

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 #: 47-077-00158 W

Farm name: Novak, Jaroslav Operator Well No.: 7528

LOCATION: Elevation: 2554 Quadrangle: Aurora

District: Union County: Preston
Latitude: 4500 Feet South of 39 Deg. 22 Min. 30 Sec.
Longitude 3550 Feet West of 79 Deg. 36 Min. 00 Sec.

Company:

Address:	Casing & Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
Columbia Gas Transmission, LLC 1700 MacCorde Ave SE Charleston, WV 25325	13-3/8	28	28	18 sks
Agent: Paul Amick	9-5/8	2287	2287	660
Inspector: Sam Ward	7	5780	5780	220
Date Permit Issued: <u>8/9/11</u>				
Date Well Work Commenced: <u>8/16/11</u>				
Date Well Work Completed: <u>8/21/11</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>6107 (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>				

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

Producing formation Oriskany Pay zone depth (ft) 5938 - 6074
Gas: Initial open flow NA MCF/d Oil: Initial open flow NA Bbl/d
Final open flow 9700 MCF/d Final open flow 0 Bbl/d
Time of open flow between initial and final tests _____ Hours
Static rock Pressure 1950 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

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Environmental Protection

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

Were core samples taken? Yes _____ No NA

Were cuttings caught during drilling? Yes _____ No NA

Were N Electrical, N Mechanical, N or Geophysical logs recorded on this well?
Y/N Y/N Y/N

NOTE: IN THE AREA BELOW PUT THE FOLLOWING: 1). DETAILS OF PERFORATED INTERVALS, FRACTURING OR STIMULATING, PHYSICAL CHANGE, ETC. 2). THE WELL LOG WHICH IS A SYSTEMATIC DETAILED GEOLOGICAL RECORD OF THE TOPS AND BOTTOMS OF ALL FORMATIONS, INCLUDING COAL ENCOUNTERED BY THE WELLBORE FROM SURFACE TO TOTAL DEPTH.

Perforated Intervals, Fracturing, or Stimulating:

Acid stimulated (65 bbls HCl acid, 225 bbls water, 135 MSCF nitrogen, ATP = 2136 psig. avg BH rate = 2.5 BPM)

Formations Encountered: _____ Top Depth _____ / _____ Bottom Depth
Surface: _____

Not applicable - stimulation - no additional footage drilled.
