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

| API 47.87 .   | 04689 Count                | y Roane                          | District Curtis                |                        |  |
|---|----------------------------|----------------------------------|--------------------------------|------------------------|--|
| Ouad Penie / 538  |                            | Field/Pool Name                  |                                |                        |  |
| Farm name Monk  | ,                          | Well Number 2010A4-1             |                                |                        |  |
| Operator (as registered w   | ith the OOG) Longho        | rn Hydrocarbons LLC              |                                |                        |  |
| Address 3152 Parkwa   | ay                         | City Pigeon Forge                | State TN                       | Zip 37863              |  |
| As Drilled location NA  |                            | an as-drilled plat, profile view | , and deviation survey Easting |                        |  |
| Landing Point or  |                            |                                  | Basting                        |                        |  |
| Botton  |                            |                                  | Easting                        |                        |  |
| Elevation (ft) 1003   | GL Tyr                     | e of Well #New   Existing        | Type of Report                 | □Interim BFinal        |  |
| Permit Type 🗆 Devia   | ted a Horizontal           | n Horizontal 6A A Vertica        | al Depth Type                  | 🗆 Deep 🖪 Shallow       |  |
| Type of Operation B Con   | vert 🗆 Deepen 🛎            | Drill 🗆 Plug Back 🗆 R            | edrilling a Rework             | 🗆 Stimulate            |  |
| Well Type 🗆 Brine Dispe   | osal 🗆 ÇBM 🖂 Gas 📱         | Oil D Secondary Recovery         | □ Solution Mining □ St         | orage & Other Awaiting |  |
|   | ingle - Multiple F         | luids Produced 🗆 Brine 🗆 🖂       |                                |                        |  |
| Drilling Media Surface I<br>Production hole D Air<br>Mud Type(s) and Additive<br>Soap | □ Mud ■ Fresh Wate<br>e(s) |                                  | ate hole 🗆 Air 🗆 Mad           | ≦ Fresh Water □ Brine  |  |
|   |                            |                                  |                                |                        |  |
|   | •                          | illing commenced 02/01/2         |                                |                        |  |
| Date completion activities  | began 02/11/20             | Date completion a                | activities ceased0             | 2/12/2011              |  |
| Verbal plugging (Y/N)   | N Date permiss             | ion grantedN/A                   | Granted by                     |                        |  |
| Please note: Operator is re   | quired to submit a plugg   | ing application within 5 days o  | of verbal permission to p      | lug                    |  |
| Freshwater depth(s) ft  | 600ft                      | Open mine(s) (Y/N                | ) depths                       | N                      |  |
| Salt water depth(s) ft  | 1100Ft                     | Void(s) encountere               |                                | N                      |  |
| Coal depth(s) ft  | N/A                        | Cavern(s) encounte               |                                | N ·                    |  |
| Is coal being mined in area   | (Y/N)                      | N                                | . ,                            |                        |  |
|   |                            |                                  | •                              | Reviewed by:           |  |

WERE TRACERS USED ☐ Yes ■ No

Rev. 8/23/13 Well number 2010A4-Farm name Monk API 47-87 04680 Did cement oirculate (Y/N) Basket Now or Grade CASING Hole Casing \* Provide details below\* Depth(s) STRINGS Depth Used wt/ft Sizo Size Yes Cemented 14.25 J55-42lbs Conductor 32ft 13318 new Surface New 95/8 BOOFF Coal Yes Intermediate 1 J55-23lbs 8.75 2000ft new Intermediate 2 Intermediate 3 Yes Production 4.5" J55-10.5lbs 6.25 2.800ft Tubing Packer type and depth set 4.5 / 800 feet Comment Details WOC Yield Volume Coment CEMENT Class/Type Number Slurry (ft<sup>3</sup>/sks) Top (MD) (hrs) of Cement of Sacks  $(ft^2)$ DATA wt (ppg) 8/WDBR ground level Conductor Class<sub>1</sub> 10 Surfaçe Coal 271.4 ground level 8 1.18 Intermediate 1 Class1 230 15.6 Intermediate 2 Intermediate 3 1.29 451.5 ground level 12 Production 14.2 Class1 350 Tubing Drillers TD (ft) 2000 Loggers TD (ft) 2000 Deepest formation penetrated Salt Sand Plug back to (ft) Plug back procedure Kick off depth (ft) Check all wireline logs run □ caliper density ☐ deviated/directional □ induction **■** temperature **≝** resistivity 🗏 gamma ray psonic ■ neutron Were cuttings collected ○ Yes ■ No Well cored DYes A No Conventional Sidewall DESCRIBE THE CENTRALIZER PLACEMENT USED FOR EACH CASING STRING \_\_ o Yes 🖪 No DETAILS WAS WELL COMPLETED AS SHOT HOLE DETAILS No Frack Date WAS WELL COMPLETED OPEN HOLE? A Yes D No

