ticket No. T65 8 4

T658834

PAYROLL									
Class	Employee No.	Employee Name / Signature	Start	End	Work	Level	How	Other	Total Hours
DRIVER	42790	David Monroe	5-23-08	5:30	5:00	11			11 1/2
HELPER		David Monroe		AM	PM				

No Signature Required



Yard No.	Unit/Asset No.	Manifest	RCC No.
40081	0106320		
SWD Name	O Key SWD	O Customer SWD	O Public SWD
Tri-County Waste Water Management Inc.			
			Disposal Ticket No.
			6751

Tank No.	ITank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	ITOP Gauge	Top Gauge	37851	38186
Bottom Gauge	IBottom Gauge	Bottom Gauge	ifa ____ State	ifa ____ State

SAFETY EQUIP.MEN REQUIRED TO DO THIS JOB.

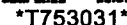
<input checked="" type="checkbox"/> Hard Hat	<input type="checkbox"/> Safety Belts	<input type="checkbox"/> Safety Harness / Anti Fall Device	<input checked="" type="checkbox"/> Proper Clothing	Hearing Protection
<input type="checkbox"/> Fire Extinguishers	<input checked="" type="checkbox"/> Steel Toed Boots	<input checked="" type="checkbox"/> Cotton/ Rubber Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Other - Explain:
<input type="checkbox"/> Face Shields / Goggles	<input checked="" type="checkbox"/> Wheel Chuck/Cones	<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Work Permit Required	
<input type="checkbox"/> H2S / Trk Monitors	<input type="checkbox"/> Back Support Belts	<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Ground Cable	

PRE-JOB HAZARD ASSESSMENT:

Uifting		Hazards		Body Position/Movement		Environmental Condition			
Manual Uifting (Body Position)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Proper Tool/Material Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Climbing	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Clear		
Mechanical Uifting Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Hot/Cold Surface or Material	<input type="checkbox"/> Y <input type="checkbox"/> N	Pulling, Pushing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Humid	<input type="checkbox"/> Rain	
Awkward Body Position	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Inadequate Uighting	<input type="checkbox"/> Y <input type="checkbox"/> N	Bending	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Dust	<input type="checkbox"/> Fog
Slip/Trip Potential	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fall Protection/Anchor Points	<input type="checkbox"/> Y <input type="checkbox"/> N	Twisting Motion	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Temp		<input type="checkbox"/> Degrees	
Uifting w/Other Employees	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Pinch Points	<input type="checkbox"/> Y <input type="checkbox"/> N	Walking	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Wind		<input type="checkbox"/> mph	
Proper Rigging Practices	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Trenching/Excavation	<input type="checkbox"/> Y <input type="checkbox"/> N	SVing	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Chains Required			
		Hand and Finger Hazards	<input type="checkbox"/> Y <input type="checkbox"/> N	Straining	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Sleep Grades			
		Electrical Hazards	<input type="checkbox"/> Y <input type="checkbox"/> N	Stretching	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Mud			Condition
Access/Exit		Welding/Flame Cutting	<input type="checkbox"/> Y <input type="checkbox"/> N	Reaching	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS- Identify: _____			
Scaffold (properly inspected)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Mechanical Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Ladder	<input type="checkbox"/> Y <input type="checkbox"/> N	Environmental		Jumping	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Hoisting of Tools/Materials	<input type="checkbox"/> Y <input type="checkbox"/> N	Pollution (Personal Exposure)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Crawling	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Secure Footing	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N								

Key Approval - Date: Key Approval 5/23/08

Customer Approval - Date:



Date: 5-22-08 Work Ticket No. T753031
S M T W T F S

Asset	Service Code	Description	Qty	Rate	Total
		<input type="radio"/> Transport <input type="radio"/> TransNac <input checked="" type="checkbox"/> Vacuum			
		Minimum 0 130 BBL 0 60-80 BBL 0 50 BBL			
1106320	30075	<input checked="" type="checkbox"/> Hour 0 Barrel 0 Load 0 130 BBL <input checked="" type="checkbox"/> 60-80 BBL 0 50 BBL	12	6.15	96.00
		Pump/Kill Truck Minimum 0 130 BBL 0 60-80 BBL 0 50 BBL			
		Pump/Kill Truck Hourly 0 130 BBL 0 60-80 BBL 0 50 BBL			
		Hot Oil Unit Minimum 0 130 BBL 0 75 BBL			
		Hot Oil Unit Hourly 0 130 BBL 0 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum <input type="radio"/> Light Duty <input type="radio"/> Heavy Duty			
		Winch Truck Hourly <input type="radio"/> Light Duty <input type="radio"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		<input type="radio"/> Swamper <input type="radio"/> Special Fluid Helper			
		Supervisor <input type="radio"/> Truck <input type="radio"/> Acid <input type="radio"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="radio"/> Solid <input type="radio"/> BIS			
		Disposal Non Key <input type="radio"/> Solid <input type="radio"/> BIS			
		Disposal Key Owned <input type="radio"/> Produced <input checked="" type="checkbox"/> Flowback			
0106320	300750	Disposal Non Key <input type="radio"/> Produced <input checked="" type="checkbox"/> Flowback	1	7.25	7.25
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL 0 2% 0 3% 0 4% <input type="radio"/> Other			
		Chemicals - Specify:			
0106320	300750	FUEL <input checked="" type="checkbox"/> Fuel Surocharge <input type="checkbox"/> Fuel Charge	1	3.20	3.20
Sales tax calculated on invoice			Sub Total		133.60
			Sales Tax		
			TOTAL		

RECEIVED MAY 27 2008

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	28810	Brad Strother	6:22	6:41	12				
HELPER		R. Strother 5-22-08							

1998-1999

☒ No Signature Required

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

Well Operator's Report of Well Work

Farm name: Mallow, Roy & Edith Operator Well No.: Dice #1

LOCATION: Elevation: 2739 ft ASL Quadrangle: Onego

District: Union County: Pendleton
Latitude: 11,880 Feet South of 38 Deg. 45 Min. 32.3 Sec.
Longitude 9,840 Feet West of 79 Deg. 27 Min. 04.5 Sec.

Company: MegaEnergy Operating, Inc.

	Casing & Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
Address: 7374 S. Alton Way, Suite 201	20"	30'	30'	35 sks
Centennial, CO 80112	13-3/8" 48#	199'	184'	156 sks
Agent: Paul E. Smith	9-5/8" 36#	2205'	2190'	550 sks
Inspector: Craig Duckworth	4-1/2" 11.6#	8062'	8047'	550 sks
Date Permit Issued: 9/20/2007				
Date Well Work Commenced: 5/7/2008				
Date Well Work Completed: 9/3/2008				
Verbal Plugging:				
Date Permission granted on:				
Rotary X Cable Rig UDI #51				
Total Depth (feet): 8560				
Fresh Water Depth (ft.): 412				
Salt Water Depth (ft.): none				
Is coal being mined in area (N/Y)? N				
Coal Depths (ft.):				

RECEIVED

Office of Oil & Gas

JAN 14 2009

WV Department of
Environmental Protection

OPEN FLOW DATA

Producing formation Oriskany Sandstone Pay zone depth (ft) 7676'-7850'

Gas: Initial open flow 618 MCF/d Oil: Initial open flow Bbl/d

Final open flow 590 MCF/d Final open flow Bbl/d

Time of open flow between initial and final tests 15 Hours

Static rock Pressure 2250 psig (surface pressure) after one month

Second producing 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

NOTE: ON BACK OF THIS FORM 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 ALL FORMATIONS, INCLUDING COAL ENCOUNTERED BY THE WELLBORE.

Signed:

By: J. S. Horn
Date: 10/15/2008

Dice #1: 47-071-00021

Operator: MegaEnergy Operating, Inc.
County: Pendleton, West Virginia

KB Elevation: 2779'
GL Elevation: 2739'

T/Benson: 2580'
T/Alexander: 2900'
T/Brallier: 5572'
T/Sycamore: 5895'
T/Harrel: 6950'
T/Tully: 7100'
T/Mahantango: 7146'
T/U. Marcellus: 7334'
T/Purcell: 7380'
T/L. Marcellus: 7458'
T/Onondaga: 7500'
T/Needmore: 7538'
T/Oriskany: 7674'
T/Helderberg: 7878'
T/Mandata: 8086'
T/Corrigansville: 8112'
T/Tonoloway : 8378'

Oriskany Sandstone Completion

8/29/2008: Perforated w/ 3-3/8" HC 3 SPF, 120° phased 7846'-50', 7790'-94', 7756'-60', 7676'-86' BDP-3255 psig, 2.3 bpm @3300 psig. Vol-19.4 bbls. acid vol-300 gal ISIP-2760, ISIP5-2270, Open @400 psig. Flowback 4.1 bbls fluid.

9/03/2008: Pump 60 bbls Fe Acid-displace w/120 bbls water. Drop 150 balls w/60 bbls acid. Little ball action. Average rate 46.4 bpm, avg. pressure 4814 psig, sand vol-185,404 lbs, ISIP 3667, ISIP5-3229, ISIP10-3081, ISIP15-2987, Clean fluid vol-2416 bbls. Open well at 2750 psig. Flowback well through 2/64 choke. Recovered 1500 bbls. Gas Show.

10/08/2008: 9:00 AM SITP @ 2250#. Flow @296/d for 1 hr then @ 10:00 AM flowed @618/d with 2000# FTP. At 12:00 PM started bringing ¾" stream of fluid with 500# FTP. Flowing @ 590/d at 3:00 AM on 10/9/2008 with FTP @ 200# with 1 ½" stream of fluid.

