



POCAHONTAS GAS LLC

*BPC-01 Underground Injection Control Well
For disposal of produced fluids*

EPA UIC # VAS2D960BBUC
Renewal Application

BUCHANAN COUNTY, VIRGINIA

Prepared for the USEPA REGION 3 OFFICE

***Mr. Kevin Rowsey
Source Water & UIC Section
Water Division
1650 Arch Street
Philadelphia, PA 19103-2029***

VAS2D960BBUC



PO Box 570
Pounding Mill, VA 24637

phone: 276-596-5137
robertstaton@cnx.com

June 18, 2020

Mr. Kevin Rowsey
U.S. EPA Region 3 Office
Source Water & UIC Section
Water Division
1650 Arch Street
Philadelphia, PA 19103-2029

RE: UIC Permit Number VAS2D960BBUC (BPC-01)

Dear Mr. Rowsey;

We are writing to request permit renewal of the above referenced Underground Injection Well, that will expire on August 27, 2020. We have prepared this renewal application using the revised guidance document, Form 7520-6, as provided by your office. After you have had time to review the document, please contact us with any questions or comments.

Sincerely,

Andrew Statzer
Senior Production Engineer

Bob Staton, MS PG
Permitting Agent III

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Attachment A. Map and Area of Review

Part I Individual Permit form 7520-6

Part II Area of Review Size Determination (fixed radius $\frac{1}{4}$ mile from well site)

Part III Maps 1,2, 3 & 4

1. Topographic map showing Area of Review (AOR):
 - Name and location of all production wells, injection wells, abandoned wells, dry holes, and all water wells, noting their types.
 - Springs and surface bodies of water
 - Mines (surface and subsurface) and quarries
 - Other pertinent surface features
2. Topographic map extending $\frac{1}{4}$ mile from the AOR
 - Name and location of all production wells, injection wells, abandoned wells, dry holes, and all water wells, noting their types.
 - Springs and surface bodies of water
 - Mines (surface and subsurface) and quarries
 - Other pertinent surface features
3. Topographic map extending one mile beyond the facility property boundary, showing the following items;
 - Project injection well, well pad, and/or project area
 - Applicable AOR
 - All outcrops of injection and confining formations
 - All surface water intake and discharge structures and,
 - All hazardous waste treatment, storage, or disposal facilities.

Part IV Area of Review and Corrective Action Plans

- *No corrective action is required. All wells are plugged or producing and properly cased to prevent migration of fluids.*

Part V Landowners Information

- *Table: Names and Addresses*

Attachment B. Geological and Geophysical Information

Part I. Geological Data

- *Has not changed*

Part II. Formation Testing Program

- *Has not changed*

Part III. Well Logs

- *Has not changed*

Part IV Completion Reports

Attachment C. Well Construction/Conversion Information

Part I. Well Schematic Diagram

Has not changed

Part II. Well Construction or Conversion Procedures

Has not changed

Attachment D. Injection Operation and Monitoring Program

Has not changed

Attachment E. Plugging and Abandonment Plan

Updated P&A Plan Included

Attachment F. Financial Assurance

Surety Bond Included

Attachment I. Existing EPA Permits

Existing Permits Identified

Attachment J. Description of Business

Included

Attachment K. Optional Additional Project Information

Included



This certification statement is being submitted as an addendum to a letter to Mr. Kevin Rowsey, in reference to UIC Permit No. VAS2D960BBUC

CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Craig Neal Date: 06/17/2020

Title: Vice President Operations Phone No. 724-485-3116

Signature: *Craig Neal*



United States Environmental Protection Agency
Underground Injection Control
Permit Application for a Class II Well
 (Collected under the authority of the Safe Drinking Water Act.
 Sections 1421, 1422, and 40 CFR Part 144)

For Official Use Only

Date Received

Permit Number

Read Attached Instructions Before Starting

I. Owner Name, Address, Phone Number and/or Email

POCAHONTAS GAS LLC
 PO Box 570
 Pounding Mill, VA 24637

II. Operator Name, Address, Phone Number and/or Email

POCAHONTAS GAS LLC
 PO Box 570
 Pounding Mill, VA 24637

III. Commercial Facility

☐ Yes
☒ No

IV. Ownership

☒ Private
☐ Federal
☐ State/Tribal/
 Municipal

V. Permit Action Requested

☐ New Permit
☒ Permit Renewal
☐ Modification
☐ Add Well to Area Permit
☐ Other

VI. SIC Code(s)

1311

VII. Indian Country

☐ Yes
☒ No

VIII. Type of Permit (For multiple wells, use additional page(s) to provide the information requested for each additional well)

☒ A. Individual
☐ B. Area

Number of Wells
 1

Well Field and/or Project Names
 Central App/Nora Field

IX. Class and Type of Well (see reverse)

A. Class

II

B. Type (enter code(s))

D

C. If type code is "X," explain.

X. Well Status

☒ A. Operating
☐ B. Conversion
☐ C. Proposed
 Date Injection Started 10/01/2012
 Date Well Constructed 06/01/2011

XI. Well Information

API Number 450270201700
 Permit (or EPA ID) Number VAS2D960BBUC
 Full Well Name BPC-01

XII. Location of Well or, for Multiple Wells, Approximate Center of Field or Project

Locate well in two directions from nearest lines of quarter section and drilling unit

Surface Location

1/4 of 1/4 of Section Township Range

ft. from (N/S) Line of quarter section
 ft. from (E/W) Line of quarter section.

