

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

Farm Name: Rose, Marion A. Operator Well No.: L'Engle #72 Frac

LOCATION: Elevation: 2058 Quadrangle: Little Birch
District: Holly County: Braxton
Latitude: 450 feet South of 38 DEG. 32 MIN. 30 SEC.
Longitude: 4,200 feet West of 80 DEG. 40 MIN. 00 SEC.

Company:

	Casing & Tubing Size	Used in Drilling	Left In Well	Cement Fill Up Cu. Ft.
Linn Operating LLC				
Address: PO Box 1008 Jane Lew, WV 26378	13 3/8"	30'	30'	
Agent: Gary Beall Inspector: Craig Duckworth	9 5/8"	442'	442'	192 sks
Date Permit Issued: 4/8/2008				
Date Well Work Commenced: 4/24/2008	7"	1425'	1425'	177 sks
Date Well Work Completed: 4/30/2008				
Verbal Plugging:	2 3/8"	30'	30'	
Date Permission granted on: <input checked="" type="checkbox"/> Rotary Cable Rig	Attempted to clean hole out and run 4 1/2" casing and fracture well between 4/24/08 to 4/30/08. Unable to run casing due to poor hole quality. Well was not fractured.			
Total Vertical Depth (ft): 2074'				
Total Measured Dept NA				
Fresh Water Depth (ft.): 77'				
Salt Water Depth (ft.): NA				
Is coal being mined in area (N/Y) ? No				
Coal Depths (ft): 300'-302'				
Void(s) encountered (N/Y) Depth(s) NA				

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

Producing Formation No new producing zones 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

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

4-19-13

Date

7-02443F

Stage	Formation	Depth & No. of Shots	Treatment Detail
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This well was not re-fractured, due to poor hole quality.

FORMATION	TOP	BOTTOM	REMARKS
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No change.