

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

API 47-103-00220 County Wetzel District Proctor
Quad Wileyville, WV Pad Name _____ Field/Pool Name Victory A
Farm name McMahon, Augustus III Well Number 4386
Operator (as registered with the OOG) Columbia Gas Transmission, LLC
Address 1700 MacCorkle Ave SE City Charleston State WV Zip 25325-1273

As Drilled location NAD 83/UTM Attach an as-drilled plat, profile view, and deviation survey
Top hole Northing 4395390.86 Easting 529156.90
Landing Point of Curve Northing _____ Easting _____
Bottom Hole Northing _____ Easting _____

Elevation (ft) 1105.4 GL Type of Well New Existing Type of Report Interim Final
Permit Type Deviated Horizontal Horizontal 6A Vertical Depth Type Deep Shallow
Type of Operation Convert Deepen Drill Plug Back Redrilling Rework Stimulate
Well Type Brine Disposal CBM Gas Oil Secondary Recovery Solution Mining Storage Other _____
Type of Completion Single Multiple Fluids Produced Brine Gas NGL Oil Other _____
Drilled with Cable Rotary

Drilling Media Surface hole Air Mud Fresh Water Intermediate hole Air Mud Fresh Water Brine
Production hole Air Mud Fresh Water Brine
Mud Type(s) and Additive(s)

Date permit issued 5/12/16 Date drilling commenced _____ Date drilling ceased _____
Date rework/stim activities began 8/24/16 Date rework/stim activities ceased 8/29/16
Verbal plugging (Y/N) _____ Date permission granted _____ Granted by _____

Please note: Operator is required to submit a plugging application within 5 days of verbal permission to plug

Freshwater depth(s) ft _____ Open mine(s) (Y/N) depths _____
Salt water depth(s) ft _____ Void(s) encountered (Y/N) depths _____
Coal depth(s) ft _____ Cavern(s) encountered (Y/N) depths OCT 17 2016
Is coal being mined in area (Y/N) _____

APPROVED Department of Environmental Protection
Reviewed by: [Signature]

NAME: [Signature]
DATE: 12-15-16

02/03/2017

API 47-103 00220 Farm name McMahon, Augustus III Well number 4386

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							
Surface							
Coal							
Intermediate 1							
Intermediate 2							
Intermediate 3							
Production							
Tubing							
Packer type and depth set							

Comment Details No existing casing was altered and no additional casing installed during permitted well work.

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							
Surface							
Coal							
Intermediate 1							
Intermediate 2							
Intermediate 3							
Production							
Tubing							

Drillers TD (ft) _____ Loggers TD (ft) _____

Deepest formation penetrated _____ Plug back to (ft) _____

Plug back procedure _____

* No casing cemented during permitted well work.

Kick off depth (ft) _____

Check all wireline logs run caliper density deviated/directional induction
 neutron resistivity gamma ray temperature sonic

Well cored Yes No Conventional Sidewall Were cuttings collected Yes No

DESCRIBE THE CENTRALIZER PLACEMENT USED FOR EACH CASING STRING _____

WAS WELL COMPLETED AS SHOT HOLE Yes No DETAILS _____

WAS WELL COMPLETED OPEN HOLE? Yes No DETAILS _____

WERE TRACERS USED Yes No TYPE OF TRACER(S) USED _____

RECEIVED
OCT 17 2016
WV Department of Environmental Protection

Victory A 4386 (API 103-00220)

Work Performed

Performed coiled tubing clean-out and acid treatment.

Oil & Gas
OCT 17 2016
WV

02/03/2017

State of West Virginia
Department of Environmental Protection - Office of Oil and Gas
Discharge Monitoring Report
Oil and Gas General Permit

Company Name: Columbia Gas Transmission, LLC
API No: 47-103-00220 County: Wetzel
District: Proctor Well No: 4386
Farm Name: McMahon, Augustus III
Discharge Date/s From: (MMDDYY) N/A To: (MMDDYY) N/A
Discharge Times. From: N/A To: N/A
Total Volume to be Disposed from this facility (gallons): 5964

Disposal Option(s) Utilized (write volumes in gallons):

- (1) Land Application: _____ (Include a topographical map of the Area.)
- (2) UIC: 5964 Permit No. 34-119-28776 (Goff #1)
- (3) Offsite Disposal: _____ Site Location: _____
- (4) Reuse: _____ Alternate Permit Number: _____
- (5) Centralized Facility: _____ Permit No. _____
- (6) Other method: _____ (Include an explanation)

Follow Instructions below to determine your treatment category:

Optional Pretreatment test: _____ Cl- mg/l _____ DO mg/l

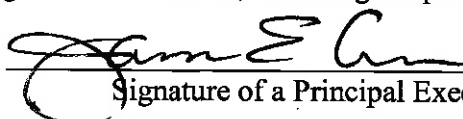
1. Do you have permission to use expedited treatment from the Director or his representative?
(Y/N) _____ If yes, who? _____ and place a four (4) on line 7.
If not go to line 2
2. Was Frac Fluid or flowback put into the pit? (Y/N) _____ If yes, go to line 5. If not, go to line 3.
3. Do you have a chloride value pretreatment (see above)? (Y/N) _____ If yes, go to line 4
If not, go to line 5.
4. Is the Chloride level less than 5000 mg/l? (Y/N) _____ If yes, then enter a one (1) on line 7.
5. Do you have a pretreatment value for DO? (See above) (Y/N) _____ If yes, go to line 6
If not, enter a three (3) in line 7.
6. Is the DO level greater than 2.5 mg/l? (Y/N) _____ If yes, enter a two (2) on line 7. If not, enter a three (3) on line 7.
7. _____ is the category of your pit. Use the Appropriate section.
8. Comments on Pit condition: _____

Name of Principal Exec. Officer: James E Amos

Title of Officer: Senior Well Services Engineer

Date Completed: 10/14/16

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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.


Signature of a Principal Exec. Officer or Authorized agent.

02/03/2017

Category 1
Sampling Results
API No : _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	5	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl	5,000	_____	5,000	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
Total Al***		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Disposal Area		_____	Monitor	_____	Acres

*** Al is only reported if the pH is above 9.0

Category 2
Sampling Results
API No : _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	10	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
Total Al***		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Disposal Area		_____	Monitor	_____	Acres

* Can be 25,000 with inspector's approval,

(Inspector's signature): _____

Date: OCT 17 2016

** Include a description of your aeration technique.

Aeration Code: _____

*** Al is only reported if the pH is above 9.0

WV Department of Environmental Protection

Category 3
Sampling Results

API No : _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	20	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
Total Al***		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Disposal Area		_____	Monitor	_____	Acres

* Can be 25,000 with inspector's approval,

(Inspector's signature): _____

Date: _____

** Include a description of your aeration technique.

Aeration Code: _____

*** Al is only reported if the pH is above 9.0.

Category 4
Sampling Results

API No: _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	1	_____	N/A	N/A	Days
Fe	Monitor	_____	Monitor	_____	mg/l
D.O.	Monitor	_____	Monitor	_____	mg/l
Settleable Sol.	Monitor	_____	Monitor	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Activated Carbon (0.175)		_____	N/A	N/A	lb/B1
Date Site Reclaimed	N/A	N/A			10 days from dis.
Disposal Area		_____	Monitor	_____	Acres

* Can be 25,000 with inspector's approval,

(Inspector's signature): _____

Date: _____