20" conductor
 @ 30'. Cmt'd w/35 sx
 Class A to surface.
 24" Hole

13-3/8" 48# H-40 csg
 @ 184'. Cmt'd w/156 sx
 Class A to surface.
 17-1/2" Hole

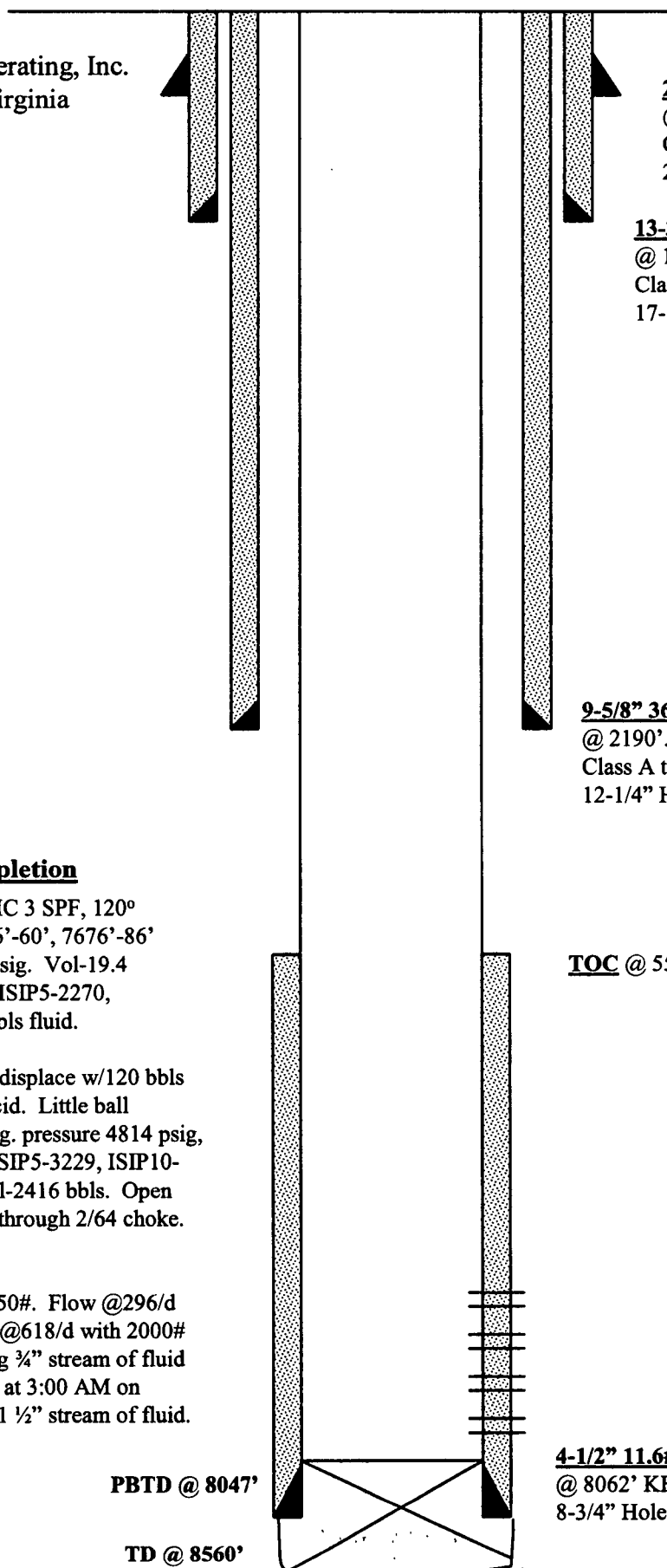
9-5/8" 36# J-55 csg
 @ 2190'. Cmt'd w/550 sx
 Class A to surface.
 12-1/4" Hole

TOC @ 5500' est.

PBTD @ 8047'

TD @ 8560'

4-1/2" 11.6# USS-80 csg
 @ 8062' KB Cmt'd w/550 sx
 8-3/4" Hole





west virginia department of environmental protection

Office of Oil and Gas
601 57th Street SE
Charleston, WV 25304
(304) 926-0450
(304) 926-0452 fax

Joe Manchin III, Governor
Stephanie R. Timmermeyer, Cabinet Secretary
www.wvdep.org

September 20, 2007

WELL WORK PERMIT

New Well

This permit, API Well Number: 47-7100021, issued to MEGAENERGY OPERATING, INC., is evidence of permission granted to perform the specified well work at the location described on the attached pages and located on the attached plat, subject to the provisions of Chapter 22 of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder, and to all conditions and provisions outlined in the pages attached hereto.

Notification shall be given by the operator to the Oil and Gas Inspector at least 24 hours prior to the construction of roads, locations, and/or pits for any permitted work. In addition, the well operator shall notify the same inspector 24 hours before any actual well work is commenced and prior to running and cementing casing. Spills or emergency discharges must be promptly reported by the operator to 1-800-642-3074 and to the Oil and Gas inspector.

Please be advised that form WR-35, well operators report of well work, is to be submitted to this office within 90 days of completion of drilling, as should form WR-34 Discharge Monitoring Report within 30 days of discharge of pits, if applicable. Failure to abide by all statutory and regulatory provisions governing all duties and operations hereunder may result in suspension or revocation of this permit and, in addition, may result in civil and/or criminal penalties being imposed upon the operators.

Per 35CSR-4-5.2.g this permit will expire in two (2) years from the issue date unless permitted well work is commenced. If there are any questions, please feel free to contact me at (304) 926-0499 ext. 1654.

James Martin
Chief

Operator's Well No: DICE 1

Farm Name: MALLOW, ROY & EDITH

API Well Number: 47-7100021

Permit Type: New Well

Date Issued: 09/20/2007

Promoting a healthy environment.



west virginia department of environmental protection

Oil and Gas Conservation Commission
601 57th Street, Charleston, WV 25304

Joe Manchin III, Governor
Stephanie R. Timmermeyer, Cabinet Secretary
www.wvdep.org

September 19, 2007

Department of Environmental Protection
Office of Oil and Gas
Charleston, WV 25304

RE: Application for Deep Well - API #47-071-00021

COMPANY: MegaEnergy Operating, Inc.

FARM: Roy & Edith Mallow – Dice #1

COUNTY: Pendleton DISTRICT: Union QUADRANGLE: Onego

The application for the above company is APPROVED FOR ORISKANY.

Applicant has complied with the provisions of Chapter 22C-9, of the Code of West Virginia, nineteen hundred and thirty-one (1931), as amended, Oil and Gas Conservation Commission as follows:

- 1.) Provided a certified copy of duly acknowledged and recorded consent and easement form from all surface owners; yes
- 2.) Provided a tabulation of all deep wells within one mile of the proposed location, including the API number of the deep well, well name, and the name and address of the operator and; none
- 3.) Provided a plat showing that the proposed location is a distance of 400+ feet from the nearest unit boundary and showing the following wells drilled to or capable of producing from the objective formation within 3,000 feet of the proposed location.

Sincerely,

Cindy Raines
Adm. Secretary

STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS
WELL WORK PERMIT APPLICATION

1) Well Operator	MegaEnergy Operating		Pendleton	Union	Onego 7.5'
		Operator ID	County	District	Quadrangle

2) Operators Well Number: Dice No. 1

3) Elevation: 2739'

4) Well Type: (a) Oil or Gas:

(b) If Gas: Production: X Underground Storage
Deep: X Shallow:

5) Proposed Target Formation(s): Oriskany Sandstone

6) Proposed Total Depth: 8800'

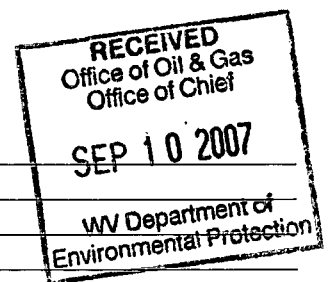
7) Approximate fresh water strata depth: 241'

8) Approximate salt water depths: 2900'

9) Approximate coal seam depths: None

10) Does land contain coal seams tributary to active mine? No

11) Describe proposed well work **To Drill & Stimulate a New Well.**

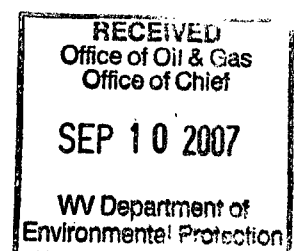


12) CASING AND TUBING PROGRAM

TYPE	SPECIFICATIONS			FOOTAGE INTERVALS		CEMENT
	<u>Size</u>	<u>Grade</u>	<u>Weight per ft</u>	<u>For Drilling</u>	<u>Left in Well</u>	<u>Fill -up (Cu. Ft.)</u>
Conductor	13 3/8"			80'	80'	CTS-60 Sacks
Fresh Water						
Coal						
Intermediate	9 5/8"			1700'	1700'	CTS-550 Sacks
Production	5 1/2"			8800'	8775'	280 Sacks
Tubing						
Liners						

Packers:	Kind Sizes Depths Set
-----------------	-----------------------------

UQ 6-19-07



Q11#10837
950.

1) Date: May 31, 2007
2) Operator's Well Number
Dice No. 1

3) API Well No.: 47 - 071-00021
State County Permit

STATE OF WEST VIRGINIA - BUREAU OF ENVIRONMENT
DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS
NOTICE AND APPLICATION FOR A WELL WORK PERMIT

4) Surface Owner(s) to be served:
(a) Name Roy & Edith Mallow
Address HC 78 Box 172
Riverton, WV 26814
(b) Name _____
Address _____
(c) Name _____
Address _____
6) Inspector Craig Duckworth
Address Box 107 Davisson Route
Gassaway, WV 26624
Telephone 304-545-2942
5) (a) Coal Operator
Name _____
Address _____
(b) Coal Owner(s) with Declaration
Name None
Address _____
(c) Coal Lessee with Declaration
Name _____
Address _____

TO THE PERSONS NAMED ABOVE TAKE NOTICE THAT:

OR
x Included is the lease or leases or other continuing contract or contracts by which I hold the right to extract oil and gas

Included is the information required by Chapter 22, Article 6, Section 8(d) of the Code of West Virginia (see page 2)

I certify that as required under Chapter 22-6 of the West Virginia Code I have served copies of this notice and application, a location plat, and accompanying documents pages 1 through ___ on the above named parties by:

x Personal Service (Affidavit attached)
x Certified Mail (Postmarked postal receipt attached)

Publication (Notice of Publication attached)

I have read and understand Chapter 22-6 and 35 CSR 4, and I agree to the terms and conditions of any permit issued under this application.

