

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

DATE: August 24, 2012
API #: 47-097-03841

Farm name: Scott Operator Well No.: #1-WV0437

LOCATION: Elevation: 2060 Quadrangle: Alton 7.5'

District: Meade County: Upshur
Latitude: 38 Feet South of 52 Deg. 30 Min. Sec.
Longitude 80 Feet West of 12 Deg. 30 Min. Sec.

Company: Mountain V Oil & Gas, Inc.

Address:	Casing & Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
PO Box 470 Bridgeport WV 26330	13 3/8"	31'	31'	sanded in
Agent: S. Michael Shaver	9 5/8"	126'	126'	60 sks
Inspector: Bill Hatfield	7"	1646'	1646'	250 sks
Date Permit Issued: 3-25-2012	4 1/2"	7342'	7342'	150 sks
Date Well Work Commenced: 8-15-12				
Date Well Work Completed: 8-24-12				
Verbal Plugging:				
Date Permission granted on:				
Rotary <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rig <input type="checkbox"/>				
Total Vertical Depth (ft): 7355				
Total Measured Depth (ft):				
Fresh Water Depth (ft.): 69'				
Salt Water Depth (ft.): 1273'				
Is coal being mined in area (N/Y)? N				
Coal Depths (ft.): N/A				
Void(s) encountered (N/Y) Depth(s) N				

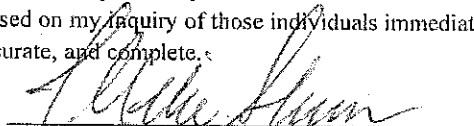
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OPEN FLOW DATA (If more than two producing formations please include additional data on separate sheet)

Producing formation Marcellus Pay zone depth (ft) _____
Gas: Initial open flow Odor MCF/d Oil: Initial open flow N/A Bbl/d
Final open flow 500,000 MCF/d Final open flow N/A Bbl/d
Time of open flow between initial and final tests 216 Hours
Static rock Pressure 2480 psig (surface pressure) after 24 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

9-19-12
Date

