

CBM WELL STIMULATION AND HYDRAULIC FRACTURING REPORT State Form 54892 (11-11) / Form R14

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas 402 W. Washington St., Rm. 293 Indianapolis, IN 46204 Telephone number: (317) 232-4055 FAX number: (317) 232-1550 Internet: http://www.in.gov/dnr/dnroil

FOR STATE USE ONLY					
Permit number	IGS number				
Date received	Date approved				
Approved by					

PART I GENERAL INFORMATION									
Name of operator									
Address of operator (Street or PO Box) (ess) Sta	ate		ZIP code			
City	City				lephone number				
			,	,					
	URFACE LOCATIO	N AND LE				Dame't accept as			
Name of lease Well nu			Well numbe	er Permit number					
Township Range Land Type >Sele Land Number:	ect One< 1/4 1/4	1/4	Footages:	ft. fro		S, □NW, □SE line W, □NE, □SW line			
County									
DADT III	2241 2544	O-TIMUL A		MATION					
PART III	COAL SEAM	STIMULA	TION INFOR		Ct \.	Dettern (ft.)			
Date stimulated: Coal seam stim	nulated:			Top (π.):	Bottom (ft.):			
Source of base fluid (i.e. fresh water, produced water,etc.): Volume of base fluid water,etc.):			of base fluid	: Volume Units:					
Stimulation Type (check one):	☐ - Hydraulic fractu	ring \square	- Other (des	cribe):					
Maximum injection treating pressure (psi): Maximum injection treating rate (bbls/min):			g rate	Lbs proppant:					
Face and butt cleat orientation (if known):		Estimated or calculated fracture half length (if known):			Estimated or calculated fracture height (if known):				
Principal strata above coal seam:	_ithology:	Principa seam:	strata below	coal	Coal Lithology:				
					•				
Date stimulated: Coal seam stimulated:				Top (Top (ft.): Bottom (ft.):				
Source of base fluid (i.e. fresh water, produced water, etc.):			of base fluid	: Volume Units:					
Stimulation Type (check one):									
Maximum injection treating pressure (psi):	m injection treating pressure Maximum injection treating rate (bbls/min):		g rate	Lbs proppant:					
Face and butt cleat orientation (<i>if</i> Estimated or calculated fracture has known):		acture half	Estimated or calculated fracture height (<i>if known</i>):						
Principal strata above coal seam:	_ithology:	Principal strata b seam:		coal	Lithology	_ithology:			
Documents attached:									

PART IV STIMULATION FLUID ADDITIVE INFORMATION										
	Product description				MSDS on					
	(i.e. acid, proppant,		Actual rate or	Copy of	file with					
Product name	biocide, scale	Product manufacturer	concentration	MSDS	Division of					
	inhibitor, etc.)			attached	Oil and Gas					
PART V MANAGEMENT OF STIMULATION FLUIDS AND SOLIDS										
Volume of flowback fluids recovered (gallons):										
Disposal of flowback fluids: gallons to: Class II injection well - Operator name: Permit #:										
gallons to: Treatment facility – NPDES Permit #:										
Describe disposal method for flowback solids:										
PART VI AFFIRMATION										
I affirm under penalty of perjury that the information provided in this plan is true to the best of my knowledge and										
belief.										
Typed or printed name of operator or authorized agent										
Signature of operator or authorized agent		Date signed (month, day, year)								
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REMINDERS

PART I:

Enter the name of the operator exactly as it appears on the Organizational Report.

PART II

Enter the lease name and well number, assigned permit number, and location information for this well.

PART III

• Enter information about the coal that was stimulated. Enter the top and bottom depths of the coal in feet from the ground surface. The strata above and below the coal should be identified by lithology and name (if a name has been assigned to that stratigraphic unit). If the cleat orientation, fracture half-length or fracture height are not known, enter "unknown" in that field. You must attach service company tickets describing the stimulation job as well as any logs, surveys or pressure charts that were generated. If more than two coal seams were stimulated, use an additional copy of page one of this form to report the data.

PART IV

• Enter the information for any material that was added to the base fluid that was used for the stimulation. If the Material Safety Data Sheet (MSDS) has already been submitted to the division, do not send another copy. You may check the division website for a listing of MSDS's that have already been submitted to the division. However, if the additive that was used is a different version or revision of that material, a new MSDS should be submitted. Enter the concentration or actual rate of the additive in pounds per 1000 gallons or gallons per 1000 gallons.

PART V

• This section reports the disposal of stimulation wastes (flowback). If fluid wastes are disposed into a Class II injection well, enter the permit number of that well and the name of the oil and gas operator who holds that permit. If the fluid is disposed into a surface treatment facility, enter the NPDES permit number and the name of the company or individual that holds that permit. Describe how the solid wastes were handled including the name of any facility to which the wastes were taken.

PART VI

• The signature **must** match a signature shown in Parts V or VI of the operator's Organizational Report that is currently on file with the division.