

WR-35
Rev (9-11)

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

DATE: 7-30-19
API #: 035-03029

Farm name: Aplin-Duvall Operator Well No.: 351

LOCATION: Elevation: 992 Quadrangle: Rockport

District: Grant County: Jackson
Latitude: _____ Feet South of _____ Deg. _____ Min. _____ Sec. UTM-N-4,317,457.8
Longitude _____ Feet West of _____ Deg. _____ Min. _____ Sec. UTM-E-447,819.7

Company:

Address:	Casing & Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
P.O. Box 27 Sandyville, WV 25275	13 3/8"		42	8 Sacks
Agent:				
Inspector: Joe Taylor	9 5/8"		550	CTS
Date Permit Issued: <u>5-20-19</u>				
Date Well Work Commenced: <u>7-16-19</u>				
Date Well Work Completed: <u>7-29-19 Stopped</u>				
Verbal Plugging: <u>7-29-19</u>				
Date Permission granted on: <u>7-29-19</u>				
Rotary <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rig <input type="checkbox"/>				
Total Vertical Depth (ft): <u>2374'</u>				
Total Measured Depth (ft): <u>2362</u>				
Fresh Water Depth (ft.): <u>830</u>				
Salt Water Depth (ft.): <u>-----</u>				
Is coal being mined in area (N/Y)? <u>No</u>				
Coal Depths (ft.): <u>N/A</u>				
Void(s) encountered (N/Y) Depth(s) <u>-----</u>				

OPEN FLOW DATA (If more than two producing formations please include additional data on separate sheet)

Producing formation _____ Pay zone depth (ft) _____

Gas: Initial open flow N/A MCF/d Oil: Initial open flow N/A Bbl/d

Final open flow N/A MCF/d Final open flow N/A Bbl/d

Time of open flow between initial and final tests N/A Hours

Static rock Pressure N/A psig (surface pressure) after N/A Hours

Second producing formation _____ Pay zone depth (ft) _____

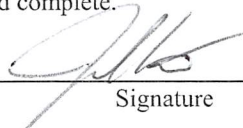
Gas: Initial open flow _____ MCF/d Oil: Initial open flow _____ Bbl/d

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

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

8-1-19
Date