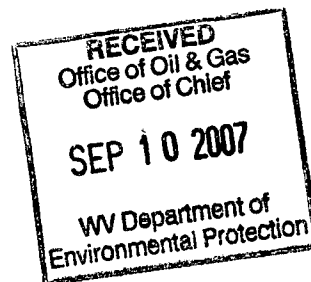
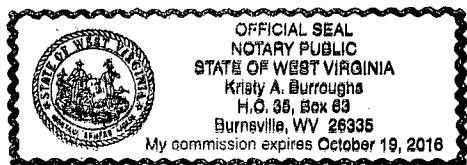
I certify under penalty of law that I have personally examined and am familiar with the information submitted on this application form and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true,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

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Well Operator MegaEnergy Operating
By: Paul Smith
Its: Designated Agent
Address 9085 E. Mineral Circle
Englewood, CO 80112
Telephone 720-875-9810

Subscribed and sworn before me this 19 day of June, 2007

Kristy A. Burroughs Notary Public
My Commission Expires October 19, 2016



Form WW-2A-1
(4/99)

Operator's Well Number Dice No. 1

INFORMATION SUPPLIED UNDER WEST VIRGINIA CODE
Chapter 22, Article 6, Section 8(d)
IN LIEU OF FILING LEASE(S) AND OTHER CONTINUING CONTRACT(S)

Under the oath required to make the verification on page 1 of this Notice and Application, I depose and say that I am the person who signed the Notice and Application for the Applicant, and that –

- (1) the tract of land is the same tract described in this Application, partly or wholly depicted in the accompanying plat, and described in the Construction and Reclamation Plan;
- (2) the parties and recordation data (if recorded) for lease(s) or other continuing contract(s) by which the Applicant claims the right to extract, produce or market the oil or gas are as follows:

Grantor, lessor, etc.	Grantee, lessee, etc.	Royalty	Book/Page
MegaEnergy Operating, Inc.	Roy G. & Edith E. Mallow, et at	1/8 th	19/514

Well Operator: MegaEnergy Operating

By: Paul Smith

Its: Designated Agent

071-00081

FORM WW2-B1

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

NOTICE TO SURFACE OWNERS

The well operator named below is preparing to file for a permit from the state to drill a new well. Before a well work permit can be filed with the Chief of the Office of Oil and Gas, the well operator is required to have given notice of the right to request water well or spring analytical testing. This notice shall be given to the owners or occupants of land which have a water well or spring being utilized for human consumption, domestic animals, or other general use and which is located within 1000 feet of the proposed well site.

With this form, the operator is giving you notice of your right to request analytical testing. The operator is required to sample and analyze the water wells or springs of all owners or occupants who request it. Therefore, if you wish to have your water well or spring tested, contact the operator named below.

All sampling shall be completed prior to drilling. Within thirty (30) days of the receipt of such sample analyses the operator shall submit the results to the Chief of the Office of Oil and Gas and to the owners or occupants who may have requested them.

If no water well or spring is located within 1000 feet, the Chief may require the operator to sample and analyze water from a water well or spring within 2000 feet of the proposed well site.

Be advised, you have the right to sample and analyze any water supply at your own expense.

The laboratory used by the operator to analyze the samples will be approved by the Chief. The operator named below has decided to use the following laboratory to analyze the water samples:

<u> X </u>	Contractor Name	<u>Smith Land Surveying, Inc. – Environmental Division</u>
<u> </u>	Well operator's private laboratory	
	Well Operator	<u>MegaEnergy Operating</u>
	Address	<u>9085 Mineral Circle</u>
		<u>Englewood, CO 80112</u>
	Telephone	<u>720-875-9810</u>

FOR OPERATOR'S USE ONLY: Below, or on an attached page, list those persons which were given this notice. Place an asterisk beside the one(s) that contacted you and requested sampling and analyses. If there were no requests made, indicate by underling which one you have selected to sample and analyze. If there are no water wells or springs within 1000 feet of the proposed site please indicate such.

Dice No. 1

NOTE: There appears to be 2± potable water sources within 1,000', therefore tests will be offered and samples taken as required.

**DCR
3/21/03**

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS
CONSTRUCTION AND RECLAMATION PLAN AND SITE REGISTRATION APPLICATION FORM
GENERAL PERMIT FOR OIL AND GAS PIT WASTE DISCHARGE

Operator Name MegaEnergy Operating, Inc. OP Code _____

Watershed Tributary of North Fork of South Branch of Potomac River Quadrangle Onego 7.5'

Elevation 2739 County Pendleton District Union

Description of anticipated Pit Waste: Drill Water, Frac Blow Back & Various Formation Cuttings

Will a synthetic liner be used in the pit? Yes, if impervious material is not available on site.

Proposed Disposal Method For Treated Pit Wastes:

- ☒ Land Application
☐ Underground Injection (UIC Permit Number _____)
☐ Reuse (at API Number _____)
☐ Off Site Disposal (Supply form WW-9 for disposal location)
☐ Other (Explain _____)

Proposed Work For Which Pit Will Be Used:

- 0 ☒ Drilling ☒ Swabbing
☐ Workover ☐ Plugging
☐ Other (Explain _____)

I certify that I understand and agree to the terms and conditions of the GENERAL WATER POLLUTION PERMIT issued on December 31, 1999, by the Office of Oil and Gas of the West Virginia Division of Environmental Protection. I understand that the provisions of the permit are enforceable by law. Violations of any term or condition of the general permit and/or other applicable law or regulation can lead to enforcement action.

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this application form and all attachments thereto 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

Company Official Signature Paul E. Smith

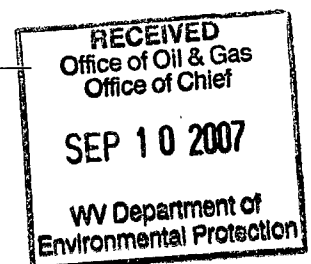
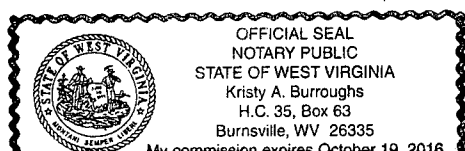
Company Official (Typed Name) Paul E. Smith

Company Official Title President - Operator

Subscribed and sworn before me this 19 day of June, 20 07

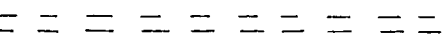
Kristy A. Burroughs Notary Public

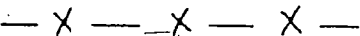
My commission expires October 19, 2016

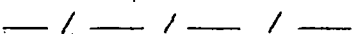


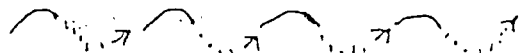
LEGEND

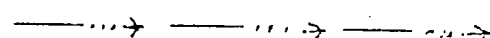
Property Boundary 

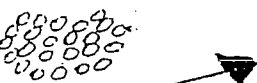
Road 

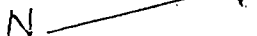
Existing Fence 


Planned Fence 


Stream 


Open Ditch 

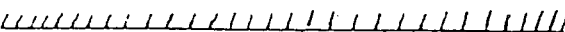
Rock 

North 


Buildings 

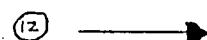
Water wells 

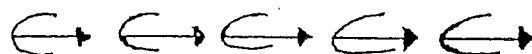
Drill site 

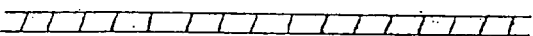
Diversion 

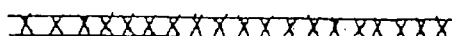
Spring 


Wet Spot 


Drain Pipe with size in inches 

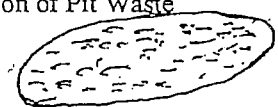
Waterway 

Cross Drain 

Artificial Filter Strip 

Pit: cut walls 

Pit: compacted fill walls 

Area for Land Application of Pit Waste 

Proposed Revegetation Treatment: Acres Disturbed 2.5 Prevegetation pH _____

Lime 3 Tons/acre or to correct to pH 6.5

Fertilizer (10-20-20 or equivalent) 1/3 TON lbs/acre (500 lbs minimum)

Mulch HAY 2 Tons/acre

Seed Mixtures

Seed Type	Area I lbs/acre
KY-31	40
ALSIKE CLOVER	5
ANNUAL RYE	15

Seed Type	Area II lbs/acre
ORCHARD GRASS	15
ALSIKE CLOVER	5

Attach:

Drawing(s) of road, location, pit and proposed area for land application.

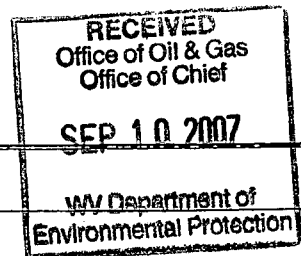
Photocopied section of involved 7.5' topographic sheet.