Latitude 37 05' 14.9"

Longitude -82 02' 52.4"

XIII. Attachments

In addition to this form, complete Attachments A-U (as appropriate for the specific well class) on separate sheets. Submit complete information, as required in the instructions and list all attachments, maps or other figures, by the applicable letter.

XIV. 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)
 Craig Neal

Signature

Date Signed

06/17/2020

Attachment A

Area of Review and Maps

An Area of Review Map (AOR) was prepared using the current information available for all wells, of all types, that are identified within the one-quarter mile radius of the project area. The names, locations and status of each well is summarized in Table 1. All the data was obtained from Pocahontas Gas LLC internal records; the Virginia Department of Mines, Minerals and Energy (DMME); Division of Gas and Oil (DGO); and the Virginia Department of Health (VDH). See Map 1.

No new wells have been drilled in this area since the original application for this UIC well. There have been no new water wells drilled within the AOR. In addition, there are no active quarries, surface, or underground mining, within the AOR, as verified by the Virginia DMME electronic archive system.

Water wells, Springs and Surface Water

Domestic water supply wells and springs were identified during the drilling of the CBM wells as required by the Division of Gas and Oil (see Table 2). In addition, we obtained information regarding domestic water supplies from the Virginia Department of Health local Buchanan County Field Office. See Map 2.

Surface waters are limited to small streams and tributaries of Grissom Creek which flows south and adjacent to the UIC, then into Ball Creek and finally into the head waters of the Russell Fork River near Council, Virginia.

Other surface features within the AOR are houses, roads and previous mining reclamation scaring of the topography. There are no hazardous waste treatment, storage or disposal facilities; no surface water intake or discharge systems. There are no outcroppings of the confining or injection layers that are in the UIC, due to the rock formations being generally flat lying, horizontal, sedimentary rock layers that slightly dip to the west and south. See Map 3.

Surface owners

Map 4 is a depiction of the surface tracts and ownership based on our current mapping and parcel identification. In addition, we relied on county tax records available on the Buchanan County electronic database system (see Table 3).

Table of CBM Wells and Completion Reports

Table 1: Summary of Well Information

	<u>WELL</u>		<u>N COORDS</u>	<u>E COORDS</u>	<u>WELL TYPE</u>	<u>FORMATION</u>	<u>DATE DRILLED</u>	<u>CASING</u>	<u>SURFACE</u>	<u>WATER</u>	<u>COAL</u>	<u>TOTAL</u>
	<u>NUMB</u>	<u>OPERATOR</u>						<u>CONDUCTOR</u>		<u>PROTECTION</u>	<u>PROTECTION</u>	<u>DEPTH (FT)</u>
1	BC98	POCAHONTAS GAS LLC	3576223.33	10448653.51	CBM/PR	P3	11/1/2004	56		223	2173	2395
2	BC99	POCAHONTAS GAS LLC	3576839.63	10449897.36	CBM/PR	P3	6/25/2004	46	221	648	2295	2525
3	BD97	POCAHONTAS GAS LLC	3574851.81	10446095.48	CBM/PR	P3	7/14/2004	27		442	2352	2580
4	BD98	POCAHONTAS GAS LLC	3574721.10	10448105.17	CBM/PR	P3	2/19/2002	24		310	1797	1932
5	BD99	POCAHONTAS GAS LLC	3574652.00	10449756.00	CBM/PR	P3	11/9/2004	16		223	2195	2405
6	BD100	POCAHONTAS GAS LLC	3575390.00	10450680.00	CBM/PR	P3	11/4/2004	20		223	2275	2495
7	BE97	POCAHONTAS GAS LLC	3573781.85	10446585.61	CBM/PR	P3	7/20/2004	16		310	2245	2430
8	BE98	POCAHONTAS GAS LLC	3573798.60	10447794.50	CBM/PR	P3	7/23/2004	17		222	2196	2370
9	BE99	POCAHONTAS GAS LLC	3573211.00	10449612.00	CBM/PR	P3	6/30/2004	23		357	1781	2000
10	BE100	POCAHONTAS GAS LLC	3573903.00	10450737.00	CBM/PR	P3	5/6/2005	18		310	2250	2455
11	BF98	POCAHONTAS GAS LLC	3572690.00	10448162.00	CBM/PR	P3	4/27/2005	31		221	2247	2455

