

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

API 47 - 085 - 10006 County Ritchie District Union
 Quad Pullman 7.5' Pad Name Ness Pad Field/Pool Name ---
 Farm name Ness, Ashley E., Jr. Well Number Ireland Unit 2H
 Operator (as registered with the OOG) Antero Resources Corporation
 Address 1615 Wynkoop Street City Denver State CO Zip 80202

As Drilled location NAD 83/UTM Attach an as-drilled plat, profile view, and deviation survey
 Top hole Northing 4338470m Easting 508543m
 Landing Point of Curve Northing _____ Easting _____
 Bottom Hole Northing _____ Easting _____

Elevation (ft) 1076' GL Type of Well New Existing Type of Report Interim Final
 Permit Type Deviated Horizontal Horizontal 6A Vertical Depth Type Deep Shallow
 Type of Operation Convert Deepen Drill Plug Back Redrilling Rework Stimulate
 Well Type Brine Disposal CBM Gas Oil Secondary Recovery Solution Mining Storage Other _____
 Type of Completion Single Multiple Fluids Produced Brine Gas NGL Oil Other _____
 Drilled with Cable Rotary

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

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Date permit issued 11/16/2012 Date drilling commenced 4/15/2013 Date drilling ceased WV Department of Environmental Protection
 Date completion activities began N/A Date completion activities ceased _____
 Verbal plugging (Y/N) N/A Date permission granted N/A Granted by N/A

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

Freshwater depth(s) ft _____ Open mine(s) (Y/N) depths _____ No
 Salt water depth(s) ft _____ Void(s) encountered (Y/N) depths _____ No
 Coal depth(s) ft _____ Cavern(s) encountered (Y/N) depths _____ No
 Is coal being mined in area (Y/N) No

Reviewed by: _____

WR-35
Rev. 8/23/13

API 47-085 - 10006

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Well number Ireland Unit 2H

| CASING STRINGS | Hole Size | Casing Size | Depth | New or Used | Grade wt/ft | Basket Depth(s) | Did cement circulate (Y/ N) * Provide details below* |
|---------------------------|-----------|-------------|-------|-------------|-------------|-----------------|---------------------------------------------------------|
| Conductor | 24" | 20" | 40' | New | 94# H-40 | N/A | Y |
| Surface | | | | | | | |
| Coal | | | | | | | |
| Intermediate 1 | | | | | | | |
| Intermediate 2 | | | | | | | |
| Intermediate 3 | | | | | | | |
| Production | | | | | | | |
| Tubing | | | | | | | |
| Packer type and depth set | | N/A | | | | | |

Comment Details _____

| CEMENT DATA | Class/Type of Cement | Number of Sacks | Slurry wt (ppg) | Yield (ft ³ /sks) | Volume (ft ³) | Cement Top (MD) | WOC (hrs) |
|----------------|----------------------|-----------------|-----------------|------------------------------|---------------------------|-----------------|-----------|
| Conductor | Class A | 203 sx | 15.1 | 1.18 | 38 | 0' | 8 Hrs. |
| Surface | | | | | | | |
| Coal | | | | | | | |
| Intermediate 1 | | | | | | | |
| Intermediate 2 | | | | | | | |
| Intermediate 3 | | | | | | | |
| Production | | | | | | | |
| Tubing | | | | | | | |

Drillers TD (ft) 40' Loggers TD (ft) _____
 Deepest formation penetrated _____ Plug back to (ft) N/A
 Plug back procedure N/A

Kick off depth (ft) _____

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

** This is a subsequent well. Antero only runs wireline logs on one well on a multi-well pad (Rufus Unit 1H API# 47-085-10046). Please reference the wireline logs submitted with Form WR-35 for the Rufus Unit 1H). A Cement Bond Log was included with this submittal.

Well cored Yes No Conventional Sidewall Were cuttings collected Yes No

DESCRIBE THE CENTRALIZER PLACEMENT USED FOR EACH CASING STRING _____

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WAS WELL COMPLETED AS SHOT HOLE Yes No DETAILS _____

WAS WELL COMPLETED OPEN HOLE? Yes No DETAILS _____

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

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PERFORATION RECORD

| Stage No. | Perforation date | Perforated from MD ft. | Perforated to MD ft. | Number of Perforations | Formation(s) |
|-----------|------------------|------------------------|----------------------|------------------------|--------------|
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*** PLEASE SEE EXHIBIT 1**

Please insert additional pages as applicable.

STIMULATION INFORMATION PER STAGE

Complete a separate record for each stimulation stage.

| Stage No. | Stimulations Date | Ave Pump Rate (BPM) | Ave Treatment Pressure (PSI) | Max Breakdown Pressure (PSI) | ISIP (PSI) | Amount of Proppant (lbs) | Amount of Water (bbls) | Amount of Nitrogen/other (units) |
|-----------|-------------------|---------------------|------------------------------|------------------------------|------------|--------------------------|------------------------|----------------------------------|
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*** PLEASE SEE EXHIBIT 2**

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| PRODUCING FORMATION(S) | DEPTHS | |
|------------------------|--------|----|
| | TVD | MD |
| | | |
| | | |
| | | |

Please insert additional pages as applicable.

GAS TEST Build up Drawdown Open Flow OIL TEST Flow Pump

SHUT-IN PRESSURE Surface _____ psi Bottom Hole _____ psi DURATION OF TEST _____ hrs

OPEN FLOW Gas _____ mcfpd Oil _____ bpd NGL _____ bpd Water _____ bpd
GAS MEASURED BY Estimated Orifice Pilot

| LITHOLOGY/ FORMATION | TOP | BOTTOM | TOP | BOTTOM | DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FLUID (FRESHWATER, BRINE, OIL, GAS, H ₂ S, ETC) |
|-------------------------------|-------------------------|--------------------|-------------------|-------------------|------------------------------------------------------------------------------------------------------------------|
| | DEPTH IN FT NAME TVD | DEPTH IN FT TVD | DEPTH IN FT MD | DEPTH IN FT MD | |
| | 0 | | 0 | | |
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| * PLEASE SEE EXHIBIT 3 | | | | | |
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Please insert additional pages as applicable.

Drilling Contractor Patterson - UTI Drilling Company LLC
Address 207 Carlton Drive City Eight Four State PA Zip 15330

Logging Company _____
Address _____ City _____ State _____ Zip _____

Cementing Company Allied Oil & Gas Services, LLC
Address 1036 East Main St. City Bridgeport State WV Zip 26330

Stimulating Company _____
Address _____ City _____ State _____ Zip _____

Please insert additional pages as applicable.

Completed by Mallory Turco Telephone 303-357-7182
Signature Title Permitting Manager Date 1/19/23