Plan Approved by: Craig Duckworth

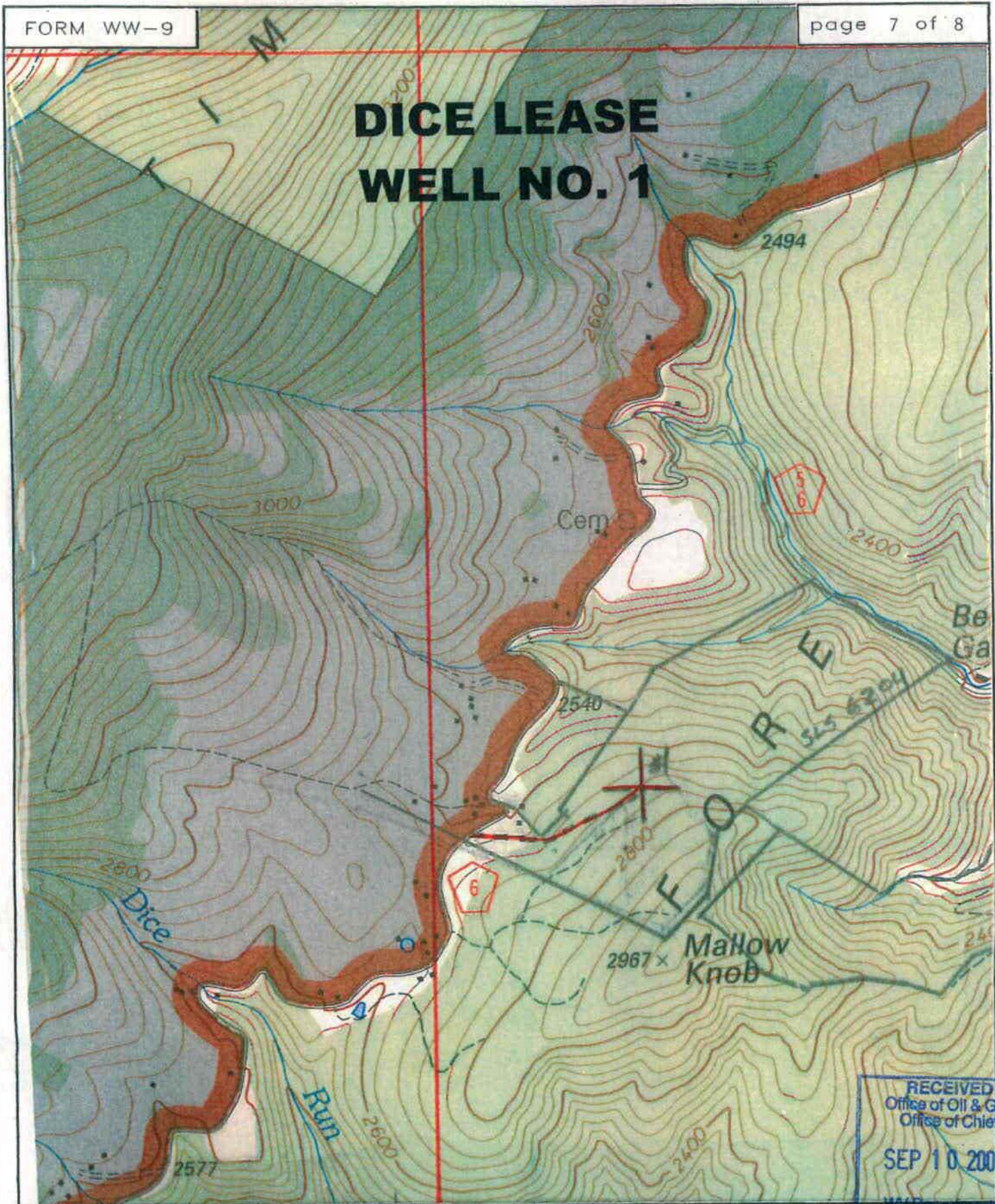
Title: Dil & Gas Inspector

Date: 6-19-07

Field Reviewed? ☒ Yes ☐ No



DICE LEASE WELL NO. 1



RECEIVED
Office of Oil & Gas
Office of Chief

SEP 10 2007

WV Department of
Environmental Protection

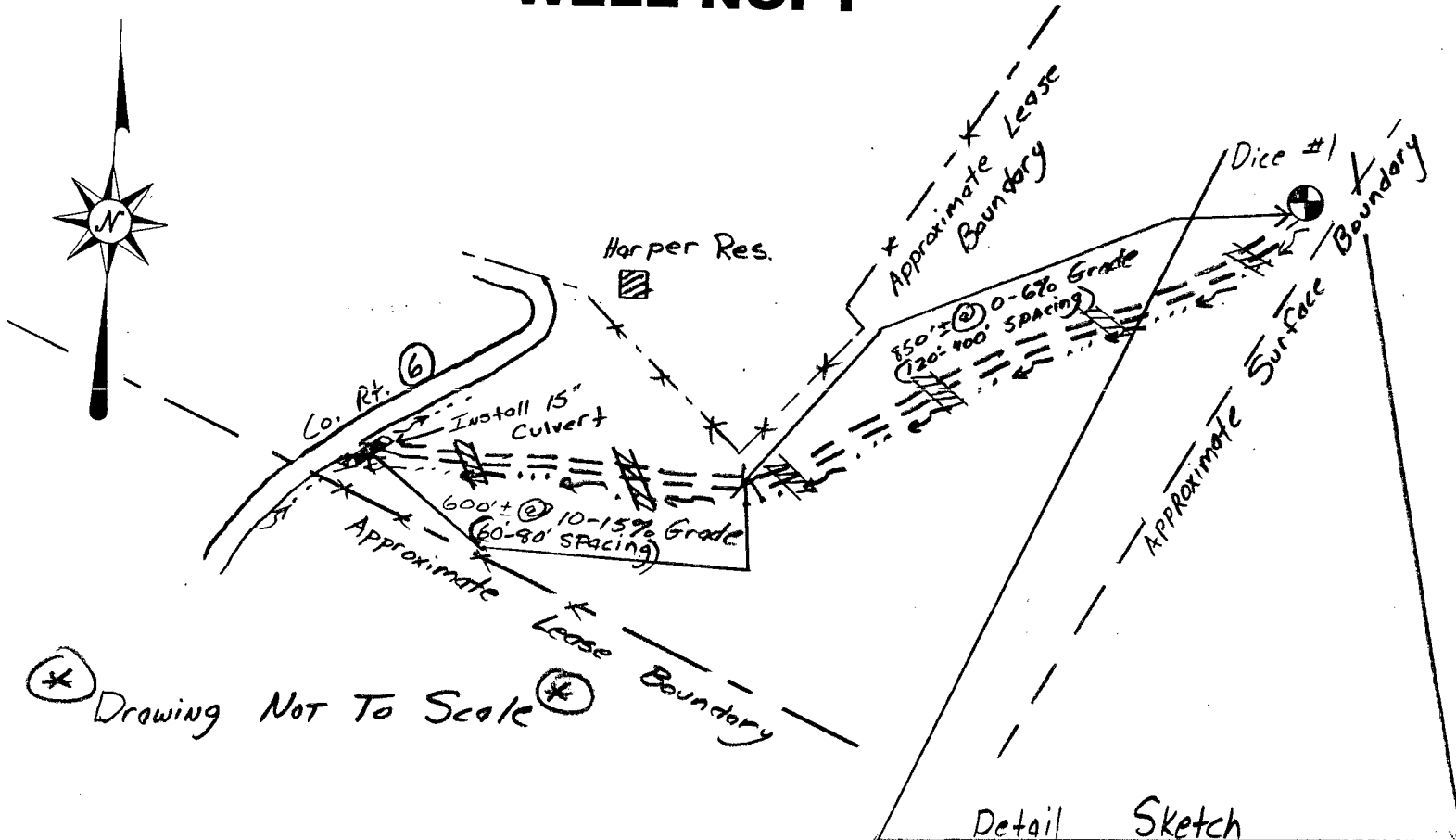
SLS

SMITH LAND SURVEYING
P.O. BOX 150 GLENVILLE, WV. 26351

TOPO SECTION OF ONEGO 7.5'

FILE NO. 6204 DATE 1/5/07 SCALE 1"=1000'

DICE LEASE WELL NO. 1



⊛ Drawing Not To Scale ⊛

ALL ROADS SHOWN HEREON ARE EXISTING UNLESS OTHERWISE NOTED AND SHALL BE MAINTAINED IN ACCORDANCE WITH WV D.E.P. OIL AND GAS BMP MANUAL ENTRANCES AT COUNTY/STATE ROADS SHALL BE MAINTAINED IN ACCORDANCE WITH WV D.O.T. REGULATIONS. SEPARATE PERMITS MAY BE REQUIRED BY THE D.O.T.

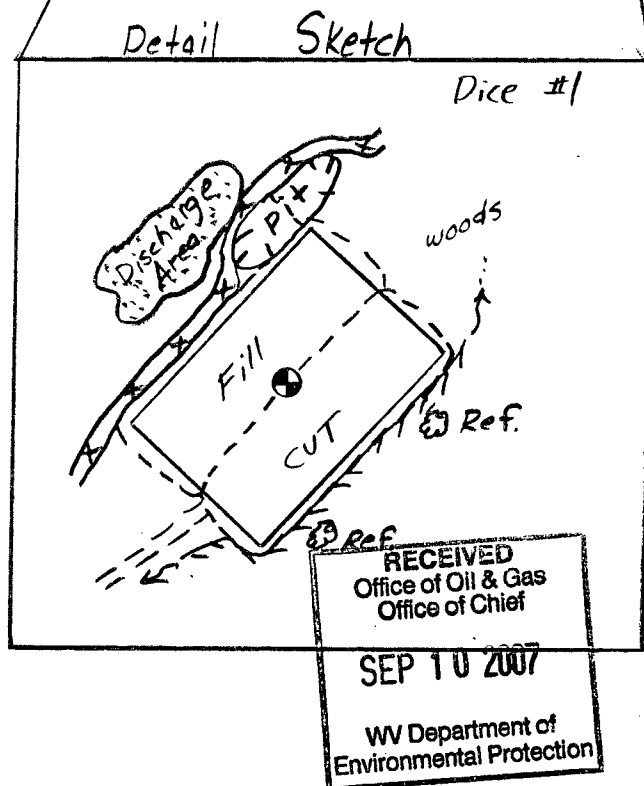
SEDIMENT BASINS (TRAPS) AND APPROPRIATE EROSION CONTROL BARRIERS ARE TO BE CONSTRUCTED AT ALL CULVERT AND CROSS DRAIN INLETS AND OUTLETS AS REQUIRED IN THE WV D.E.P. OIL AND GAS BMP MANUAL. FIELD CONDITIONS (ROCK OUTCROPS AND BEDROCK) MAY PROHIBIT INLET TRAPS BEING INSTALLED. WHEN THESE CONDITIONS EXIST ADDITIONAL EROSION CONTROL MEASURES SHALL BE EVALUATED AND UTILIZED AS NEEDED.

EARTHWORK CONTRACTORS ARE RESPONSIBLE FOR NOTIFICATION TO THE OPERATOR AND INSPECTOR PRIOR TO ANY DEVIATION FROM THIS PLAN.

TEMPORARY SEED & MULCH ALL SLOPES AFTER CONSTRUCTION OF LOCATION.

CUT & STACK ALL MARKETABLE TIMBER.

STACK BRUSH BELOW LOCATION FOR SEDIMENT CONTROL.



RECEIVED
Office of Oil & Gas
Office of Chief

SEP 10 2007

WV Department of
Environmental Protection

CW 6-19-07



SMITH LAND SURVEYING, INC.

P.O. BOX 150, GLENVILLE, WV 26351

Phone (304) 462-5656 or 462-5634

DRAWN BY JRM DATE 1-5-06 FILE NO. 6204

CERTIFICATE OF CONSENT AND EASEMENT

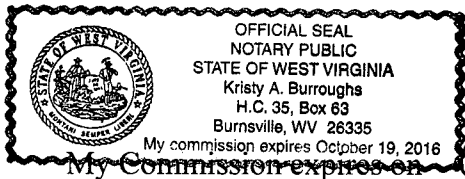
We, the undersigned, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, being all the owners of the surface of that certain lot, tract or parcel of land located on Map 57 parcel 4, 5 and 11 in Union District, Pendleton County, State of West Virginia, shown on the attached plat or survey, do hereby consent and grant an easement, pursuant to West Virginia Code, Section 22C-9-7 (b)(4) and Operating Rule 4.4 of the Rules and Regulations of the West Virginia Oil and Gas Conservation Commission, to Mega Energy, Inc. its successors or assigns, for the drilling and operation of a deep well from the production of oil or gas at the location shown on the attached plat or survey.

Executed this 14 day of June, 2007.

