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

API 47 103	01739	County WETZEL	_	District_GREEN			
Quad CENTER POIN	IT	Pad Name F L HO	HOGUE Field/Pool Name STRINGTOWN				
Farm name W V PUB				Well Number H-15			
Operator (as registered v	with the OOG	H G ENERGY LLC					
Address 5260 DUPO		City PAR	RKERSBURG	State WV	Zip <u>26101</u>		
Landing Point	op hole of Curve	Attach an as-drilled Northing 4.369,490 Northing Northing		, and deviation survey Easting 526,492 Easting Easting			
Elevation (ft) 1,149	GL	Type of Well	New & Existing	Type of Report	□Interim &Final		
Permit Type Devi	ated O H	lorizontal 🛮 Horizont	al 6A 📱 Vertic	al Depth Type	☐ Deep ■ Shallow		
Type of Operation & C	onvert 🗆 l	Deepen 🗆 Drill 🗆	Plug Back 🗆 R	edrilling 🗆 Rework	□ Stimulate		
Well Type Brine Dis	posal □ CBN	M □ Gas □ Oil ■ Seco	ondary Recovery	□ Solution Mining □ Sto	rage Other		
Type of Completion B Drilled with Cable	-	ultiple Fluids Produc	ed a Brine a(Gas □ NGL E Oil	□ Other		
_	□ Mud	r □ Mud		ate hole	■ Fresh Water □ Brine		
Date permit issued	10/25/13	Date drilling comm	enced N/A	Date drilling c	eased N/A		
Date completion activitie	es began			activities ceased			
				Granted by			
Please note: Operator is	required to s	ubmit a plugging applica	tion within 5 days	of verbal permission to pl	ug		
Freshwater depth(s) ft	Nana		Open mine(s) (Y/N)	N) depths	N		
•				ed (Y/N) depths	N		
042		Cavern(s) encount	tered (Y/N) depths	N			
Is coal being mined in a	ea (Y/N)	N					
		Off	RECEIVED fice of Oil and Ga	as	Reviewed by:		

APPROVED
NAME: Gasqualin Shirnta
DATE: 4/23/2014

JUN 21 2016

WV Department of Environmental Protection

TYPE OF TRACER(S) USED _

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WERE TRACERS USED II Yes B No

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API 47- 103 - 01739 Farm name WV PUBLIC LANDS Well number H-15

PERFORATION RECORD

Stage No.	Perforation date	Perforated from MD ft.	Perforated to _MD ft.	Number of Perforations	Formation(s)
1	8/5/97	3304	3342	32	Gordon
	<u></u>			Ì	
				 	
	-		<u> </u>	 	
					
 					

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)
1	8/14/97	9	2700	2620	2400	11,500	214	
								_
			· 					
								
								
		1_15						-
								
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				1				

Please insert additional pages as applica ECEIVED
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