

WR-35
Rev (8-10)

Date April 18, 2013
API # 47 007 - 02225F

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

Farm Name: Margaret B. L'Engle Operator Well No.: L'Engle #10

LOCATION: Elevation: 1936' Quadrangle: Little Birch
District: Holly County: Braxton
Latitude: 14,960 feet South of 38 DEG. 35 MIN. 00 SEC.
Longitude: 2,880 feet West of 80 DEG. 40 MIN. 00 SEC.

Company:

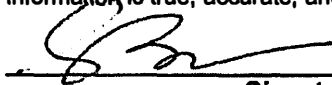
Linn Operating LLC		Casing & Tubing Size	Used in Drilling	Left In Well	Cement Fill Up Cu. Ft.
Address: PO Box 1008		9 5/8"	310.70'	310.70'	183 sks
Jane Lew, WV 26378					
Agent: Gary Beall		7"	1461.00'	1461.00'	242 sks
Inspector: Craig Duckworth					
Date Permit Issued: 9/17/2007		Attempted to clean hole out and run 4 1/2" casing and fracture well on 2/28/08. Unable to run casing due to poor hole quality. Well was not fractured.			
Date Well Work Commenced: 2/28/2008					
Date Well Work Completed: 2/28/2008					
Verbal Plugging:					
Date Permission granted on:					
X Rotary Cable Rig					
Total Vertical Depth (ft): 1774'					
Total Measured Dept NA					
Fresh Water Depth (ft.): 25'					
Salt Water Depth (ft.): 645'					
Is coal being mined in area (N/Y) ? N					
Coal Depths (ft): 83', 100', 174', 231', 620'					
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

7-02225F

Stage	Formation	Depth & No. of Shots	Treatment Detail
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This well was not re-fractured.

FORMATION	TOP	BOTTOM	REMARKS
No Change			