

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

API 47-087-04018W County Roane District Curtis
Quad Penie /0538 Pad Name _____ Field/Pool Name _____
Farm name Monk Well Number #1
Operator (as registered with the OOG) Longhorn Hydrocarbons LLC
Address 3152 Parkway City Pigeon Forge State TN Zip 37863

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) 710 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)

Date permit issued 07/06/2010 Date drilling commenced NA Date drilling ceased NA
Date completion activities began 07/05/2010 Date completion activities ceased 07/11/2010
Verbal plugging (Y/N) NA Date permission granted NA Granted by NA

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) _____

Received
Office of Oil & Gas
OCT 22 2014

Reviewed by: _____

10/24/2014

WR-35
Rev. 8/23/13

API 47- _____ Farm name _____ Well number _____

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		4"	800'	New	j55 10.5 lbs		Yes
Tubing							
Packer type and depth set							

Comment Details Inserted 800' of 4" casing, cts, attempted gas gun stimulation 920', result was not good, no apparent stimulation.

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	Class A					0'	8
Tubing							

Drillers TD (ft) _____ Loggers TD (ft) _____
 Deepest formation penetrated _____ Plug back to (ft) _____
 Plug back procedure _____

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 _____

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

API 47- 087 - 04018 Farm name Monk Well number #1

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)

Please insert additional pages as applicable.

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PRODUCING FORMATION(S)	DEPTHS	
	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 NAME TVD	DEPTH IN FT TVD	DEPTH IN FT MD	DEPTH IN FT MD	
	0		0		
<i>Existing well, see original completion report.</i>					

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 _____
Address _____ City _____ State _____ Zip _____

Please insert additional pages as applicable.

Completed by Eric Moser Telephone 865-287-6108
Signature _____ Title Managing Partner Date Oct 27, 2014

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