

WR-35
Rev (1-10)

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

DATE: 06-21-2016
API #: 47-097-03737

Farm name: McDaniels, Rollen B. & Lew Operator Well No.: Haun #1 WV0402

LOCATION: Elevation: 2368' Quadrangle: Rock Cave 7.5'

District: Banks County: Upshur
Latitude: 38-45-59.4 Feet South of _____ Deg. _____ Min. _____ Sec.
Longitude 80-15-16.9 Feet West of _____ Deg. _____ Min. _____ Sec.

Company: Mountain V Oil & Gas, Inc.

Address: <u>PO Box 470, Bridgeport, WV 26330</u>	Casing & Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
	<u>9 5/8"</u>	<u>344'</u>	<u>344'</u>	<u>120 sks</u>
	<u>7"</u>	<u>2249'</u>	<u>2249'</u>	<u>308 sks</u>
Agent: <u>Mike Shaver</u>	<u>4 1/2"</u>	<u>7753'</u>	<u>7753'</u>	<u>150 sks</u>
Inspector: <u>Bill Hatfield</u>	<u>2 3/8"</u>	<u>7651'</u>	<u>7651'</u>	
Date Permit Issued: <u>11-21-12</u>				
Date Well Work Commenced: <u>N/A</u>				
Date Well Work Completed: <u>N/A</u>				
Verbal Plugging:				
Date Permission granted on:				
Rotary Cable Rig				
Total Vertical Depth (ft): <u>7755'</u>				
Total Measured Depth (ft): <u>7755'</u>				
Fresh Water Depth (ft.): <u>280'</u>				
Salt Water Depth (ft.):				
Is coal being mined in area (N/Y)? <u>N</u>				
Coal Depths (ft.):				

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

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

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

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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

Date

6-21-16

Perforated Intervals, Fracturing, or Stimulating:

Formations Encountered:	Top Depth	/	Bottom Depth
Surface:			

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