Edith E Mallow, For ROY MALLOW
 Roy Mallow
* Edith E. Mallow
 Edith Mallow

State of West Virginia
 County of Pendleton To-wit

I Kristy A. Burroughs, a Notary Public/Commissioner in and for the aforesaid County and State, so hereby certify that Edith Mallow, whose name(s) is/are signed to the writing above, bearing date on the 14 day of June, 2007, has(ve) this day acknowledged the same before, in my said County and State.

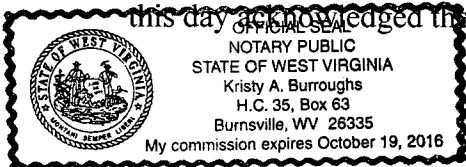


Kristy A. Burroughs
 Notary Public/Commissioner

My Commission expires on Oct. 19, 2016

State of West Virginia
 County of Pendleton To-wit

I Kristy A. Burroughs, a Notary Public/Commissioner in and for the aforesaid County and State, so hereby certify that Roy Mallow, By Edith E. Mallow, whose name(s) is/are signed to the writing above, bearing date on the 14 day of June, 2007, has(ve) this day acknowledged the same before, in my said County and State.



Kristy A. Burroughs
 Notary Public/Commissioner

My Commission expires on Oct. 19, 2016

SURFACE OWNER WAIVER

County

Pendleton

Operator

MegaEnergy Operating

Operator well number

Dice No. 1

INSTRUCTIONS TO SURFACE OWNERS NAMED ON PAGE WW2-A

The well operator named on page WW2A is applying for a permit from the State to do oil or gas well work. (Note: If the surface tract is owned by more than three persons, then these materials were served on you because your name appeared on the Sheriff's tax ticket on the land or because you actually occupy the surface tract. In either case, you may be the only owner who will actually receive these materials.) See Chapter 22 of the West Virginia Code. Well work permits are valid for 24 months. If you do not own any interest in the surface tract, please forward these materials to the true owner immediately if you know who it is. Also, please notify the well operator and the Office of Oil and Gas.

NOTE: YOU ARE NOT REQUIRED TO FILE ANY COMMENT.

WHERE TO FILE COMMENTS AND OBTAIN ADDITIONAL INFORMATION:

Chief, Office of Oil and Gas
Department of Environmental Protection
601 57th St.
Charleston, WV 25304
(304) 926-0452 Extension 1652

OR District Oil and Gas Inspector
(Name and address listed on page WW2-A)

Time Limits and methods for filing comments. The law requires these materials to be served on or before the date the operator files his Application. You have FIFTEEN (15) DAYS after the filing date to file your comments. Comments must be filed in person or received in the mail by the Chief's office by the time stated above. You may call the Chief's office to be sure of the date. Check with your postmaster to ensure adequate delivery time or to arrange special expedited handling. If you have been contacted by the well operator and you have signed a "voluntary statement of no objection" to the planned work described in these materials, then the permit may be issued at any time.

Comments must be in writing. Your comments must include your name, address and telephone number, the well operator's name and well number and the approximate location of the proposed well site including district and county from the application. You may add other documents, such as sketches, maps or photographs to support your comments.

The Chief has the power to deny or condition a well work permit based on comments on the following grounds:

- 1) The proposed well work will constitute a hazard to the safety of persons.
- 2) The soil erosion and sediment control plan is not adequate or effective;
- 3) Damage would occur to publicly owned lands or resources;
- 4) The proposed well work fails to protect fresh water sources or supplies;
- 5) The applicant has committed a substantial violation of a previous permit or a substantial violation of one or more of the rules promulgated under Chapter 22, and has failed to abate or seek review of the violation..."

If you want a copy of the permit as it is issued or a copy of the order denying the permit, you should request a copy from the Chief.

List of Water Testing Laboratories. The Office maintains a list of water testing laboratories which you can hire to test your water to establish water quality prior to and after drilling. Contact the Chief to obtain a copy.

VOLUNTARY STATEMENT OF NO OBJECTION

I hereby state that I have read the instructions to surface owners and that I have received copies of a Notice and Application for a Well Work Permit on Form WW2-A, and attachments consisting of pages 1 through ____ including a work order on Form WW2-B, a survey plat, and a soil and erosion plan, all for proposed well work on my surface land as described therein.

I further state that I have no objection to the planned work described in these materials, and I have no objection to a permit being issued on those materials.

FOR EXECUTION BY A NATURAL PERSON

FOR EXECUTION BY A CORPORATION, ETC.

Edith E. Mallow

Signature

Date 6-14-07

Name
By
Its

Date

Signature

Date



The Senate of West Virginia
Charleston



CLARK S. BARNES
1105 HARRISON AVENUE
ELKINS 26241

Bus: (304) 636-5146

December 29, 2008

Lisa McClung
Deputy Cabinet Secretary, DEP
601 - 57th Street
Charleston, WV 25304

Dear Ms. McClung:

I have enclosed a letter from Mr. Dale Harper of the Seneca Rocks area of Pendleton County regarding information that was to be provided to him relative to the "Dice" Well Site located just a few hundred feet above his residence.

At the time of the drilling operation, I spoke with Mr. Hatfield and Mr. Martin personally voicing the concerns for water quality in the area. They indicated to me that the information requested by Mr. Harper would be provided to him.

Upon my personal inspection of the well site at that time, I found an empty pit with a liner that was ripped and not even properly secured. Mr. Harper was later told that the fluid from the pit was ground applied (further endangering his water supply). I wonder how material from an empty pit could be ground applied. Am I to assume that a pit which allows fluids to escape into the ground is considered ground application?

I found your employees to seem quite sympathetic to my concerns regarding water source and discharge, but their treatment of the adjacent landowner to be rather callous and seemingly unconcerned.

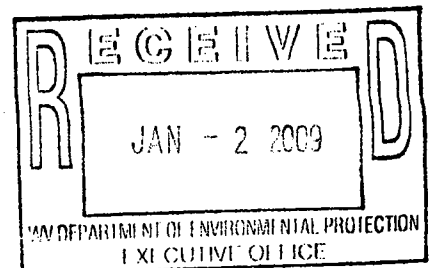
I now join with Mr. Harper in requesting that all information regarding this drilling operation be released to me under the "Freedom of Information Act." This is to include permits, water tests at the site and the required nearby residences, inspection reports, chemical materials list, depth of well, horizontal drilling report, all internal memos, and a report of all meetings, breakfasts, lunches, and dinners which were attended by inspectors, and other DEP personnel with personnel, managers, or owners of any companies or individuals involved in the drilling, supply, or maintenance of this operation and any other pertinent information.

Your anticipated cooperation in this matter is greatly appreciated.

Sincerely,



Clark S. Barnes
Senate Minority Whip



HC78, Box 167

Riverton, WV 26814 9700

Oct. 20, 2008

SENATOR CLARK BARNES

Room 203 W. Bldg. 1

State Capitol Complex

Charleston, WV 25305

Honorable Senator Barnes:

I am Requesting under the Freedom
of Information Act, the following:

A copy of the results from the water
samples taken from my well, at my
house, Thursday August 28, 2008 by
environmentalist Bill Hatfield, who

promised to send me a copy of the test
results, but never has. Also I want a

copy of the Dice Gas Site Drilling
permit including a map of the drilling
operation done vertical and horizontal
and the solutions used in the

drilling operation all at the Dice
gas drilling site. All this information

was promised to be sent to me by
Mr. Bill Hatfield, but he never did.

Sincerely,

Dale L. Harper

All pit fluids banded
Vertical Well
no discharge

MEMORANDUM

To: Randy Huffman, DEP Cabinet Secretary

From: James Martin, OOG Chief

Date: September 5, 2008

Subject: September 2, 2008 Fax from Delegate Michael

I provide the following information regarding the OOG's response to Mr. Dale Harper's complaint which is the subject of Delegate Michael's fax:

June 16, 2008	Mr. Harper files complaint through the spill line of black sludge and white foam potentially coming from a drilling site.
June 18, 2008	Inspectors Hatfield and Duckworth visit the site to investigate complaint. No black sludge/foam was found. Hatfield tried to contact Mr. Harper but was unsuccessful. He later discovered that he had the wrong phone number.
July 2, 2008	Hatfield and Duckworth made a follow-up inspection and again found no contamination/black sludge or foam problems.
August 1, 2008	Hatfield met with Mr. Harper for a couple of hours. Mr. Harper did not identify any problems or show Hatfield the black sludge or foam. Mr. Harper did indicate that while he had not observed any problems with his well water, he would like to have it re-tested.
August 20, 2008	Hatfield and Duckworth visited the site. No black sludge or foam was discovered. No evidence of pit leakage was observed.
August 28, 2008	Hatfield, OOG Inspector Jenkins, and DAQ Inspector Richard Poling met with Mr. Harper and inspected the wellsite. No environmental problems were observed and Mr. Harper did not identify any problems. Hatfield did take a water sample from Mr. Harper's water well. Mr. Harper has a softener on his well and says it is not in use. An iron residue was observed on the floor of Mr. Harper's well house.

A few other notes:

Hatfield does not recall witnessing the pit liner being partially down, as alleged, but he doesn't specifically recall that it wasn't down. He states that the pit had approximately 6 or 7 feet of freeboard during his inspections.

While the company would be permitted to land apply the drilling fluids under the conditions of the Water Pollution Control General Permit, the company has indicated that they will likely haul the fluids to a disposal facility.

The subject well, API # 47-071-00021, was permitted by MegaEnergy Operating, Inc. as a deep well. The proposed target formation listed in the application is the Oriskany Sandstone.



RELiance LABORATORIES, INC.

BENEDUM INDUSTRIAL PARK ROAD
POST OFFICE BOX 4857
BRIDGEPORT, WV 26330-4857

VOICE: 304-842-6285 FAX: 304-842-5351

E-MAIL: <reliance@wvdel.net>

ENVIRONMENTAL
ANALYSIS AND
CONSULTANTS

REDGEFIELD BUSINESS CENTER
25 CRIMSON CIRCLE
MARTINSBURG, WV 25403

VOICE: 304-626-2084

FAX: 304-686-2086

SMITH LAND SURVEYING, INC.

