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13.04574

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

API _47_-_013_-_04574_   County _Calhoun_   District _Washington_

Quad _Chloe_   Pad Name _N/A_   Field/Pool Name _N/A_

Farm name _Conley, Robert_   Well Number _Conley #1_

Operator (as registered with the OOG) _Reserve Oil and Gas, Inc._

Address _929 Charleston Road_   City _Spencer_   State _WV_   Zip _25276_

As Drilled location   NAD 83/UTM   Attach an as-drilled plat, profile view, and deviation survey

          Top hole   Northing _610,225_   Easting _1,935,417_

          Landing Point of Curve   Northing _____   Easting _____

          Bottom Hole   Northing _____   Easting _____

Elevation (ft) _854_ 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 _N/A_ Fluids Produced ☐Brine ☐Gas ☐NGL ☐Oil ☐Other _____ _N/A_

Drilled with   ☐Cable   ☒Rotary

Drilling Media   Surface hole ☒Air ☐Mud ☐Fresh Water   Intermediate hole ☐Air ☐Mud ☐Fresh Water ☐Brine _N/A_

Production hole ☐Air ☐Mud ☐Fresh Water ☐Brine _N/A_

Mud Type(s) and Additive(s)

_N/A_

Date permit issued _2/17/2006_ Date drilling commenced _1/17/2007_   Date drilling ceased _1/18/2007_

Date completion activities began _N/A_   Date completion activities ceased _N/A_

Verbal plugging (Y/N) _N/A_   Date permission granted _N/A_   Granted by _N/A_

Please note: Operator is required to submit a plugging application within 5 days of verbal permission to plug

Freshwater depth(s) ft _N/A_   Open mine(s) (Y/N) depths _N/A_

Salt water depth(s) ft _N/A_   Void(s) encountered (Y/N) depths _N/A_

Coal depth(s) ft _N/A_   Cavern(s) encountered (Y/N) depths _N/A_

Is coal being mined in area (Y/N) _No_

Reviewed by:

_____ 10/25/2013

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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	17½	13 ⅜	33	new	48.0	none	Cement by hand to surface
Surface	N/A						
Coal							
Intermediate 1	N/A						
Intermediate 2							
Intermediate 3							
Production	N/A						
Tubing							
Packer type and depth set							

Comment Details _____

CEMENT DATA	Class/Type of Cement	Number of Sacks	Slurry wt (ppg)	Yield (ft³/sks)	Volume (ft³)	Cement Top (MD)	WOC (hrs)
Conductor	Class A	25	N/A	N/A	N/A	GL	8
Surface	N/A						
Coal							
Intermediate 1	N/A						
Intermediate 2							
Intermediate 3							
Production	N/A						
Tubing							

Drillers TD (ft) 285   Loggers TD (ft) N/A

Deepest formation penetrated sand w/ shale   Plug back to (ft) GL

Plug back procedure plugged well to surface

Kick off depth (ft)_____

Check all wireline logs run   □ caliper   □ density   □ deviated/directional   □ induction
                                     □ neutron   □ resistivity   □ gamma ray   □ temperature   □ sonic   N/A

Well cored □ Yes ☒ No   □ Conventional   □ Sidewall   Were cuttings collected □ Yes ☒ No

DESCRIBE THE CENTRALIZER PLACEMENT USED FOR EACH CASING STRING N/A
_____
_____
_____
_____

WAS WELL COMPLETED AS SHOT HOLE   □ Yes ☒ No   DETAILS well was plugged

WAS WELL COMPLETED OPEN HOLE?   □ Yes ☒ No   DETAILS well was plugged

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

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PERFORATION RECORD

Stage No.	Perforation date	Perforated from MD ft.	Perforated to MD ft.	Number of Perforations	Formation(s)
N/A					well was plugged

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)
N/A								well was plugged

Please insert additional pages as applicable.

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PRODUCING FORMATION(S)   DEPTHS

N/A _____   0 - 275 _____ TVD 0 - 285 _____ MD

_____   _____   _____

_____   _____   _____

_____   _____   _____

Please insert additional pages as applicable.

GAS TEST □ Build up □ Drawdown □ Open Flow N/A   OIL TEST □ Flow □ Pump N/A

SHUT-IN PRESSURE Surface N/A psi Bottom Hole N/A psi DURATION OF TEST N/A hrs

OPEN FLOW Gas   Oil   NGL   Water   GAS MEASURED BY
    N/A mcfpd N/A bpd N/A bpd N/A bpd □ Estimated □ Orifice □ Pilot N/A

LITHOLOGY/ FORMATION NAME TVD	TOP DEPTH IN FT TVD	BOTTOM DEPTH IN FT TVD	TOP DEPTH IN FT MD	BOTTOM DEPTH IN FT MD	DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FLUID (FRESHWATER, BRINE, OIL, GAS, H₂S, ETC)
Subbase	0	0	0	10	58' damp
Clay	0	5	10	15	
Rock	5	40	15	50	
Sand/Shale	40	275	50	285	

Please insert additional pages as applicable.

Drilling Contractor Contractor Services Inc. _____
Address 929 Charleston Road _____ City Spencer _____ State WV Zip 25276

Logging Company N/A _____
Address _____ City _____ State ___ Zip _____

Cementing Company Universal Well Services, Inc _____
Address Rt 5 Hall Road _____ City Buckhannon _____ State WV Zip 26201

Stimulating Company N/A _____
Address _____ City _____ State ___ Zip _____

Please insert additional pages as applicable.

Completed by Ryan Fields _____ Telephone 304-927-5228 _____
Signature _Ryan Fields_ Title Clerk _____ Date 10/17/2013

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

10/25/2013