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

| API 47 - 051 - 02099  | County Marshall                     | District Union                                     |  |
|---|-------------------------------------|--|--|
|   | Pad Name Hazlett Pad A              |  |  |
| Farm name Irene Hazlett - Life  |                                     | Well Number Hazle                                  | ett M07H                                   |
| Operator (as registered with the OOG) Che                             | evron Appalachia, LLC (494499       | 935)   |  |
| Address 700 Cherrington Parkway                                       | Coraopolis                          | State PA   | Zip <u>15108</u>                           |
| Top hole North Landing Point of Curve North                           |                                     | A, and deviation survey  Easting  Easting  Easting |  |
| Elevation (ft) 1148' GL   | Type of Well ■New □ Existing        | Type of Report                                     | <b>■</b> Interim □Final                    |
| Permit Type   Deviated   Horizon                                      | ntal 📕 Horizontal 6A 🗆 Vertic       | cal Depth Type                                     | □ Deep ■ Shallow                           |
| Type of Operation   Convert   Deeper                                  | n 🛢 Drill 🗆 Plug Back 🗆 I           | Redrilling   Rework                                | ■ Stimulate                                |
| Well Type □ Brine Disposal □ CBM ■ C                                  | Gas □ Oil □ Secondary Recovery      | . □ Solution Mining □ Stor                         | rage 🗆 Other                               |
| Type of Completion ■ Single □ Multiple  Drilled with □ Cable ■ Rotary | Fluids Produced □ Brine ■           | Gas □ NGL □ Oil                                    | □ Other                                    |
| Drilling Media Surface hole   |                                     |  | AUG 2 0 2020                               |
|   |                                     | En   | WV Department of<br>vironmental Protection |
| Date permit issued11/30/2018  | Date drilling commenced12/8/2       |  |  |
| Date completion activities began                                      | Date completion                     | n activities ceased                                |  |
| Verbal plugging (Y/N) N Date  | permission granted                  | Granted by   |  |
| Please note: Operator is required to submit                           | a plugging application within 5 day | s of verbal permission to pl                       | ug   |
| Freshwater depth(s) ft n/a  | Open mine(s) (Y                     | /N) depths   | n/a  |
| Salt water depth(s) ft n/a  | Void(s) encount                     | ered (Y/N) depths                                  | n/a  |
| Coal depth(s) ftn/a   | Cavern(s) encou                     | ntered (Y/N) depths                                | n/a  |
| Is coal being mined in area (Y/N)                                     | n/a                                 |  | Reviewed by:                               |

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| API 47- 051       | 02099                   | Farm name_ Irene Hazlett - Life   |             |                    |                                | Well numberHazlett M07H     |                  |   |  |  |
|-------------------|-------------------------|-----------------------------------|-------------|--------------------|--------------------------------|-----------------------------|------------------|---|--|--|
| CASING<br>STRINGS | Hole<br>Size            | Casing<br>Size                    | Depth       | New or<br>Used     | Grade<br>wt/ft                 |                             | asket<br>epth(s) | Did cement circulate (Y/N) * Provide details below* |  |  |
| Conductor         | 36"                     | 30"                               | 52'         | New                | X-56                           | / 234                       |                  |   | Υ  |  |
| Surface           |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Coal              |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Intermediate 1    |                         | 12                                |             |                    |                                |                             | (4)              |   |  |  |
| Intermediate 2    |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Intermediate 3    |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Production        |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Tubing            |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Packer type and d | epth set                |                                   |             |                    |                                |                             |                  |   |  |  |
| Comment Details   |                         |                                   |             |                    | v: 11                          | Volume                      | Commen           |   | Woo  |  |
| CEMENT<br>DATA    | Class/Type<br>of Cement |                                   |             |                    | Yield<br>ft <sup>3</sup> /sks) | Volume $(ft^{\frac{3}{2}})$ | Cemen<br>Top (MI |   | WOC<br>(hrs)   |  |
| Conductor         | Bulk Ceme               |                                   |             |                    |                                |                             | Surfac           |   | 8  |  |
| Surface           |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Coal              |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Intermediate 1    |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Intermediate 2    |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Intermediate 3    |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Production        |                         |                                   |             |                    |                                |                             |                  |   |  |  |
| Tubing            |                         |                                   |             |                    |                                |                             |                  |   |  |  |
|                   | n (ft)                  | i                                 |             | Plug back          | TD (ft) 52' to (ft)            |                             | duction          | 0   | RECEIVED  Office of Oil and Gas  AUG 2 0 2020  W Department as |  |
| DESCRIBE T        | THE CENTRAI             | □ neutron □ Conventi LIZER PLACEM | onal 🗆 Side | ewall<br>OR EACH C | W<br>CASING S                  | ere cuttings                |                  | Yes   |  |  |
| WAS WELL          | COMPLETED               | AS SHOT HOLI                      | E □Yes □    | No D               | DETAILS                        |                             |                  |   |  |  |
| WERE TRAC         | CERS USED               | □ Yes ■ No                        | TYPE OF T   | TRACER(S)          | USED _                         |                             |                  |   |  |  |

| API 47- 051 - 02099 Farm name_Irene Hazlett - Life | Well number Hazlett M07H |
|--|--------------------------|
|--|--------------------------|

## PERFORATION RECORD

| Stage<br>No. | Perforation date | Perforated from MD ft. | Perforated to MD ft. | Number of<br>Perforations | Formation(s) |
|--------------|------------------|------------------------|----------------------|---------------------------|--------------|
|              |                  |                        |                      |                           |              |
|              |                  |                        |                      |                           |              |
|              |                  |                        |                      |                           |              |
|              |                  |                        |                      |                           |              |
|              |                  |                        |                      |                           |              |
|              |                  |                        |                      |                           |              |
|              |                  |                        |                      |                           |              |
|              |                  |                        | ,                    |                           |              |
|              |                  |                        |                      |                           |              |
|              |                  |                        |                      |                           |              |
|              |                  |                        |                      |                           |              |
|              |                  |                        |                      |                           |              |

Please insert additional pages as applicable.

