

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

DATE: 12/10/12
APP No: 47-001-030301
Lease No: 70642; 70667; 071053; 70640
001-03239

Farm Name: MCCAULEY, RANDALL & JUDY Operator Well No. PHL13FHS (407548)

LOCATION: Elevation: 1520' Quadrangle: Philippi

District: Pleasant County: Barbour

Latitude: 11,872 Feet South of: 39 Deg. 15 Min. 00 Sec.
Longitude: 3,679 Feet West of: 80 Deg. 00 Min. 00 Sec.

Company: CNX Gas Company LLC

	Casing and Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
Address: P.O. Box 1248 Jane Lew, WV 26378				
Agent: Kent Wright				
Inspector: Bryan Harris				
Date Permit Issued: 06/17/2011				
Date Well Work Commenced: 11/30/2011	20"	40'	40'	Grouted in
Date Well Work Completed: 12/15/2011				
Verbal Plugging:	13 3/8"	659.4'	659.4'	600 sks
Date Permission granted on:				
Rotary Cable Rig X	9 5/8"	2002.45'	2002.45'	625 sks
Total Vertical Depth (feet): 4400'				
Total Measured Depth (feet):				
Fresh Water Depth (ft.): 1045'				
Salt Water Depth (ft.): N/A				
Is coal being mined in area (N/Y)? No				
Coal Depths (ft.): 190', 230', 310'				
Void(s) encountered (N/Y) Depth(s)				

OPEN FLOW DATA 12/15/2011 - VERTICAL AND HORIZONTAL DRILLING IN COMPLETE. PLAN ON RECONVENING THE VERTICAL AND HORIZONTAL DRILLING IN
Office of Oil & Gas

DEC 10 2012

Producing formation _____ Pay zone depth (ft) _____
Gas: Initial open flow _____ MCF/d _____ Bbl/d
Final open flow _____ MCF/d _____ Bbl/d
Time of open flow between initial and final tests _____ 12 Hours
Static Rock Pressure _____ psig (surface pressure) after 12 Hours

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

*** COMMINGLED WITH PREVIOUS FORMATIONS**

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.

Signature

Date

