

Alabama:

Example Disclosure 1 of 2

STATE OIL AND GAS BOARD OF ALABAMA

420 Hackberry Lane
P.O. Box 869999
Tuscaloosa, Alabama 35486-6999
(205) 349-2852 Fax (205)349-2861
www.ogb.state.al.us

16473-C
Permit number
RECEIVED
JUL 19 2011
STATE OIL AND GAS BOARD
OF ALABAMA

Report of Well Treatment*

Chemically Treat Fracture Other
(file in triplicate)

Name of operator Energen Resources

Address 605 Richard Arrington Jr. Blvd. North City Birmingham State AL Zip 35203

Well name and number WW-11-19-07-01-05-9124 County JEFFERSON

Well Location (give footage from nearest section or tract lines) 2189' FNL 1067' FWL Section-Township-Range or Tract 501 T19S R07W

Latitude 33.41807 Longitude 87.22875

Field (If wildcat, so state) OAK GROVE Reservoir POTTSVILLE COAL

Person to contact regarding this form MIKE BRETZKE
Phone number 205-554-3138
Fax number 205-553-5252
E-Mail address mbretzke@energen.com

WELL DATA

New well Producer Type of well (oil, gas, Class II) GAS Formation treated BLACK CREEK
Treatment from 1798 to 1802; from _____ to _____
Daily production (injection) prior to treatment N/A

RESULTS OF TREATMENT

Permission to treat well authorized by RANDY OGLESBY Date 6/17/11
(Oil & Gas Board Agent)
Date treatment was begun 6/21/11 Date treatment was completed 6/21/11
Treatment contractor SUPERIOR Fracture gradient (psi/ft) 0.66
Daily production (injection) after treatment is 0

Give full details of treatment*

FRACED WITH 31,186 GALS FOAM AND 25,100 # 12/20 SAND DOWN 5-1/2 CASING AT 18 BPM.
AVERAGE STP WAS 2,358 PSIG AND FINAL ISIP WAS 417 PSIG.

* A separate form is required for each individual treatment.

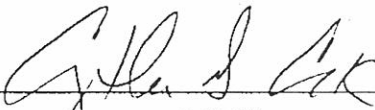
Operation witnessed by Agent of the Board Yes No If yes, give name of Agent _____

Executed this the 18 day of July, 20 11


Signature

Before me, the undersigned authority, on this day personally appeared Mike Bretzke known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this 18 day of July, 20 11



SEAL
My commission expires 1/10/12

Notary Public in and for ALABAMA
County, STATE AT LARGE

Alabama:

Example Disclosure 2 of 2

STATE OIL AND GAS BOARD OF ALABAMA

Form OGB - 6

420 Hackberry Lane
P.O. Box 869999

Tuscaloosa, Alabama 35486-6999
(205) 349-2852 Fax (205) 349-2861
www.ogb.state.al.us

16258-C

Permit number

RE

5/00



Report of Well Treatment*

Chemically Treat Fracture Other

(file in triplicate)

JUN 21 2010

STATE OIL AND GAS BOARD
OF ALABAMA

Name of operator El Paso E&P Company, L.P.
Address 16127 Yellow Creek Road City Tuscaloosa State Alabama Zip 35406

Well name and number CLC 34-05-332 County Jefferson

Well Location (give footage from nearest section or tract lines)
1512' FNL & 729' FWL Section-Township-Range or Tract
34 - 17S - 5W
Latitude 33° 52' 05.7" Longitude 87° 05' 47.5"

Field (if wildcat, so state) Short Creek Coal Degasification Reservoir Pottsville Coal Interval

Person to contact regarding this form Sue Small
Phone number 205-345-2055
Fax number 205-345-4325
E-Mail address Sue.Small@ElPaso.com

WELL DATA

New well Producer Type of well (oil, gas, Class II) Gas Formation treated Pottsville Coal Interval
Treatment from See Below to _____; from _____ to _____
Daily production (injection) prior to treatment n/a

RESULTS OF TREATMENT

Permission to treat well authorized by Randy Oglesby Date June 10, 2010
(Oil & Gas Board Agent)
Date treatment was begun June 16, 2010 Date treatment was completed June 16, 2010
Treatment contractor Superior Well Service Fracture gradient (psi/ft) See Below
Daily production (injection) after treatment is Not tested

Give full details of treatment * Treated with 75Q SAS foam frac fluid. 12/20 sand

Interval	Breakdown (psi)	Frac Fluid (bbls)	Sand (#)	Avg. rate (bpm)	Avg. Press (psi.)	ISIP (psi)	FG (psi/ft)
See attachment for details of treatment.							

*A separate form is required for each individual treatment.

Operation witnessed by Agent of the Board Yes No If yes, give name of Agent _____

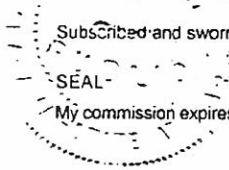
Executed this the 22nd day of June, 20 10

Celeste C. Hagler
Signature

Before me, the undersigned authority, on this day personally appeared Celeste C. Hagler known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this 22nd day of June, 20 10

Raymond M. Hoop
Notary Public in and for Alabama
County, State At Large



CLC 34-05-332

16258-C
Permit #

JUN 26 2010

Treated with 75Q SAS foam frac fluid and 12/20 sand

STATE OF ALABAMA
BOARD

Interval	Breakdown (psi)	Frac Fluid (bbls)	Sand (#)	Avg. Rate (bpm)	Avg. Press. (psi)	ISIP (psi)	FG (psi/ft)
1371-1373	1648	619	40,700	33.5	1280	585	0.86
1367-1369							
1360-1363							
1357-1360							
1309-1311	718	325	14,800	22.2	1015	608	0.91
1283-1285							
1263-1265							
1204-1207	723	492	32,300	33.2	1420	449	0.81
1200-1202							
1170-1172	647	237	6,700	26.5	1350	415	0.79
1015-1018	1628	351	17,000	28.8	1162	536	0.96
999-1002	370	717	65,700	32.4	753	276	0.71
993-997							
988-993							