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) 349-2862 Fax (205)349-2861
www.ogb.state.al.us

Report of Well Treatment*
Chemically Treat [ ] Fracture [X]
(file n (replicate)

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

Well Location:
(give footage from nearest section or tract lines)
2189' FNL 1067' FNL
Latitude: 3 3 4 1 8 0 7
Longitude: 8 7 2 2 8 7 5

Field (if wildcard, so state): OAK GROVE
Reservoir: POTTsville COAL

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

WELL DATA
New well [X] Producer [ ] Type of well (oil, gas, Class II): GAS
Formation treated: BLACK CREEK

Treatment from: 1798 to 1802

Daily production (injection) prior to treatment: N/A

RESULTS OF TREATMENT

Permission to treat well authorized by RANDY OGLESBY (Oil & Gas Board Agent)
Date: 6/17/11

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 [X] No
If yes, give name of Agent

Executed this the 18 day of July 2011

Subscribed and sworn to before me this 18 day of July 2011

Mike Bretzke
Notary Public in and for ALABAMA
County, STATE AT LARGE

My commission expires: 1/10/12
Alabama:

Example Disclosure 2 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  

**Report of Well Treatment**

Chemically Treat □  
Fracture X  
Other □  
(file in triplicate)  

<table>
<thead>
<tr>
<th>Name of operator</th>
<th>El Paso E&amp;P Company, L.P.</th>
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<tbody>
<tr>
<td>Address</td>
<td>16127 Yellow Creek Road</td>
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<tr>
<td>Well name and number</td>
<td>CLC 34-05-332</td>
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<tr>
<td>Well Location</td>
<td>3352057</td>
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<tr>
<td>Field (If wildcat, so state)</td>
<td>Short Creek Coal Gasification</td>
</tr>
<tr>
<td>Person to contact regarding this form</td>
<td>Sue Small</td>
</tr>
<tr>
<td>Phone number</td>
<td>205-345-2055</td>
</tr>
<tr>
<td>Fax number</td>
<td>205-345-4325</td>
</tr>
<tr>
<td>E-Mail address</td>
<td><a href="mailto:Sue.Small@ElPaso.com">Sue.Small@ElPaso.com</a></td>
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**WELL DATA**

New well X  
Producer □  
Type of well (oil, gas, Class II) Gas  
Formation treated Pottsville Coal Interval  

<table>
<thead>
<tr>
<th>Treatment from</th>
<th>See Below</th>
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<tbody>
<tr>
<td>Date treatment was begun</td>
<td>June 16, 2010</td>
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<tr>
<td>Date treatment was completed</td>
<td>June 16, 2010</td>
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<tr>
<td>Treatment contractor</td>
<td>Superior Well Service</td>
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<tr>
<td>Fracture gradient (psi/ft)</td>
<td>See Below</td>
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<tr>
<td>Daily production (injection) after treatment is</td>
<td>Not tested</td>
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Give full details of treatment:  
Treated with 75Q SAS foam frac fluid, 12/20 sand  

<table>
<thead>
<tr>
<th>Interval Breakdown (psi)</th>
<th>Frac Fluid (bbls)</th>
<th>Sand (t)</th>
<th>Avg. rate (bpm)</th>
<th>Avg. Press (psi)</th>
<th>ISIP (psi)</th>
<th>FG (psi/ft)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

See attachment for details of treatment.

**RESULTS OF TREATMENT**

Permission to treat well authorized by Randy Oglesby  
(Oil & Gas Board Agent)  
Date June 10, 2010  

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

Executed this the 22nd day of June 20 10  

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.

Subscription and sworn to before me this 22nd day of June 20 10  
Notary Public in and for Alabama  
County State At Large  

My commission expires 04/17/2011
<table>
<thead>
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<th>Interval</th>
<th>Breakdown (psi)</th>
<th>Frac Fluid (bbls)</th>
<th>Sand (#)</th>
<th>Avg. Rate (bpm)</th>
<th>Avg. Press. (psi)</th>
<th>ISIP (psi)</th>
<th>FG (psi/ft)</th>
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