TYPE OF TRACER(S) USED \_\_\_\_\_

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API 47-87 \_ 04689

Farm name Monk

\_Well number\_2010A4-1

## PERFORATION RECORD

| Stage<br>No.                                     | Perforation date | Perforated from MD ft. | Perforated to<br>MD ft. | Number of<br>Perforations | Formation(s) |
|--|------------------|------------------------|-------------------------|---------------------------|--------------|
| 1  | 03/28/2011       | 1912                   | 1921                    | 54                        | Salt Sand    |
| 2  | 03/28/2011       | 1933                   | 1938                    | 31                        | Salt Sand    |
|  |                  | · ·                    |                         |                           |              |
|  |                  |                        |                         |                           |              |
|  |                  |                        |                         |                           |              |
|  |                  |                        |                         |                           |              |
|  |                  |                        |                         |                           |              |
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| <del>                                     </del> |                  |                        |                         |                           |              |
|  |                  |                        |                         |                           |              |
|  |                  |                        |                         |                           |              |
|  |                  |                        |                         |                           |              |

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 Pressuro (PSI) | (184) <b>(18</b> 1 | Amount of Propposit (lbs) | Amount of<br>Water (bbls) | Amount of<br>Nitrogen/other (units) |
|--------------|----------------------|------------------------|---------------------------------|------------------------------|--------------------|---------------------------|---------------------------|-------------------------------------|
|              | N/A                  |                        |                                 |                              |                    |                           |                           |                                     |
|              |                      |                        |                                 |                              |                    |                           |                           |                                     |
|              |                      |                        |                                 |                              |                    |                           |                           |                                     |
|              |                      |                        |                                 |                              |                    |                           |                           |                                     |
|              |                      |                        |                                 |                              |                    |                           |                           |                                     |
|              |                      |                        |                                 |                              |                    |                           |                           |                                     |
|              |                      |                        |                                 |                              |                    |                           |                           |                                     |
|              |                      |                        |                                 |                              |                    |                           |                           |                                     |
|              |                      |                        |                                 |                              |                    |                           |                           |                                     |

Please insert additional pages as applicable.

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|---|--|------------------------------|--------------------------|--------------------------|-------------|--|--|
|   | 04689                                  | Farm                         | n name Monk              | [                        |             | Well numbe                             | <sub>er</sub> 2010A4-1                                 |
| No Frack T  | FORMATION<br>TO Date - N<br>Produch    | o Current                    |                          |                          |             | MD                                     |  |
| Please insert a   | iditional pages                        | as annlicable                |                          |                          |             |  |  |
|   |  | ••                           | Open Ploy                | W                        | OIL TEST _  | Flow a Pum                             | p  |
|   |  |                              |                          |                          |             | -                                      | OF TESThrs   |
| OPEN PLOW   | Gas                                    | Oil                          | NGI                      | ,                        | Water       | GAS MBASI                              | <del></del>  |
| LITHOLOGY/<br>FORMATION   | TOP<br>DEPTH IN FT<br>NAME TVD         | BOTTOM<br>DEPTH IN PT<br>TVD | TOP<br>DEPTH IN FI<br>MD | BOTTON<br>DEPTH IN<br>MD | FT DESCRIBE |  | RECORD QUANTITYAND<br>IER, BRINE, OIL, GAS, FI₂S, ETC) |
| Red Rock  | <u> </u>                               | 610                          | 0                        |                          |             |  |  |
| Pitts Sand  |  | 715                          |                          |                          |             |  |  |
| Slate   | 715                                    | 790                          |                          |                          |             |  |  |
| Pitts-Sand  | 790                                    | 830                          |                          |                          |             |  |  |
| late Red Roc  |  | 1125                         |                          |                          |             |  |  |
| L. Dunkard  | 1125                                   | 1264                         |                          |                          |             |  |  |
| SLate Lime  | 1265                                   | 1350                         | _                        |                          |             |  |  |
| Gas Sand  | 1351                                   | 1541                         |                          |                          |             |  |  |
| Slate-sand  | 1542                                   | 1790                         |                          |                          |             |  |  |
| Salt Sand   | 1791                                   | 2000                         |                          |                          |             |  |  |
|   |  |                              |                          |                          |             |  |  |
|   |  |                              |                          | ļ                        |             | ······································ |  |
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| Please insert add   | litinual magas                         | o puuli-al-la                |                          | <u></u>                  |             |  |  |
|   |  |                              |                          |                          |             |  |  |
| Drilling Contrac  | tor Monroe I                           | Orilling                     |                          |                          |             |  |  |
| Address 46886   | Woore Hid                              | ge Ha.                       | City                     | Woodsf                   | ield        | State OH                               | z <sub>ip</sub> 43793                                  |
| Logging Compa<br>Address 4973   | <sub>ny</sub> Appalach<br>Skyline Driv | ian Well Su                  | Irvey<br>City            | Cambrid                  | dge .       | State OH                               | <sub>Zip</sub> 43725                                   |
| Cementing Com<br>Address P.O. E   | <sub>nany</sub> Formati                |                              | <del></del>              |                          | lle         | State OH                               |  |
| Stimulating Company   |  |                              |                          |                          |             |  |  |
| Address   | Manal                                  |                              | City                     |                          |             | _State                                 | Zip  |
| Please insert add   | itional pages as                       | applicable.                  |                          |                          |             |  |  |
| Completed by Eric Moser Telephone 865.287.6208  |  |                              |                          |                          |             |  |  |
| Signature Title Managing Partner Date 09/24/2014  |  |                              |                          |                          |             |  |  |
|   |  |                              |                          |                          |             |  |  |
| Submittal of Hydraulic Fracturing Chemical Disclosure Information Attach copy of FRACFOCUS Registry |  |                              |                          |                          |             |  |  |