## STIMULATION INFORMATION PER STAGE

Complete a separate record for each stimulation stage.

| Stage<br>No. | Stimulations<br>Date | Ave Pump<br>Rate (BPM) | Ave Treatment<br>Pressure (PSI) | Max Breakdown<br>Pressure (PSI) | ISIP (PSI) | Amount of<br>Proppant (lbs) | Amount of<br>Water (bbls) | Amount of<br>Nitrogen/other (units) |
|--------------|----------------------|------------------------|---------------------------------|---------------------------------|------------|-----------------------------|---------------------------|-------------------------------------|
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           | DECERTO                             |
|              |                      |                        |                                 |                                 |            |                             |                           | RECEIVED<br>ffice of O              |
|              |                      |                        |                                 |                                 |            |                             |                           | AUG 2 0 2020                        |
|              |                      |                        |                                 | 2                               |            |                             | Env                       | NV Depuironmental /                 |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |
|              |                      |                        |                                 |                                 |            |                             |                           |                                     |

Please insert additional pages as applicable.

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| API 47- 051             | _ 02099                       | Farn              | n name_Irene Haz     | lett - Life     |                      | Well nu        | mber_Ha       | zlett M07F | 1  |
|-------------------------|-------------------------------|-------------------|----------------------|-----------------|----------------------|----------------|---------------|------------|--|
| PRODUCING I             | FORMATIO                      | N(S)              | <u>DEPTHS</u>        |                 |                      |                |               |            |  |
|                         |                               |                   |                      | _ TVD           |                      | MD             |               |            |  |
|                         |                               |                   |                      | _               |                      |                |               |            |  |
|                         |                               |                   |                      | _               |                      |                |               |            |  |
| Please insert ad        | ditional page                 | s as applicable.  |                      | _               | -                    | _              |               |            |  |
| GAS TEST                | □ Build up                    | □ Drawdown        | □ Open Flow          |                 | OIL TEST $\ \square$ | Flow DF        | Pump          |            |  |
| SHUT-IN PRES            | SSURE S                       | urface            | psi Botto            | m Hole          | psi                  | DURATIO        | ON OF         | TEST       | hrs  |
| OPEN FLOW               | Gas n                         | Oil<br>nefpd      | NGL bpd              | bpd             | Water bpd            | GAS ME         |               |            | □ Pilot                                    |
| LITHOLOGY/<br>FORMATION | TOP<br>DEPTH IN F<br>NAME TVD |                   | TOP T DEPTH IN FT MD | BOTTO! DEPTH IN | FT DESCRIBE          |                |               |            | NTITYAND<br>L, GAS, H <sub>2</sub> S, ETC) |
|                         | 0                             |                   | 0                    |                 |                      | ,              |               |            |  |
|                         |                               |                   |                      |                 |                      |                |               |            | r casing depth, about                      |
|                         |                               |                   |                      |                 | 52'. The             | re are no reco | 7400 At 35 30 |            | ater, gas, or other                        |
|                         |                               |                   |                      |                 |                      |                | fluids to     | report.    |  |
|                         |                               |                   | _                    |                 |                      |                |               |            |  |
|                         |                               | _                 |                      |                 |                      |                |               |            |  |
|                         |                               | _                 |                      |                 |                      |                |               |            |  |
|                         |                               |                   |                      |                 |                      |                |               |            |  |
|                         |                               |                   |                      |                 |                      |                |               |            |  |
|                         |                               |                   |                      |                 |                      |                |               |            |  |
|                         |                               |                   |                      |                 |                      |                |               |            |  |
|                         |                               |                   |                      |                 |                      |                |               |            |  |
|                         |                               |                   |                      |                 |                      |                |               |            |  |
| Please insert ad        | lditional page                | es as applicable. |                      |                 |                      |                |               |            |  |
| Drilling Contra         | ctor Rocky M                  | ountain Drilling  |                      |                 |                      |                |               |            |  |
| Address 185 No          | orth Vernal Aver              | nue, Suite 2      | City                 | Vernal          |                      | State          | UT            | Zip 8407   | 8  |
|                         |                               |                   |                      |                 |                      |                |               |            | DECENTER                                   |
| Logging Compa           |                               |                   |                      |                 |                      | State          |               | Zip        | Office of Oil and G                        |
| Address                 |                               |                   | City                 |                 |                      | State _        |               | Zip        | AUG 2 0 2020                               |
| Cementing Con           | npany BJ Se                   | rvices            |                      |                 |                      |                |               | 2004242 33 | AUG 2 0 2020                               |
| Address 3415 M          | fillennium Boule              | evard, SE         | City                 | Massillon       |                      | State          | OH            | Zip 4464   | 6 WV Department of nvironmental Protect    |
| Stimulating Co          | mpany                         |                   |                      |                 | _                    |                |               |            | , , , , , ,                                |
| Address                 |                               |                   |                      |                 | _                    | State          |               | Zip        |  |
| Please insert ad        | lditional page                | es as applicable  |                      |                 |                      |                |               |            |  |
| Completed by Signature  | Jackie M. So                  | cholar            |                      |                 | Telephon             | e 412-865-3    | 3422          |            |  |
| - Cimpictod Oy          | 111                           | 1/1               | × 51                 |                 | ompliance Team L     | name and       | ate 8/3/2     | 2000       |  |