P.O. BOX 150

GLENVILLE

WV 26351

Monday, February 04, 2008

RECEIVED FEB 05 2008

Lab Number 110672-2008-DW Sample ID 6204/HARPER/DICE 1

Parameter	Value	Units	Method	Date/Time Analyzed	Analyst	PCL	MCL
Total Aluminum	ND	mg/l	EPA 200.7	1/30/2008 11:27	T. Henshaw	0.04	[0.05]
Total Barium	0.08	mg/l	EPA 280.7	1/30/2008 11:27	T. Henshaw	0.05	2.0
Total Iron	0.06	mg/l	EPA 200.7	1/30/2008 11:27	T. Henshaw	0.01	[0.3]
Total Alkalinity	126	mg/l	SM 2320B	1/25/2008 11:50	A. Ash	2.81	
Turbidity	0.4	N.T.U.	EPA 800.1	1/16/2008 9:35	T. Miller	0.22	
E. coli (Chromogenic)	Absent		SM 9223B	1/15/2008 10:58	C. Parker		
Total Coliform (Chromogenic)	Absent		SM 9223B	1/15/2008 10:58	C. Parker		
Total Chloride	1.24	mg/l	EPA 300.6	1/31/2008 22:27	A. Ash	0.15	[250]
Total Manganese	0.33	mg/l	EPA 280.7	1/30/2008 11:27	T. Henshaw	0.01	[0.05]
Total Organic Carbon	ND	mg/l	SM 5310C	1/31/2008 11:30	A. Ash	2	
pH	7.37	S.U.	SM 4500H+B	1/21/2008 14:50	T. Henshaw		
Total Dissolved Solids	178	mg/l	SM 2540C	1/17/2008 9:45	T. Miller	10	[500]
Total Surfactant	ND	mg/l	SM 5540C	1/16/2008 8:20	T. Miller	0.2	[0.5]

Remarks:

Date Sample Collected 1/14/2008 12:35

Sample Submitted By B STEWART

Date Sample Received 1/15/2008

MCL - Minimum Detectable Limit

MCL - Maximum Contaminant Level, USEPA Regulated

Drinking Water Reports are maintained by the Laboratory for a period of five years from the date of analysis.

* Method Code: STANDARD METHODS 18TH ED; US EPA METHODS FOR THE CHEMICAL ANALYSIS OF WATER AND WASTES, Rev. 83; US EPA METHODS FOR THE DETERMINATION OF METALS IN ENVIRONMENTAL SAMPLES, May 1994; TEST METHODS FOR EVALUATING SOLID WASTE, SW-846, 3rd Edition

NOTE: This sample meets standards set for Total Coliform and E. Coli by the State of West Virginia, 60-2-10, Code of State Regulations, adopted July 1, 2002 by the Bureau For Public Health. Sample analyzed by Certified Laboratory W0264034 and #034034.

NOTE: ND or Not Detected indicates that the analytical value obtained is below the practical quantifiable limit (PQL) which is equivalent to the lowest standard utilized in preparation of the method calibration curve

REPORT REVIEWED BY: 



SMITH LAND SURVEYING, INC.

P.O. BOX 153, GLENVILLE, WV 26031

(304) 452-0034 • FAX (304) 452-0030

WATER WELL SAMPLING REPORT

JOB# 6204
SITE# 1

RESIDENT/DWELLING INFORMATION

NAME: Dele L. Harter
ADDRESS: HC 78 Box 167
Raverton WV 26049-100
OWNER RENTER
PHONE #: 304-567-2168

CLIENT/COMPANY: _____
WELL NO: _____
LOCATION: _____

TYPE OF WELL: DRILLED 4 DUG _____
DEPTH OF WELL: 133
DEPTH OF CASING: _____ TYPE OF CASING: _____ TYPE OF PUMP: _____
DATE WELL WAS DRILLED: _____
DOES OWNER/OCCUPANT HAVE ADDITIONAL WATER SOURCE: YES _____ NO _____
(DESCRIBE) _____

HISTORY OF WELL/LOW FLOW TIMES/CLEAN OF WATER ETC. _____

PRESENT CONDITION OF WATER:

IRON STAINS IN SINK _____ BAD SMELL _____ BAD TASTE _____

REASON FOR SAMPLING: PRE-DRILL X POST-DRILL _____
DATE OF 1st SAMPLE _____

WATER SAMPLE COLLECTION POINT:

KITCHEN SINK X BATHROOM SINK _____ OUTSIDE SPIGOT _____
BAILED FROM WELL _____ OTHER _____

DATE SAMPLE COLLECTED: 1-14-08 SAMPLE COLLECTED BY: _____
12:35

THE INFORMATION AND DATES CONTAINED ON THIS SHEET ARE TRUE TO THE
BEST OF MY KNOWLEDGE.
SIGNATURE OF RESIDENT OR OWNER: _____

WATERSAMPLEFIELDREPORT01



DATA INFORMATION SHEET FOR WATER WELL SAMPLING

NOTE: This Information Will Be Passed On To The Person Gathering Water Samples!

Date 5/31/07 Client Mega File # 6204

Crew Chief: Justin Meadows 2nd Field Technician _____

Lease Name: Dice Well No. 1

County Pendleton Number of possible samples to be taken 2

Topo Onego
Have you made any contact with surface owners?
(If yes, who and list/describe below)

Yes ☐ No ☒

Did you check the entire radius?
(If No, specify below)

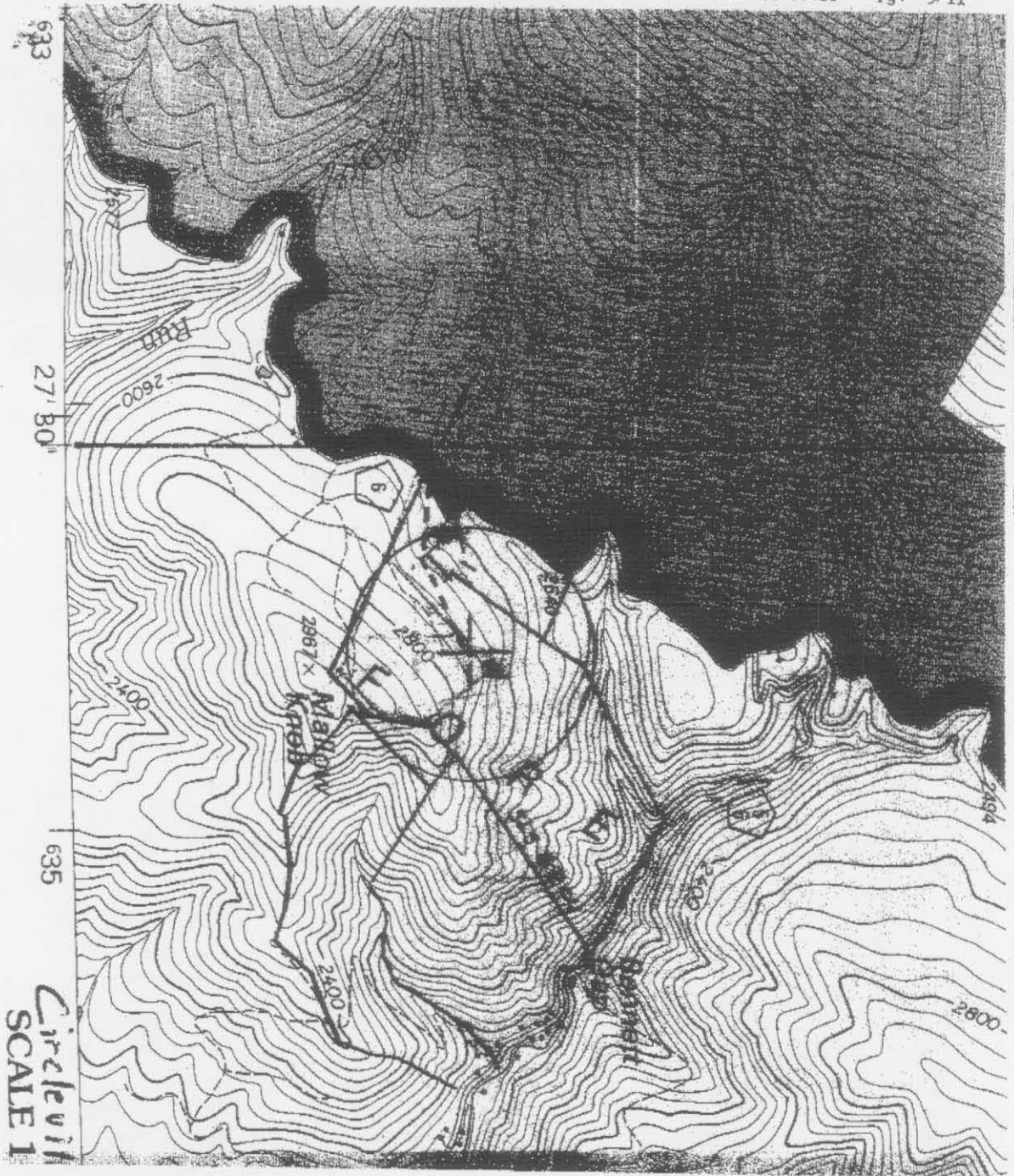
Yes ☒ No ☐

Have you spotted all sample sites on a topo?
(Attach copy)

Yes ☒ No ☐

Please note any distinguishable landmarks that might help locate sample sites such as: types of structure, color, road junctions, etc. Please be as specific as time will allow.

1000' A+C



RECEIVED FEB 05 2009

Reliance Laboratories, Inc.
Sample Collection Procedure and Chain of Custody
Water Supply Sampling

1. Samples should be grab samples and should be taken from a cold water tap where drinking water tap where drinking water or water for human consumption is normally obtained.
2. Sample bottles should be handled aseptically to prevent contamination of samples. Do not touch the inside of the bottles or caps. Do not allow fingers to touch the faucet.
3. Open the cold water tap and allow water to run evenly for three to five minutes in order to equilibrate system. Generally, the water temperature will stabilize indicating complete equilibration.
4. Fill all containers completely allowing no air space to remain.

Microbiological/Bacteriological Samples Only

Collect at least 100 ml of sample (to the mark on the sample container). Allow one (1) inch of air space in the sample container. Water taps selected for sampling must be free of purification devices. THE SAMPLE CONTAINER IS STERILE. THE PILL INCLUDED IN THE CONTAINER REMOVES CHLORINE RESIDUAL. Samples should be analyzed within 30 hrs of collection (HPC 8 hrs). Samples should remain < or = 10 degrees C during shipment.

5. Close bottles tightly. Write name, date, time of sampling, and area where sample was taken on the bottle and on the Chain-of-Custody form. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ON THE CHAIN-OF-CUSTODY FORM. THIS FORM MUST BE COMPLETED USING INDELEBIL INK.
6. Carefully pack all sample containers when shipping to the laboratory.
7. Ship/deliver: Reliance Laboratories, Inc. Bonanza Industrial Park P.O. Box 4657

Bridgeport, West Virginia 26330

CAUTION: Some sample bottles contain stabilizing reagents which are corrosive and should be handled carefully. If reagents come in contact with skin, flush with water.

