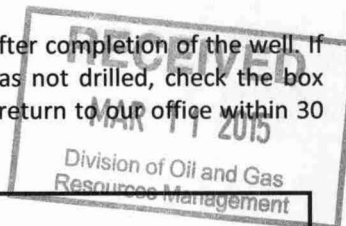


WELL COMPLETION RECORD (Form 8)

Ohio Department of Natural Resources
Division of Oil and Gas Resources Management
2045 Morse Road, Bldg. F-2, Columbus, OH 43229-6693
Telephone: (614) 265-6922; Fax: (614) 265-6910

This report is due in duplicate 60 days after completion of the well. If the permit has expired and the well was not drilled, check the box below, sign on reverse side (Back), and return to our office within 30 days after expiration. ☐ 4370



1. Owner #: 9193		3. API #: 34-059-2437-00-00				
2. Owner name, address and telephone numbers: American Energy - Utica, LLC P.O. Box 18756 Oklahoma City, OK 73154 Telephone No.: 405-607-5476		4. Type of Permit: Drill New Well, Horizontally				
		5. County: Guernsey				
		6. Civil Township: Madison				
8. Type of Well: Oil & Gas		7. Footage: Surf: 423' SL & 1245' of Sec 1 (Madison) Trgt: 2491' & 677' of Sec 22 (Washington)				
9. X: 2322731 Y: 776937		21. Date drilling commenced: 11/15/14				
10. Quad: Freeport		22. Date drilling completed: 12/2/14				
11. Section: 1	12. Lot:	23. Date put into production:				
13. Fraction:	14. Qtr. Twp:	24. Date plugged, if dry:				
15. Tract:		25. Producing formation:				
16. Allot:		26. Deepest formation: Point Pleasant				
17. Well #: 3H		27. Driller's total depth: TD 16027' / TVD 7260'				
18. Lease Name: Red Hill Farm MDS GR		28. Logger's total depth:				
19. PTD: 16000'		20. Drilling unit: 638.922				
29. Lost hole at _____ feet.						
30. Type of tools:		31. Type of completion:				
<input type="checkbox"/> Cable <input type="checkbox"/> Air Rotary		<input type="checkbox"/> Open Hole				
<input type="checkbox"/> Fluid Rotary <input type="checkbox"/> Service Rig		<input type="checkbox"/> Through Casing				
		<input type="checkbox"/> Slotted Liner				
		32. Elevation:				
		Ground Level 1011				
		Derrick Floor _____				
		Kelly Bushing 20'				
33. Perforated intervals and number of shots:						
34. Name of Frac Company:						
35. Method of shot, acid, or fracture treatments, production tests, pressures, etc.:						
SHOT:		ACID:				
Lbs. _____		Gals. _____				
Qts. _____		Type _____				
Type _____		Percent _____				
FRAC FLUIDS:		SAND:				
Water (gals) _____		Lbs. _____				
Water (bbl) _____		Sks. _____				
CO2 (tons) _____						
N2 (mscf) _____						
PRESSURES (psi):						
Breakdown _____						
ATP _____						
ISIP _____						
5 min. SIP _____						
Avg. Rate _____						
METHOD OF FLUID CONTAINMENT						
FLUIDS: PIT FRAC TANK						
Swab <input type="checkbox"/> <input type="checkbox"/>						
Flowback <input type="checkbox"/> <input type="checkbox"/>						
DATE TREATED: _____						
<input type="checkbox"/> Well Stimulation Additives Report (Form 8B) Attached						
<input type="checkbox"/> Stimulation Information Reported to FracFocus.						
36. Amount of initial production per day: (MCF) (Bbls) (Bbls)						
Natural: Gas _____		Oil _____ Brine _____				
After Treatment: Gas _____		Oil _____ Brine _____				
SERC Data: Number of Tanks: _____		Maximum Storage Capacity of all Tanks (bbls.) _____				
37. Casing and tubing record:						
Type	Wellbore Diameter	Casing Size	Feet Installed	Amount of Cement (Sacks)	Feet Left in Well	Number of Centralizers
Conductor/Drive Pipe:	36"	30"	95'	370	95'	
Surface:	17-1/2"	13-3/8"	954'	1540	954'	7
<input type="checkbox"/> Attach Form 8A (Surface Hole Additives Report)						
Intermediate:	12-1/4"	9-5/8"	6450'	780	6450'	52
Production:	8-1/2"	5-1/2"	16007'	820	16007'	96
Tubing:						
Other:						
38. Name of drilling contractor: Nomac						
39. Type of electrical and/or wireline logs run: (all logs must be submitted)						
40. Name of logging company:						
DIVISION USE ONLY						
Log Submitted: Yes/No		FRAC DATA SUBMITTED:		Well Class: _____		
Confidential: Yes/No		Pressure/Rate Graph <input type="checkbox"/>				
		Record <input type="checkbox"/>				
		Invoice <input type="checkbox"/>				

