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

Quad Powhatan Point Pad Name	arsnall	A CONTRACTOR OF THE PROPERTY O	T		
	Field/Pool Name Marcellus				
F <sub>arm name</sub> CNX Gas Company, LLC ET Al		_ Well Number MN	ID 1 LHS		
Operator (as registered with the OOG) Noble Energy Address 1001 Noble Energy Way	rgy, Inc. <sub>y</sub> Houston	<sub>State</sub> Texas	Zip 77070		
As Drilled location NAD 83/UTM Attach an as  Top hole Northing 39.849	s-drilled plat, profile view, ar 833 Ea	nd deviation survey sting80.774281			
Elevation (ft) 1152.08 GL Type of V	Well ■New □ Existing	Type of Report	■Interim □Final		
Permit Type 🗆 Deviated 🗆 Horizontal 📱 H	orizontal 6A D Vertical	Depth Type	□ Deep ■ Shallow		
Type of Operation   Convert   Deepen   Drill	□ Plug Back □ Redr	illing   Rework	□ Stimulate		
Well Type □ Brine Disposal □ CBM ■ Gas □ Oil	□ Secondary Recovery □ S	olution Mining   St	orage 🗆 Other		
Type of Completion □ Single □ Multiple Fluids	Produced □ Brine □Gas	□ NGL □ Oil	□ Other		
Drilled with □ Cable ■ Rotary					
Mud Type(s) and Additive(s)					
2232423	07/01/00		07/04/0045		
Date permit issued05/27/2015 Date drilling  Date completion activities began na	Date completion act	ivities ceased	na		
Date completion activities began na	Date completion act	ivities ceased	na		
Oate completion activities began na  Verbal plugging (Y/N) n Date permission generated to submit a plugging and a plugging	Date completion act	ivities ceased Granted by	na		
Oate completion activities began na  Verbal plugging (Y/N) n Date permission go  Please note: Operator is required to submit a plugging a  Freshwater depth(s) ft 521'	Date completion act granted application within 5 days ofOpen mine(s) (Y/N)	ivities ceased Granted by verbal permission to particle.	na		
Date completion activities began	Date completion act granted application within 5 days of Open mine(s) (Y/N) Void(s) encountered	rivities ceased Granted by verbal permission to purchase depths (Y/N) depths	na		
Date completion activities began	Date completion act granted application within 5 days ofOpen mine(s) (Y/N)	rivities ceased Granted by verbal permission to purchase depths (Y/N) depths	na Office PECEIV		

API 47- 051	51 _ 01833 Farm name CNX Gas Company, LLC ET AL Well number MND 1 LHS									
CASING STRINGS	Hole Size	Casing Size	Depth	New or Used	Grade wt∕ft		Basket epth(s)	Did cement circulate (Y/ N)  * Provide details below*		
Conductor	36"	30"	40'	New	LS/11		(b)	T		
Surface									\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Coal									-	
Intermediate 1										
Intermediate 2										
Intermediate 3					-		······································			
Production					· · · · · · · · · · · · · · · · · · ·					
Tubing								1		
Packer type and de	epth set		· · · · · · · · · · · · · · · · · · ·							
Comment Details	*set only the con	aductor.								
CEMENT	Class/Type	Number	Slurry		ield	Volume	Ceme	ent	woc	
DATA Conductor	of Cement	of Sacks	wt (ppg)	<u>(R</u>	<sup>3</sup> /sks)	(ft. <sup>2</sup> )	Top (N	MD)	(hrs)	
Surface							+			
Coal										
Intermediate 1									2 6	
Intermediate 2								- d	ED Caz	
Intermediate 3								2087	and	
Production							+ - ?	C C	777	
Tubing							2818	ا کو	10 to	
	<u> </u>	!	<b>J</b>		l	<del></del>	1 O"	<del>2/1/4</del>	THE TREET	
Drillers TD (ft)				Loggers TI				· · · · · · · · · · · · · · · · · · ·	03031 1 PH	
•	•			Plug back t	o (ft)			Ly,	Denic	
Plug back prod	cedure							4,11	30,,	
Kick off depth	(ft)NA							EUA	Capariment of Caparimental Protection	
Check all wirel	line logs run	□ caliper □ neutron	□ density □ resistivity		d/directions ray		uction nperature	□sonic	:	
Well cored										
DESCRIBE THE CENTRALIZER PLACEMENT USED FOR EACH CASING STRING										
WAS WELL COMPLETED AS SHOT HOLE										
WAS WELL C	COMPLETED C	PEN HOLE?	⊐Yes □ No	DETA	ILS					
WERE TRACE	ERS USED 🙃	Yes 🗆 No	TYPE OF TRA	ACER(S) U	SED					

API 47- 051 - 01833 Farm name CNX Gas Company, LLC ET AL Well number MND 1 LHS

## PERFORATION RECORD

Stage No.	Perforation date	Perforated from MD ft.	Perforated to MD ft.	Number of Perforations	Formation(s)
NA					

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)
NA								
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							Office	<u> </u>
							70	, R
						_		9. CK
					<del></del>	1 Miles	2, 46	
			——————————————————————————————————————			70		7 TO
							12 AUG	301 G
					·	<u></u>	16/17	<u> </u>

Please insert additional pages as applicable.

Page \_\_\_ of \_\_\_

PRODUCING	FORMATIO	<u>V(S)</u>	<u>DEPTHS</u>					
NA				TVD _		MD		
					-			
		<del></del>						
Please insert ac	Iditional pages	as applicable.						
GAS TEST	□ Build up	□ Drawdown	□ Open Flow	C	DIL TEST o	Flow - Pun	ıp	
SHUT-IN PRE	SSURE Su	rface	psi Botto	om Hole	psi	DURATION	OF TEST _	hrs
OPEN FLOW	Gas	Oil		,	Water	GAS MEAS  □ Estimated	SURED BY	
LITHOLOGY/ FORMATION	TOP DEPTH IN FT NAME TVD		TOP DEPTH IN FT MD	BOTTOM DEPTH IN F MD		ROCK TYPE AN .UID (FRESHW <i>A</i>	_	ANTITYAND IL, GAS, H₂S, ETC)
	0		0					
								<i>9</i>
							23 C C C C C C C C C C C C C C C C C C C	.Ø
							- <del>S</del> 2	<u> </u>
							- CV (S)	\$ 50 B
							W. S.	7 8 6
							8 8	
							St. A.	
								7, E.
	 							2,70,
								<del>Ğ</del>
Please insert ad	l ditional pages	as applicable.			<u> </u>			
Address			City			State	Zip	
Logging Compa	anv							
Address			City			State	Zip	
Cementing Con	nnanv							
Address	puy		City			State	Zip	
Stimulating Co.	mpany							
Address			City			State	Zip	
Please insert ad	ditional pages	as applicable.						
Completed by	Dee Swiger				Telephone	724-820-306	61	
Signature	Du I	Swinin	Title R	egulatory An	alyst, III	Date	06/19/2017	
		•	Disclosure Infor				S Registry	

