

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. ☐

1. Owner #: 9520		3. API #: 34-059-2-4370-00-00																																															
2. Owner name, address and telephone numbers: Ascent Resources - Utica, LLC PO Box 13678 Oklahoma City, OK 73113 Telephone No.: 405-607-5529		4. Type of Permit: Drill new well, horizontally																																															
		5. County: Guernsey																																															
		6. Civil Township: Madison																																															
8. Type of Well: Oil & Gas		7. Footage: Tgt: 2491' SL & 677' EL of Sec 22 Surf: 423' SL & 1245' EL of Sec 1																																															
9. X: 2322731 Y: 776937		21. Date drilling commenced: 11/15/2014																																															
10. Quad: Freeport		22. Date drilling completed: 12/2/2014																																															
11. Section: 1 12. Lot:		23. Date put into production: 6/12/2015																																															
13. Fraction: 14. Qtr. Twp:		24. Date plugged, if dry:																																															
15. Tract:		25. Producing formation: Point Pleasant																																															
16. Allot:		26. Deepest formation: Point Pleasant																																															
17. Well #: 3H		27. Driller's total depth: 16027' TD/ 7260.2' TVD																																															
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: <input type="checkbox"/> Cable <input checked="" type="checkbox"/> Air Rotary <input checked="" type="checkbox"/> Fluid Rotary <input type="checkbox"/> Service Rig		31. Type of completion: <input type="checkbox"/> Open Hole <input checked="" 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: FTS International																																																	
35. Method of shot, acid, or fracture treatments, production tests, pressures, etc.: <table style="width:100%;"><tr><td>SHOT:</td><td>ACID:</td><td>FRAC FLUIDS:</td><td>SAND:</td><td>PRESSURES (psi):</td></tr><tr><td>Lbs. _____</td><td>Gals. _____</td><td>Water (gals) _____</td><td>Lbs. _____</td><td>Breakdown _____</td></tr><tr><td>Qts. _____</td><td>Type _____</td><td>Water (bbl) _____</td><td>Sks. _____</td><td>ATP _____</td></tr><tr><td>Type _____</td><td>Percent _____</td><td>CO2 (tons) _____</td><td></td><td>ISIP _____</td></tr><tr><td></td><td></td><td>N2 (mscf) _____</td><td></td><td>5 min. SIP _____</td></tr><tr><td></td><td></td><td></td><td></td><td>Avg. Rate _____</td></tr></table> <p style="text-align: center; font-style: italic;">Please see attached.</p> <table style="width:100%;"><tr><td colspan="2">METHOD OF FLUID CONTAINMENT</td><td colspan="2">DATE TREATED: _____</td></tr><tr><td>FLUIDS:</td><td>PIT FRAC TANK</td><td colspan="2"><input type="checkbox"/> Well Stimulation Additives Report (Form 8B) Attached</td></tr><tr><td>Swab <input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="2"><input type="checkbox"/> Stimulation Information Reported to FracFocus.</td></tr><tr><td>Flowback <input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="2"></td></tr></table>				SHOT:	ACID:	FRAC FLUIDS:	SAND:	PRESSURES (psi):	Lbs. _____	Gals. _____	Water (gals) _____	Lbs. _____	Breakdown _____	Qts. _____	Type _____	Water (bbl) _____	Sks. _____	ATP _____	Type _____	Percent _____	CO2 (tons) _____		ISIP _____			N2 (mscf) _____		5 min. SIP _____					Avg. Rate _____	METHOD OF FLUID CONTAINMENT		DATE TREATED: _____		FLUIDS:	PIT FRAC TANK	<input type="checkbox"/> Well Stimulation Additives Report (Form 8B) Attached		Swab <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stimulation Information Reported to FracFocus.		Flowback <input type="checkbox"/>	<input type="checkbox"/>		
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36. Amount of initial production per day: _____ (MCF)		_____ (Bbls)																																															
Natural: Gas _____		Oil _____ Brine _____																																															
After Treatment: Gas 2440		Oil 918 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'	370sks	95'	0																																											
Surface:	17-1/2"	13-3/8"	954'	1540sks	954'	7																																											
<input checked="" type="checkbox"/> Attach Form 8A (Surface Hole Additives Report)																																																	
Intermediate:	12-1/4"	9-5/8"	6450'	1560sks	6450'	52																																											
Production:	8-1/2"	5-1/2"	16007'	2930sks	16007'	96																																											
Tubing:																																																	
Other:																																																	
38. Name of drilling contractor: Stone Well Service																																																	
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"/>																																															

RECEIVED

SEP 28 2015

Division of Oil and Gas
Resources Management

FORMATION	TOP	BASE	Shows of oil, gas, fresh water, or brine; indicate depth or interval	REMARKS
Fresh water Strata				
Glacial Deposits				
Coal Seams				
1st Cow Run				
Buell Run				
2nd Cow Run				
Salt Sand				
Maxton Sand				
Keener Sand				
Big Injun Sand				
Squaw Sand				
Mississippian Shale				
Weir Sand				
Berea Sand	1299			
Bedford Shale				
2 nd Berea				
Ohio Shale				
Gantz				
Thirty Foot				
Gordon				
Cinnamon				
Rhinestreet				
Marcellus				
Big Lime				
Sylvania				
Oriskany				
Bass Island				
Salina				
Salt Section				
Newburg				
Lockport				
Little Lime				
Packer Shell				
Stray Clinton				
Red Clinton				
White Clinton				
Medina				
Queenston				
Utica	7290		Gas show	
Point Pleasant	7574		Gas show	
Trenton				
Black River				
Gull River				
Glenwood Shale				
Knox Unconformity				
Beekmantown				
Rose Run				
Trempealeau/Copper Ridge				
"B" Zone				
Krysik				
Kerbel				
Conasauga				
Rome				
Mt. Simon				
Granite Wash				
Middle Run				
Granite				


(SIGNATURE)

Ariel Bravo
(NAME TYPED OR PRINTED)

9/24/2015
(DATE)

Regulatory Technician
(TITLE)

Ascent Resources - Utica, LLC
(REPRESENTING)