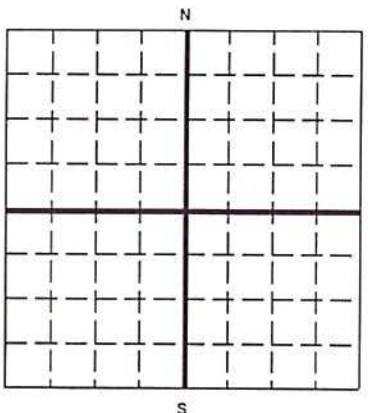




United States Environmental Protection Agency  
Washington, DC 20460

### ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

<b>Name and Address of Existing Permittee</b> Columbia Gas of Pennsylvania, Inc. 200 Civic Center Dr., P.O. Box 117 Columbus, OH 43216-0117	<b>Name and Address of Surface Owner</b> Columbia Gas of Pennsylvania, Inc. 121 Champion Way, Suite 100, Cannonsburg, PA 15317
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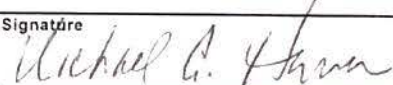
<b>Locate Well and Outline Unit on Section Plat - 640 Acres</b> 	State PA	County Beaver	Permit Number PAS2D041BBEA
<b>Surface Location Description</b> ___ 1/4 of ___ 1/4 of ___ 1/4 of ___ 1/4 of Section ___ Township Range			
Locate well in two directions from nearest lines of quarter section and drilling unit Surface 13,000 ft. South of Latitude 40° 47' 30"			
Location 7,500 ft. West of Longitude 80° 25' 00"			
and ___ ft. from (E/W) ___ Line of quarter section.			
<b>WELL ACTIVITY</b> <input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage		<b>TYPE OF PERMIT</b> <input type="checkbox"/> Individual <input type="checkbox"/> Area Number of Wells 1	
Lease Name John Galey		Well Number C-5	

RECEIVED  
 EPA REGION I  
 JAN 23 2019  
 GROUND WATER & ENFORCEMENT  
 (3WP22)

MONTH	YEAR	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING)	
		AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
January-2018		0	0	218			
February-2018		0	0	108			
March-2018		0	0	0			
April-2018		0	0	72			
May-2018		0	0	24			
June-2018		0	Shut In				
July-2018		0	Shut In				
August-2018		0	Shut In				
September-2018		0	Shut In				
October-2018		0	0	40			
November-2018		0	0	8			
December-2018		0	0	54			

**Certification**

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32)

<b>Name and Official Title (Please type or print)</b> Michael A. Huwar President and COO CPA/CMD	<b>Signature</b> 	<b>Date Signed</b> 01/29/19
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Total bbls = 422  
 Compliance Review Completed  
 WMS updated  
 Ref to O: Drewe  
 pm  
 01/26/19  
 Max Pressure = 1832