

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

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OCT 05 2022

WV Department of
Environmental Protection

API 47-035-00495 County Jackson District Ravenswood
Quad Sandyville, WV Pad Name Ripley Field/Pool Name Ripley
Farm name Stone & Heatherington Well Number 7297
Operator (as registered with the OOG) Columbia Gas Transmission LLC
Address 1700 MacCorkle Ave SE City Charleston State WV Zip 25314

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 Not applicable Easting _____
Bottom Hole Northing _____ Easting _____

Elevation (ft) 604.4 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)
Not applicable. Job scope was to repair a 4-1/2" x 7" shallow casing leak by drilling rathole, running and cementing an inner 2-3/8" tubing.
Due to downhole failure while pumping cement job, inadvertently cemented string on inside. Pulled all free tubing, found TOC at 935'.
Plan forward is to submit for a plug and abandonment permit, plug well to surface.

Date permit issued 07/07/2022 Date drilling commenced N/A Date drilling ceased N/A
Date completion activities began N/A Date completion activities ceased N/A
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 None reported by driller when drilled Open mine(s) (Y/N) depths N
Salt water depth(s) ft None reported by driller when drilled Void(s) encountered (Y/N) depths N
Coal depth(s) ft None reported by driller when drilled Cavern(s) encountered (Y/N) depths N
Is coal being mined in area (Y/N) N

Reviewed by:

02/21/2025

API 47- 035 - 00495 Farm name Stone & Heatherington Well number 7297

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 _____

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 _____

Kick off depth (ft) N/A

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 N/A

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WAS WELL COMPLETED AS SHOT HOLE Yes No DETAILS N/A

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WAS WELL COMPLETED OPEN HOLE? Yes No DETAILS N/A

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)
	N/A				

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)
	N/A							

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Please insert additional pages as applicable.

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<u>PRODUCING FORMATION(S)</u>	<u>DEPTHS</u>	
	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	DEPTH IN FT	DEPTH IN FT	DEPTH IN FT	
	NAME	TVD	MD	MD	
	0		0		


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Please insert additional pages as applicable.

Drilling Contractor Next LVL
 Address 736 W Ingomar Rd, Units 268 City Ingomar State PA Zip 15127-6613
 Logging Company _____
 Address _____ City _____ State _____ Zip _____
 Cementing Company Next LVL
 Address 736 W Ingomar Rd, Units 268 City Ingomar State PA Zip 15127-6613
 Stimulating Company _____
 Address _____ City _____ State _____ Zip _____

Please insert additional pages as applicable.

Completed by Maria Medvedeva Telephone 304-410-4313
 Signature *Maria Medvedeva* Title Senior Wells Engineer STS Date 10/03/2022

Submittal of Hydraulic Fracturing Chemical Disclosure Information Attach copy of FRACFOCUS Registry


Columbia Gas Transmission, LLC

1700 MacCorkle Ave., SE, Charleston, WV, USA 25314



October 3, 2022

WV DEP – Office of Oil & Gas
601 57th Street, SE
Charleston, WV 25304-2345

Enclosed is the Well Operator's Report of well Work for the following Columbia Gas Transmission existing storage well:

Ripley 7297 (035-00495)

If you have questions, feel free to call.

Regards,

A handwritten signature in black ink, appearing to read "Maria Medvedeva", written over a light blue horizontal line.

Maria Medvedeva
Senior Wells Engineer
Well Engineering & Technology
Columbia Gas Transmission, LLC
Off: 304-357-2445
Mob: 304-410-4313
maria_medvedeva@tcenergy.com

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