

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

API 47 - 035 - 00487 County Jackson District Ravenswood
Quad Sandyville Pad Name _____ Field/Pool Name Ripley Storage
Farm name Aylers, Arthur Well Number 7295
Operator (as registered with the OOG) Columbia Gas Transmission, LLC
Address 1700 MacCorkle Ave SE City Charleston State WV Zip 25325-1273

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

Elevation (ft) 669 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) _____

RECEIVED
Office of Oil and Gas
NOV 10 2015

Date permit issued 6/2/15 Date drilling commenced _____ Date drilling ceased _____
Date stim activities began 10/7/15 Date stim activities ceased 10/28/15
Verbal plugging (Y/N) _____ Date permission granted _____ Granted by _____

WV Department of
Environmental Protection

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 _____
Salt water depth(s) ft _____ Void(s) encountered (Y/N) depths _____
Coal depth(s) ft _____ Cavern(s) encountered (Y/N) depths _____
Is coal being mined in area (Y/N) _____

APPROVED
NAME: _____
DATE: 1-10-2017
02/03/2017

API 47-035 - 00487

Farm name Aylers, Arthur

Well number 7295

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							
Surface							
Coal							
Intermediate 1							
Intermediate 2							
Intermediate 3							
Production							
Tubing							
Packer type and depth set							

Comment Details No existing casing was altered and no additional casing installed during permitted well work.

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							
Surface							
Coal							
Intermediate 1							
Intermediate 2							
Intermediate 3							
Production							
Tubing							

Drillers TD (ft) _____ Loggers TD (ft) _____

Deepest formation penetrated _____ Plug back to (ft) _____

Plug back procedure _____

* No casing cemented during permitted well work.

Kick off depth (ft) _____

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

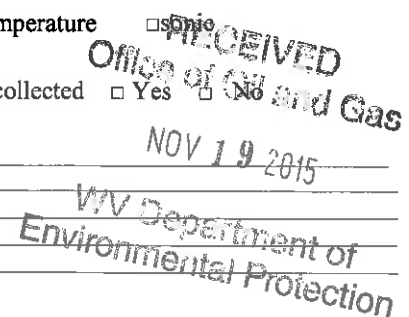
Well cored Yes No Conventional Sidewall Were cuttings collected Yes No

DESCRIBE THE CENTRALIZER PLACEMENT USED FOR EACH CASING STRING _____

WAS WELL COMPLETED AS SHOT HOLE Yes No DETAILS _____

WAS WELL COMPLETED OPEN HOLE? Yes No DETAILS uncemented perforated tailpipe below packer (existing completion)

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



API 47-035-00487

Farm name Aylers, Arthur

Well number 7295

PERFORATION RECORD

Stage No.	Perforation date	Perforated from MD ft.	Perforated to MD ft.	Number of Perforations	Formation(s)

Please insert additional pages as applicable.

STIMULATION INFORMATION PER STAGE

Complete a separate record for each stimulation stage.

Stage No.	Stimulations Date	Ave Pump Rate (BPM)	Ave Treatment Pressure (PSI)	Max Breakdown Pressure (PSI)	ISIP (PSI)	Amount of Proppant (lbs)	Amount of Water (bbls)	Amount of Nitrogen/other (units)
1	10/27/15	16	3600	rolled over	4050	25200	401	200 N2 (MMS) 10 acid (bbls)

RECEIVED
Office of Oil and Gas
NOV 19 2015
WV Department of Environmental Protection

Please insert additional pages as applicable.

API 47- 035 - 00487 Farm name Aylers, Arthur Well number 7295

<u>PRODUCING FORMATION(S)</u>	<u>DEPTHS</u>		
<u>Oriskany (storage)</u>	<u>TVD</u>	<u>4854 - 71</u>	<u>MD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please insert additional pages as applicable.

GAS TEST Build up Drawdown Open Flow OIL TEST Flow Pump

SHUT-IN PRESSURE Surface 1600 psi Bottom Hole _____ psi DURATION OF TEST 1 hrs

OPEN FLOW Gas 53,000 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	
	<u>0</u>		<u>0</u>		

Please insert additional pages as applicable.

Drilling Contractor _____
Address _____ City _____ State _____ Zip _____

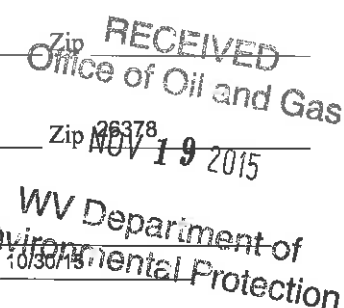
Logging Company _____
Address _____ City _____ State _____ Zip _____

Cementing Company _____
Address _____ City _____ State _____ Zip _____

Stimulating Company C&J Energy Services
Address 528 Industrial Park Rd City Jane Lew State WV Zip 26378

Please insert additional pages as applicable.