Firm: Smith Land Surveying Contact: Ben Stewart
Address: Box 150
Clonville WV 26361
Telephone (304) 442-5639 Fax (304) 442-5636
Public Water System (PWS) I.D. # _____
Describe Sample Location: 6209/Harpur/Green 1
Sample Date: 1-14-08 Sample Time: 11:35
Collected By: Ben Stewart Sample Witnessed By: _____
Date Received at Lab: 1-15-08 Sample Temp: 41
Received By: BT Shipper/Tracking #: _____
Proper Preservatives: _____ Proper Containers Used: _____
Holding Times Observed: _____ Disinfectant Residual: _____
Results Authorized By: _____ Date: 2-4-08

110672



RELIANCE LABORATORIES, INC.

BENEDUM INDUSTRIAL PARK
ROAD POST OFFICE BOX 4657
BRIDGEPORT, WV 26330-4657

VOICE: 304-842-5285 FAX: 304-842-5351

E-MAIL <reliance@wvdsi.net>

ENVIRONMENTAL ANALYSTS AND CONSULTANTS

RIDGEFIELD BUSINESS CENTER
25 CRIMSON CIRCLE
MARTINSBURG, WV 25403

VOICE: 304-596-2084

FAX: 304-596-2086

SMITH LAND SURVEYING, INC.

Tuesday, August 26, 2008

P.O. BOX 150

GLENVILLE

WV 26351

Lab Number 119980-2008-DW Sample ID 6204/HARPER/DICE 1

Parameter	Value	Units	Method	Date/Time Analyzed	Analyst	PQL	MCL
Total Aluminum	ND	mg/l	EPA 200.7	8/26/2008 13:32	T.Hanshaw	0.04 [0.05]	
Total Barium	0.09	mg/l	EPA 200.7	8/26/2008 13:32	T.Hanshaw	0.05 2.0	
Total Iron	1.44	mg/l	EPA 200.7	8/26/2008 13:32	T.Hanshaw	0.01 [0.3]	
Total Alkalinity	129	mg/l	SM2320B	8/22/2008 13:00	M.Coffman	2.81	
Turbidity	10	N.T.U.	EPA 180.1	8/21/2008 15:20	P.Rogers	0.22	
E. coli (Chromogenic)	Absent		SM9223B	8/21/2008 15:10	A.Seitz		
Total Coliform (Chromogenic)	Absent		SM9223B	8/21/2008 15:10	A.Seitz		
Total Chloride	3.32	mg/l	EPA 300.0	8/26/2008 15:05	T. Miller	0.15 [250]	
Total Manganese	0.29	mg/l	EPA 200.7	8/26/2008 13:32	T.Hanshaw	0.01 [0.05]	
Total Organic Carbon	ND	mg/l	SM5310C	8/22/2008 14:30	A.Seitz	0.1	
pH	7.55	S.U.	SM4500H+B	8/22/2008 13:00	M.Coffman		
Total Dissolved Solids	338	mg/l	SM 2540C	8/22/2008 13:00	L.Lanham	10 [500]	
Total Surfactant	ND	mg/l	SM5540C	8/21/2008 15:30	P.Rogers	0.2 [0.5]	

ATTN:

Gene Smith

This is the results for
Dice #1, Dale Harper.

Samples taken on
8-21-08

Remarks:

Date Sample Collected	8/21/2008	10:45	PRELIMINARY REP
Sample Submitted By	M SHIPLET		
Date Sample Received:	8/21/2008	14:07	
MDL - Minimum Detectable Limit		PQL - Practical Quantifiable Limit	
MCL - Maximum Contaminant Level, USEPA Regulated		[MCL] = Maximum Contaminant Level, Non-Regulated	

Drinking Water Reports are maintained by the Laboratory for a period of five years from the date of analysis.

* Method Code: STANDARD METHODS 18TH ED; US EPA METHODS FOR THE CHEMICAL ANALYSIS OF WATER AND WASTES, Rev. 83; US EPA METHODS FOR THE DETERMINATION OF METALS IN ENVIRONMENTAL SAMPLES, May 1984; TEST METHODS FOR EVALUATING SOLID WASTE, SW-846, 3rd Edition

NOTE: This sample meets standards set for Total Coliform and E. Coli by the State of West Virginia, 64-3-10. Code of State Regulations, adopted July 1, 2002 by the Bureau For Public Health. Sample analyzed by Certified Laboratory #00354CM and #00443M.

NOTE: ND or Not Detected indicates that the analytical value obtained is below the practical quantifiable limit (PQL) which is equivalent to the lowest standard utilized in preparation of the method calibration curve



COMPANY: WVDEP / CHARLESTON

DATE/TIME SAMPLED:* 08-28-08 0945

SAMPLE I.D.:

DATE/TIME RECEIVED: 08-28-08 1325

SAMPLED BY: BILL HATFIELD

Sample taken at water well

SAMPLE ID	pH units	Hot Acid mg/l CaCO ₃	Min Acid mg/l CaCO ₃	Alk mg/l CaCO ₃	Fe ppm	Mn ppm	TSS ppm	Cond umhos	SO ₄ ppm	MBAS ppm	Cl- ppm	TOC ppm
DALE HARPER	7.0	<1	0	137	1.43	.27	2	279	17	<.01	1.4	1.8

RECEIVED
Office of Oil & Gas
SEP 10 2008

* Client provided ☒ Compliant ☐ Non-compliant

Approved _____

J. Hoops
WV Department of
Environmental Protection

MICROBIOLOGY

COMPANY: WVDEP / CHARLESTON

DATE & TIME SAMPLED:* SEE BELOW

SAMPLED BY: BILL HATFIELD

DATE & TIME RECEIVED: 08-28-08 1325

ANALYST: JMS

DATE & TIME ANALYZED: 08-28-08 1343

METHOD: 3

CHEMISTRY: Yes ☒ No ☐

For Multiple
Samples Only

SAMPLE ID	TOTAL COLIFORM P/A	E. COLI PA	* DATE/TIME SAMPLED	LOG NO.
DALE HARPER	ABSENT	ABSENT	08-28-08 0945	CHAR 080828-1

Method of Analysis from "Standard Methods for the Examination of Water and Wastewater," 19th Ed., 1995

- 1 – MPN – Method 9221C, pg. 9-48
- 2 – MF Method 9222B, pg. 9-54
- 3 – "Colilert" – mmo-mug – Method 9223, pg. 9-64.

* Client provided

☒ Compliant ☐ Non-Compliant (see attached)

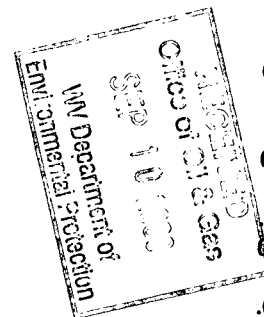
J. Hoops
Approved

Sturm Environmental Services

JOHN W. STURM, PRESIDENT

COMPANY: WVDEP / CHARLESTON

PARAMETER	DATE ANALYZED	INITIALS OF ANALYST	METHOD	DETECTION LIMITS (mg/l)
pH	8-29-08	mm	SM19th 4500 H B	0.1
Hot Acid	J	mm	SM19th 2310 B (4a)	1
Mineral Acid	8-29-08	mm	SM 2310, Tritrametric	1
Alkalinity	9-4-08	AL	SM19th 2320 B	1
Iron	9-4-08	AL	EPA 200.7 Rev 4.4-1994	.05
Dissolved Iron	9-4-08	AL	EPA 200.7 Rev 4.4-1994	.05
Manganese	8/29/08	W	EPA 200.7 Rev 4.4-1994	.01
TSS - Total Suspended Solids	8-29-08	W	SM19th 2540 D	1
TDS - Total Dissolved Solids	8-29-08	W	SM19th 2540 C	1
Conductivity	8-29-08	W	EPA 120.1 Rev-1982	I umhos
Sulfate	9-3-08	TES	EPA 300.0 Rev 2.1-1993	1
Aluminum	9-3-08	AL	EPA 200.7 Rev 4.4-1994	0.05
Dissolved Aluminum	9-3-08	AL	EPA 200.7 Rev 4.4-1994	0.05
Calcium			EPA 200.7 Rev 4.4-1994	0.01
Magnesium			EPA 200.7 Rev 4.4-1994	0.01
Hardness (calc)			EPA 200.7 Rev 4.4-1994	0.01
Chloride	9-3-08	TES	EPA 200.7 Rev 4.4-1994	1
NH ₃ N			EPA 300.0 Rev 2.1-1993	1.0
Settleable Solids			SM19th 4500NH ₃ B + SM19th 4500 NH ₃ C	0.06
Phenol			SM 19th 2540 F	.1 ml/l
Turbidity			EOA 420.2 1983	.01
Oil & Grease			SM19th 2130 B	0.01
Ferrous Iron			EPA 1664A Gravimetric Extraction	3.0
Ferric Iron			SM 3500 Colorimetric	.05
BOD			Calculation	.05
COD			SM19th 5210B	1.0
TOC	9-2-08	sub	HCAH 8000	2.0
MBAS	8-29-08	sub	SM19th 5310B	1.0
TKN			SM19th 5540C	.01
TPO ₄			SM19th 4500 N org + SM19th 4500 NH ₃ E	.10
Selenium (furnace)			SM19th 4500P B.5 + SM19th 4500 P E	.01
Sulfide			EPA 200.9	.0006 mg/l
Nitrate			SM19th 4500 S2 F	.50
Nitrite			EPA 300.0 Rev 2.1-1993	.01
Bromide			EPA 300.0 Rev 2.1-1993	.01
Fluoride			EPA 300.0 Rev 2.1-1993	.01
Nitrate-Nitrite			EPA 300.0 Rev 2.1-1993	.01
Hexavalent Chromium			EPA 300.0 Rev 2.1-1993	.01
Cyanide			SM19th 3500 - CrD	.01
Ortho-Phosphate			EPA 335.4 Rev 1.0-1993	0.005
Antimony			SM19th 4500P E	.01
Arsenic			SM19th 3113 B	.005
Barium			SM19th 3113 B	0.001
Beryllium (furnace)			EPA 200.7 Rev 4.4-1994	0.10
Beryllium			SM19th 3113 B	.0005
Boron			EPA 200.7 Rev 4.4-1994	.0005
Cadmium (furnace)			EPA 200.7 Rev 4.4-1994	.10
Cadmium			SM19th 3113 B	.0005
Chromium (furnace)			EPA 200.7 Rev 4.4-1994	.005
			SM19th 3113 B	.001



EPA-United States Environmental Protection Agency, "Method for the Chemical Analysis of Water and Waste," EPA 600/4-79-020, March 1979.
SM-Standard Methods for the Examination of Water and Wastewater, 18th Edition.

