

WR-35
Rev (9-11)

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

DATE: 8/2/2012
API #: 47-049-02161

Farm name: Bower, Richard & Jocelyn Operator Well No.: Brennan A 1H

LOCATION: Elevation: 1252' Quadrangle: Mannington

District: Lincoln County: Marion
Latitude: 15,010 Feet South of 39 Deg. 32 Min. 30 Sec.
Longitude 1,080 Feet West of 80 Deg. 17 Min. 30 Sec.

Office of Oil & Gas
AUG 06 2012
Department of Environmental Protection

Company: XTO Energy, Inc.

Address:	Casing & Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
<u>PO Box 1008, Jane Lew, WV 26378</u>	<u>20"</u>	<u>63'</u>	<u>0'</u>	<u>Plugged - 90 cuft</u>
Agent: <u>Gary Beall</u>				
Inspector: <u>Bill Hendershot</u>				
Date Permit Issued: <u>6/21/2011</u>				
Date Well Work Commenced: <u>1/06/2012</u>				
Date Well Work Completed: <u>1/08/2012</u>				
Verbal Plugging: <u>Yes</u>				
Date Permission granted on: <u>1/8/2012</u>				
Rotary <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rig <input type="checkbox"/>				
Total Vertical Depth (ft): <u>63'</u>				
Total Measured Depth (ft): <u>63'</u>				
Fresh Water Depth (ft.): <u>58'</u>				
Salt Water Depth (ft.): <u>None</u>				
Is coal being mined in area (N/Y)? <u>N</u>				
Coal Depths (ft.): <u>None</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 Plugged Pay zone depth (ft) Plugged

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

8-2-12
Date

08/17/2012