Completed by Jim Amos Telephone 304-483-0773
Signature  Title Senior Engineer Date 10/30/15



Ripley 7295 (API 035-00487)

Work Performed

Cleaned/jetted well using coil tubing. Washed across perforated interval with foamed treated fresh water and 300 gals HCl acid. Fracture stimulated. Flowed well to recover fluids.

RECEIVED
Office of Oil and Gas
NOV 19 2015
WV Department of
Environmental Protection

02/03/2017

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

Company Name: Columbia Gas Transmission, LLC
API No: 47-035-00487 County: Jackson
District: Ravenswood Well No: 7295
Farm Name: Aylers, Arthur
Discharge Date/s From:(MMDDYY) N/A To: (MMDDYY) N/A
Discharge Times. From: N/A To: N/A
Total Volume to be Disposed from this facility (gallons): 14910
Disposal Option(s) Utilized (write volumes in gallons):

- (1) Land Application: _____ (Include a topographical map of the Area.)
- (2) UIC: 14910 Permit No. 34-105-23619 & 34-105-22739
- (3) Offsite Disposal: _____ Site Location: _____
- (4) Reuse: _____ Alternate Permit Number: _____
- (5) Centralized Facility: _____ Permit No. _____
- (6) Other method: _____ (Include an explanation)

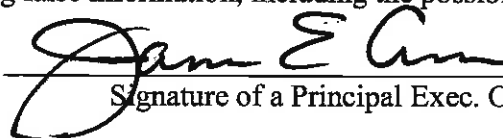
Follow Instructions below to determine your treatment category:

- 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 the 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, go to line 6
If not, enter a three (3) in line 7.
 6. Is the DO level greater than 2.5 mg/l?(Y/N) _____ If yes, 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.
 8. Comments on Pit condition: _____

Name of Principal Exec. Officer: James E Amos
Title of Officer: Senior Well Services Engineer
Date Completed: 11/17/15

RECEIVED
Office of Oil and Gas

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.

NOV 19 2015
Department of Environmental Protection
02/03/2017

Category 1
Sampling Results

API No : _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	5	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl	5,000	_____	5,000	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
Total Al***		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Disposal Area		_____	Monitor	_____	Acres

*** Al is only reported if the pH is above 9.0

Category 2
Sampling Results

API No : _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	10	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
Total Al***		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Disposal Area		_____	Monitor	_____	Acres

* Can be 25,000 with inspector's approval,

(Inspector's signature): _____

** Include a description of your aeration technique.

*** Al is only reported if the pH is above 9.0

Date: _____
Aeration Code: _____

RECEIVED
Office of Oil and Gas
Nov 19 2015

WV Department of
Environmental Protection

Category 3
Sampling Results

API No : _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	20	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
Total Al***		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Disposal Area		_____	Monitor	_____	Acres

* Can be 25,000 with inspector's approval,

(Inspector's signature): _____

Date: _____

** Include a description of your aeration technique.

Aeration Code: _____

*** Al is only reported if the pH is above 9.0.

Category 4
Sampling Results

API No: _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	1	_____	N/A	N/A	Days
Fe	Monitor	_____	Monitor	_____	mg/l
D.O.	Monitor	_____	Monitor	_____	mg/l
Settleable Sol.	Monitor	_____	Monitor	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal/min
Flow		_____	Monitor	_____	Gal/min
Activated Carbon (0.175)		_____	N/A	N/A	lb/Bt
Date Site Reclaimed	N/A	N/A			10 days from dis.
Disposal Area		_____	Monitor	_____	Acres

* Can be 25,000 with inspector's approval,

(Inspector's signature): _____

Date: _____

RECEIVED
Office of Oil and Gas
NOV 19 2015
10 days from dis.
WV Department of Environmental Protection

02/03/2017



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

Earl Ray Tomblin, Governor
Randy C. Hufiman, Cabinet Secretary
www.dep.wv.gov

June 02, 2015

WELL WORK PERMIT
Re-Work

This permit, API Well Number: 47-3500487, issued to COLUMBIA GAS TRANSMISSION, L.L.C. 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 completion of permitted well work, 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.

In addition to the applicable requirements of this permit, and the statutes and rules governing oil and gas activity in WV, this permit may contain specific conditions which must be followed. Permit conditions are attached to this cover letter.

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: 7295
Farm Name: AYLERS, ARTHUR
API Well Number: 47-3500487
Permit Type: Re-Work
Date Issued: 06/02/2015

RECEIVED
Office of Oil and Gas

NOV 19 2015

WV Department of
Environmental Protection

Promoting a healthy environment.

02/03/2017