MAIN OFFICE—POST OFFICE BOX 650 • BRIDGEPORT, WEST VIRGINIA 26330 • (304) 623-6549
CHARLESTON BRANCH—POST OFFICE BOX 8337 • SOUTH CHARLESTON, WEST VIRGINIA 25303-0337 • (304) 744-9864

.STURM ENVIRONMENTAL SERVICES
P.O. BOX 650 BRIDGEPORT, WV 26330
(304) 623-6549
FAX: (304) 623-6552

STURM ENVIRONMENTAL SERVICES CHAIN OF CUSTODY RECORD

CHARLESTON OFFICE
321 4TH AVENUE P.O. BOX 8337
SO CHARLESTON, WV 25303
(304) 744-9864

CLIENT: WV DEP
ADDRESS:
CITY / STATE / ZIP: Charleston WV
BILL TO:

CONTACT: Gene Smith
TELEPHONE / FAX: 304-926-0499 #1652
E-MAIL: _____
SAMPLER: Bill Hatfield

[illegible]

RECEIVED
Office of Oil & Gas
SEP 10 1992
U.S. Department of
Environmental Protection

Relinquished by: ~~Bill Hatfield~~ Date/Time _____ Received by: _____ Date/Time _____

Relinquished by: Bill Hatfield Date/Time 8/28/08^{13:25} Received by: J. Hurst Date/Time 8-28-08 1325

Relinquished by: _____ Date/Time _____ Received by: _____ Date/Time _____

Temp upon arrival: _____ Turn around time: Reg. _____ Rush _____ (fees will be charged) Non-conformance sheet attached _____

Sample Chlorinated: _____ SES pickup collection _____ Hand Delivered ☒ Courier _____ Sample on ice: Y or N _____

Preservative Codes: 0 – no preservative, 1- HCL, 2- HNO₃, 3-H₂SO₄, 4-Na₂S₂O₃, 5-NaOH, 6-other

Sturm Environmental Services

COMPANY: WVDEP / OFFICE OF OIL & GAS

DATE/TIME SAMPLED:* 03-11-09 1100

SAMPLE I.D.:

DATE/TIME RECEIVED: 03-11-09 1537

SAMPLED BY:

SAMPLE ID	pH units	Hot Acid mg/l CaCO ₃	Min Acid mg/l CaCO ₃	Alk mg/l CaCO ₃	Fe ppm	Mn ppm	TSS ppm	Cond umhos	SO ₄ ppm	MBAS ppm	Cl- ppm	TOC ppm
HARPER / DICE 1	6.9	<1	0	138	2.20	.33	1	233	17	<.01	<1.0	1.0

* Client provided ☒ Compliant ☐ Non-compliant

Approved D. Berrett

MAIN OFFICE—POST OFFICE BOX 650 • BRIDGEPORT, WEST VIRGINIA 26330 • (304) 623-6549
CHARLESTON BRANCH—POST OFFICE BOX 8337 • SOUTH CHARLESTON, WEST VIRGINIA 25303-0337 • (304) 744-9864

APR-01-2009 09:49 From: STURM ENVIRONMENTAL 304 623 6552 10:3049260452 P.2/3

Sturm Environmental Services

JOHN W STURM, PRESIDENT

MICROBIOLOGY

COMPANY: WVDEP / OFFICE OF OIL & GAS

DATE & TIME SAMPLED: * SEE BELOW

SAMPLED BY:

DATE & TIME RECEIVED: 03-11-09 1537

ANALYST: JMS / AR

DATE & TIME ANALYZED: 03-11-09 1546

METHOD: 3

CHEMISTRY: Yes ☒ No ☐

For Multiple
Samples Only

SAMPLE ID	TOTAL COLIFORM P/A		E. COLI PA		DATE/TIME SAMPLED	LOG NO.
HARPER / DICE 1	PRESENT		ABSENT		03-11-09 1100	DEP 090311-1

Method of Analysis from "Standard Methods for the Examination of Water and Wastewater," 19th Ed., 1995

1 - MPN - Method 9221C, pg. 9-48

2 - MF Method 9222B, pg. 9-54

3 - "Colilert" - mmo-mug - Method 9223, pg. 9-64.

* Client provided

☒ Compliant ☐ Non-Compliant (see attached)


Approved

Operator: MEGAENERGY OPERATING, INC.
API: 7100021
WELL No: DICE 1
Reviewed by: Chris Date: 9/18/07
Due Date: 9/26

CHECKLIST FOR FILING A PERMIT

New Well
Deep Well

- ☒ WW-2B
- ☒ Inspector signature on WW-2B
- ☒ WW-2A (Notarized)
- ☒ Certified Mail Receipts, Waivers, or Affidavits of Personal Service
- ☒ Surface Owner Waiver
- ☒ Coal Owner / Lessee / Operator Waiver None Listed
- ☒ Surface owner consent and easement.
- ☒ WW-2A-1 Showing Book/Page number and Royalty Percentage
- ☒ WW-2B-1 (Names, addresses, and spot on topographical map listed as water testing) Received 9/19
- ☒ WW-9 (Page 1 & 2) (Notarized)
- ☒ Inspector Signature on WW-9
- ☒ Reclamation Plan
- ☒ Topographic Map of location of well
- ☒ Mylar Plat (Surface owner on plat matches WW-2A)
 - ☒ Well is at least 400 feet from the nearest lease boundary.
 - ☒ Well is at least 3000 feet from the nearest offset deep well.
- ☒ Bond
- ☒ Company is Registered with the SOS
- ☒ Worker's Compensation / Unemployment Insurance account is OK
- ☒ \$900.00 Check (\$800.00 if no pit)

called
9/18

pd.
950.

WR-35
Rev (5-01)

DATE:
API #:47-71-00021

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

Well Operator's Report of Well Work

Farm name: Mallow, Roy & Edith Operator Well No.: Dice #1

LOCATION: Elevation: 2739 ft ASL Quadrangle: Onego

District: Union County: Pendleton
Latitude: 11,880 Feet South of 38 Deg. 45 Min. 32.3 Sec.
Longitude 9,840 Feet West of 79 Deg. 27 Min. 04.5 Sec.

Company: MegaEnergy Operating, Inc.

	Casing & Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
Address: 7374 S. Alton Way, Suite 201	20"	30'	30'	35 sks
Centennial, CO 80112	13-3/8" 48#	199'	184'	156 sks
Agent: Paul E. Smith	9-5/8" 36#	2205'	2190'	550 sks
Inspector: Craig Duckworth	4-1/2" 11.6#	8062'	8047'	550 sks
Date Permit Issued: 9/20/2007				
Date Well Work Commenced: 5/7/2008				
Date Well Work Completed: 9/3/2008				
Verbal Plugging:				
Date Permission granted on:				
Rotary X Cable Rtg UDI #51				
Total Depth (feet): 8560				
Fresh Water Depth (ft.): 412				
Salt Water Depth (ft.): none				
Is coal being mined in area (N/Y)? N				
Coal Depths (ft.):				

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Office of Oil & Gas

JAN 2 2009

WV Department of
Environmental Protection

OPEN FLOW DATA

Producing formation Oriskany Sandstone Pay zone depth (ft) 7676'-7850'
Gas: Initial open flow 618 MCF/d Oil: Initial open flow Bbl/d
Final open flow 590 MCF/d Final open flow Bbl/d
Time of open flow between initial and final tests 15 Hours
Static rock Pressure 2250 psig (surface pressure) after one month

Second producing 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

NOTE: ON BACK OF THIS FORM 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 ALL FORMATIONS, INCLUDING COAL ENCOUNTERED BY THE WELLBORE.

Signed:

By: J.S. Hornsby

Date: 10/15/2008

JAN 23 2009

PEN 0021

Dice #1: 47-071-00021

Operator: MegaEnergy Operating, Inc.
County: Pendleton, West Virginia

KB Elevation: 2779'
GL Elevation: 2739'

T/Benson: 2580'
T/Alexander: 2900'
T/Brallier: 5572'
T/Sycamore: 5895'
T/Harrel: 6950'
T/Tully: 7100'
T/Mahantango: 7146'
T/U. Marcellus: 7334'
T/Purcell: 7380'
T/L. Marcellus: 7458'
T/Onondaga: 7500'
T/Needmore: 7538'
T/Oriskany: 7674'
T/Helderberg: 7878'
T/Mandata: 8086'
T/Corrigansville: 8112'
T/Tonoloway: 8378'

Oriskany Sandstone Completion

8/29/2008: Perforated w/ 3-3/8" HC 3 SPF, 120° phased 7846'-50', 7790'-94', 7756'-60', 7676'-86' BDP-3255 psig, 2.3 bpm @3300 psig. Vol-19.4 bbls. acid vol-300 gal ISIP-2760, ISIP5-2270, Open @400 psig. Flowback 4.1 bbls fluid.

9/03/2008: Pump 60 bbls Fe Acid-displace w/120 bbls water. Drop 150 balls w/60 bbls acid. Little ball action. Average rate 46.4 bpm, avg. pressure 4814 psig, sand vol-185,404 lbs, ISIP 3667, ISIP5-3229, ISIP10-3081, ISIP15-2987, Clean fluid vol-2416 bbls. Open well at 2750 psig. Flowback well through 2/64 choke. Recovered 1500 bbls. Gas Show.

10/08/2008: 9:00 AM SITP @ 2250#. Flow @296/d for 1 hr then @ 10:00 AM flowed @618/d with 2000# FTP. At 12:00 PM started bringing ¾" stream of fluid with 500# FTP. Flowing @ 590/d at 3:00 AM on 10/9/2008 with FTP @ 200# with 1 ½" stream of fluid.

20" conductor
@ 30'. Cmt'd w/35 sx
Class A to surface.
24" Hole

13-3/8" 48# H-40 csg
@ 184'. Cmt'd w/156 sx
Class A to surface.
17-1/2" Hole

9-5/8" 36# J-55 csg
@ 2190'. Cmt'd w/550 sx
Class A to surface.
12-1/4" Hole

TOC @ 5500' est.

PBTD @ 8047'

TD @ 8560'

4-1/2" 11.6# USS-80 csg
@ 8062' KB Cmt'd w/550 sx
8-3/4" Hole