United States Environmental Protection Agency

	Email of Permittee						
Pocahontas Gas LLC							
PO Box 570 Pounding Mill, VA 24637 andrewstatzer@enx.com							
State		1	County				
Virginia			Buchanan				
WELL TYPE	Locate well in two direction	s from nearest li	nes of quarter secti	ion and drilling uni	t		
✓ Brine Disposal	Surface Location						
Enhanced Recovery	1/4 of 1/4						
Hydrocarbon Storage		222					
	ft. from (N/S)		quarter section quarter section.				
	n. nom (Erw)	Line of	quarter section.				
	1 - Nove - 279121 10 2011		I marke de	010571 27 221			
	Latitude 37°13' 19.28"		Longitude	81°57' 36.22''			
Permit or EPA ID Number	AS2D930BBUC AP	Number 45027	70207600	Full Well Nar	ne N26		
					TUBING CASING		
	INJECTION PRESSURE		TOTAL VOLUME IN.		ANNULUS PRESSURE		
			TOTAL TOLUME IN	JECTED			
MONTH, YEAR	MAXIMUM PSIG	BB	WHAT THE RESIDENCE OF THE PARTY	MCF	(IF SPECIFIED IN PERMIT) MAXIMUM PSIG		
MONTH, YEAR January-2019	MAXIMUM PSIG	160	WHAT THE RESIDENCE OF THE PARTY	***************************************	(IF SPECIFIED IN PERMIT)		
	MAXIMUM PSIG		WHAT THE RESIDENCE OF THE PARTY	***************************************	(IF SPECIFIED IN PERMIT) MAXIMUM PSIG		
January-2019	MAXIMUM PSIG	160	WHAT THE RESIDENCE OF THE PARTY	***************************************	(IF SPECIFIED IN PERMIT) MAXIMUM PSIG Full		
January-2019 February-2019 March-2019	MAXIMUM PSIG	160	WHAT THE RESIDENCE OF THE PARTY OF THE PARTY.	***************************************	(IF SPECIFIED IN PERMIT) MAXIMUM PSIG Full Full		
January-2019 February-2019 March-2019 April-2019	MAXIMUM PSIG	160 160	WHAT THE RESIDENCE OF THE PARTY OF THE PARTY.	***************************************	(IF SPECIFIED IN PERMIT) MAXIMUM PSIG Full Full Full		
January-2019 February-2019 March-2019	MAXIMUM PSIG	160 160 160 320	WHAT THE RESIDENCE OF THE PARTY OF THE PARTY.	***************************************	(IF SPECIFIED IN PERMIT) MAXIMUM PSIG Full Full Full Full		
January-2019 February-2019 March-2019 April-2019 May-2019 June-2019	MAXIMUM PSIG	160 160 160 320	WHAT THE RESIDENCE OF THE PARTY OF THE PARTY.	***************************************	(IF SPECIFIED IN PERMIT) MAXIMUM PSIG Full Full Full Full Full		
January-2019 February-2019 March-2019 April-2019 May-2019 June-2019 July-2019	MAXIMUM PSIG	160 160 160 320 170	WHAT THE RESIDENCE OF THE PARTY OF THE PARTY.	***************************************	(IF SPECIFIED IN PERMIT) MAXIMUM PSIG Full Full Full Full Full Full Full		
January-2019 February-2019 March-2019 April-2019 May-2019 June-2019 July-2019 August-2019	MAXIMUM PSIG	160 160 160 320 170 160	WHAT THE RESIDENCE OF THE PARTY OF THE PARTY.	***************************************	(IF SPECIFIED IN PERMIT) MAXIMUM PSIG Full Full Full Full Full Full Full Full Full		
January-2019 February-2019 March-2019 April-2019 May-2019	MAXIMUM PSIG	160 160 160 320 170 160 0	WHAT THE RESIDENCE OF THE PARTY OF THE PARTY.	***************************************	(IF SPECIFIED IN PERMIT) MAXIMUM PSIG Full Full Full Full Full Full Full Full Full Full		
January-2019 February-2019 March-2019 April-2019 May-2019 June-2019 July-2019 August-2019 September-2019	MAXIMUM PSIG	160 160 160 320 170 160 0 404	WHAT THE RESIDENCE OF THE PARTY OF THE PARTY.	***************************************	Full Full Full Full Full Full Full Full		

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)

Name and Official Title (Please type or print)	Signature	Date Signed
Craig W. Neal	Craig W Neal	1/21/2020
VP operations	carry vo	