

WR-35
Rev (8-10)

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

DATE: 8/22/11
API #: 47-077-00157 W

Farm name: Mattingly, Thomas Operator Well No.: 7529

LOCATION: Elevation: 2243 Quadrangle: Aurora

District: Union County: Preston
Latitude: 6410 Feet South of 39 Deg. 22 Min. 30 Sec.
Longitude 4550 Feet West of 79 Deg. 35 Min. 00 Sec.

Company:

Address:	Casing & Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
Columbia Gas Transmission, LLC 1700 MacCorkle Ave SE Charleston, WV 25325	13-3/8	33	33	25 sks
Agent: Paul Amick	9-5/8	2055	2055	600
Inspector: Sam Ward	7	5689	5689	220
Date Permit Issued: <u>8/9/11</u>				
Date Well Work Commenced: <u>8/16/11</u>				
Date Well Work Completed: <u>8/19/11</u>				
Verbal Plugging: <u>NA</u>				
Date Permission granted on:				
Rotary Cable Rig <u>NA</u>				
Total Vertical Depth (ft):				
Total Measured Depth (ft): <u>5820 (existing)</u>				
Fresh Water Depth (ft.): <u>none reported</u>				
Salt Water Depth (ft.): <u>none reported</u>				
Is coal being mined in area (N/Y)? <u>N</u>				
Coal Depths (ft.): <u>none reported</u>				
Void(s) encountered (N/Y) Depth(s) <u>N</u>				

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

Producing formation Chert Pay zone depth (ft) 5895 - 5820

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

Final open flow 4000 MCF/d Final open flow 0 Bbl/d

Time of open flow between initial and final tests _____ Hours

Static rock Pressure 1998 psig (surface pressure) after 24 Hours

Second producing formation _____ Pay zone depth (ft) _____

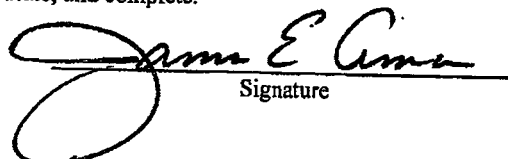
Gas: Initial open flow _____ MCF/d Oil: Initial open flow _____ Bbl/d

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

8/22/11
Date

