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

API 47 - 091 - 01311 County Ta	aylor	District Courthouse
Quad Grafton 7.5' Pad Name		Field/Pool Name
Farm name Anthony J. Veltri		Well Number 6HM
Operator (as registered with the OOG) Mountaineer	r Keystone, LLC	
Address 6031 Wallace Rd Ext., Suite 300 Cit	_{ty} <u>Wexford</u>	State PA Zip 15090
Landing Point of Curve Northing Bottom Hole Northing	Horizontal 6A □ Ver II □ Plug Back □ □ Secondary Recovery	Easting
Drilling Media Surface hole □ Air □ Mud ■Fred Production hole □ Air □ Mud □ Fresh Water Mud Type(s) and Additive(s)		ediate hole □ Air □ Mud □ Fresh Water □ Bı
Production hole	□ Brine □ Brone □ Brone □ 2/10	Date drilling ceased 2/10/2015
Production hole	□ Brine □ Brine □ g commenced 2/10 □ Date completi	
Production hole	Brine ag commenced 2/10 Date completing ranted NA g application within 5 da Open mine(s) (Void(s) encountered to the completion of th	0/2015 Date drilling ceased 2/10/2015 on activities ceased NA Granted by NA

Rev. 8/23/13

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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	30"	20"	80'	New	94.00	NA	Υ
Surface	NA	NA	NA	NA	NA	NA	NA
Coal	NA	NA	NA	NA	NA	NA	NA
Intermediate 1	NA	NA	NA	NA	NA	NA	NA
Intermediate 2	NA	NA	NA	NA	NA	NA	NA
Intermediate 3	NA	NA	NA	NA	NA	NA	NA
Production	NA	NA	NA	NA	NA	NA	NA
Tubing NA		NA	NA	NA	NA	NA	NA
Packer type and depth set		NA			1		

Comment Details Cement to surface on Conductor.

CEMENT DATA	Class/Type of Cement	Number of Sacks	Slurry wt (ppg)	Yield (ft ³ /sks)	Volume (ft ³)	Cement Top (MD)	WOC (hrs)
Conductor	Α	225	15.6	1.2	270	Surface	8+
Surface	NA	NA	NA	NA	NA	NA	NA
Coal	NA	NA	NA	NA	NA	NA	NA
Intermediate 1	NA	NA	NA	NA	NA	NA	NA
Intermediate 2	NA	NA	NA	NA	NA	NA	NA
Intermediate 3	NA	NA	NA	NA	NA	NA	NA
Production	NA	NA	NA	NA	NA	NA	NA
Tubing	NA	NA	NA	NA	NA	NA	NA

Drillers TD (ft) 80			Loggers TD (ft) NA						
Deepest formation penetrated NA	***		Plug back to (ft) NA						
Plug back procedure NA			- 1340						
Kick off depth (ft) NA									
Check all wireline logs run	acaliper neutron	•		induction □ temperature □sor	nic				
Well cored □ Yes ■ No	Convention	nal Sidew	all Were cu	ttings collected Yes	□ No				
WAS WELL COMPLETED AS		□ Yes □							
WAS WELL COMPLETED OP	EN HOLE?	□ Yes □ No	DETAILS						
WERE TRACERS USED OF YOU			ACER(S) USED						

API 4	₄₇₋ 091 ₋ 01311	Farm name Anthony J. Veltri	Well number 6HM
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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								
						_		

Please insert additional pages as applicable.

API 47- 091 - 01311 Fa		Farm r	name Anthony		Well number 6HM						
PRODUCING	FORMATION	<u>V(S)</u>	_]	<u>DEPTHS</u>							
NA						MD					
			-								
			_								
			-								
Please insert ac	ditional pages	s as applic	able.								
GAS TEST	□ Build up	□ Drawd	own	□ Open Flow		OIL TEST	Flow	Pump			
SHUT-IN PRE	SSURE Su	rface NA		_psi Botto	om Hole NA	A psi	DURA?	TION C	F TEST	NA hrs	
OPEN FLOW	Gas		Oil	NGL					RED BY		
	NA m			opd NA	_ bpd _	NA bpd				□ Pilot	
LITHOLOGY/	TOP	BOT	TOM	TOP	BOTTON	Л					
FORMATION	DEPTH IN F			DEPTH IN FT	DEPTH IN		E ROCK TY	PE AND	RECORD Q	UANTITYAND	
NA	NAME TVD	NA TV	/D	MD	MD NA	TYPE OF 1	FLUID (FRE	SHWAT		OIL, GAS, H ₂ S, ETC)
NA	0	INA		0	INA .				NA		
										·	
Please insert ac	 ditional pages	s as applic	able.								
Drilling Contra											
Address 1428 F				City	Eighty For	ur	State	PA	Zip <u>_</u> 15:	330	_
Logging Comp											
Address				City			State		Zip		-
Cementing Con	mpany Univers	sal Well Se	ervices								
Address 18360	Technology Dr. I	3ox 4		City	Meadville		State	PA	Zip <u></u>	335	-
Stimulating Co	mpany					_					
Address Please insert ad				City			State		Zip		-
Completed by Signature				Title		_ Telephor	ne	Date			
Submittal of H	ydraulic Fract	uring Che	mical I	Disclosure Info	rmation	Attach copy	of FRAC	FOCUS	Registry		