1 Well Type: Coalbed Methane/producing

2 Formation: Pocahontas No. 3 Seam

3 Coordinates are NAD 83 Virginia South State Plane



12/22/04

Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

BU-21066
LFS

Operation Name: CBM-BC98
Permit Number: 6347

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 11/11/04 Total Depth: 1848'

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: See Attachment Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested

Permittee: CNX Gas Company LLC _____ PS16 _____ Hours Tested

By: Charles K. [Signature] (Company)
(Signature) Date: 11/29/04

Well Number	BC-98		
Completion Date	11/11/2004		
Total Depth	1848		
Permit Number	6347		
	Zone 1	Zone 2	Zone 3
Coals	P31, P52, P61, Coal	P82, P81, P91, LH3, LH1, P10, P11	MH1, UH3, LS1, Coal, LS1, 2, S2, S1, GC1 & Coal
	BC-98	BC-98	BC-98
Nitrogen (MSCF)	323	424	383
Water (BBLs)	183	257	266
Sand (SXS 20/40)	155	353	400
Sand (SXS 12/20)	53	56	50
Top Perf	1699	1513	1052.5
Bottom Perf.	2098.5	1658	1406
# Perfs	16	40	48
Perf Size	0.45	0.45	0.45
Break. Press.	3499	2396	2128
Avg. Rate	8.5	9.4	8.4
ISIP	1715	1466	1198
Min	2	2	2
Min Press.			
Avg. Press.	2895	2582	2721
Stimulated	Y	Y	Y
Stim. Date	11/11/2004	11/11/2004	11/11/2004
Permittee	CNX GAS LLC		



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

CU-2654
298

Operation Name: CBM-BC99
Permit Number: 6153

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 7/23/04 Total Depth: 2520'

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: See Attachment Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested

PS16 _____ Hours Tested

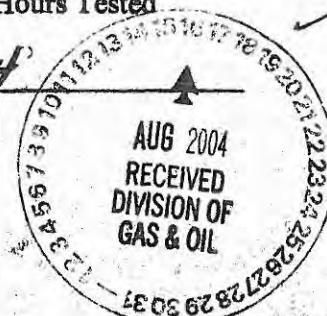
Permittee: CNX Gas Company LLC

(Company)

By: [Signature]
Form DGO-GO-15
Rev. 1/98

(Signature) Date: 8-13-04

ENTERED



Well Number BC-99
 Completion Date 7/23/2004
 Total Depth 2520
 Permit Number 6153

	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
Coals	P3-1,P3-2 P4-1,P4-1	Coal,Coal P8-1,P9-2	LH1,P10,P11 MH1,UH3,UH2	LS3,LS2,LS1 SE2,GC1,Coal	
Treatment					
Nitrogen (MSCF)	354	192	532	390	
Water (BBLS)	204	100	250	168	
Sand (SXS 20/40)	150	22	400	250	
Sand (SXS 12/20)	56	0	57	38	
Top Perf	2107.5	1715	1464	1167	
Bottom Perf.	2218	1815.5	1673	1415	
# Perfs	20	22	40	28	
Perf Size	0.45	0.45	0.45	0.45	
Break. Press.	2071	2898	2106	1764	
Avg. Rate	10.4	5.5	11.8	12	
ISIP	830	1297	1330	1260	
Min	5	5	5	5	
Min Press.	798	1200	1290	1205	
Avg. Press.	3353	3738	2611	2684	
Stimulated	Y	Y	Y	Y	
Stim. Date	7/23/2004	7/23/2004	7/23/2004	7/23/2004	

Permittee CNX Gas LLC.



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

BU-2660
LPS

Operation Name: CBM-BD97
Permit Number: 6169

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 8/10/04 Total Depth: 2580'



Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: See Attachment Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested

Permittee: CNX Gas Company LLC (Company) _____ PS16 _____ Hours Tested

By: [Signature] (Signature) Date: 9/14/04

Form DGO-GO-15
Rev. 1/98

ENTERED

Well Number BD-97
 Completion Date 8/10/2004
 Total Depth 2580
 Permit Number 6169

	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
Coals	P3-4,P3-1,P4-1	Coal,P8-2,P8-1	P9-1,LH1,P10,P11,MH1,UH3,UH2	UH1,LS3,LS2,LS1,SE2,GC1,US1	
Treatment					
Nitrogen (MSCF)	333	332	487	483	
Water (BBLs)	191	177	238	207	
Sand (SXS 20/40)	150	200	400	350	
Sand (SXS 12/20)	53	56	79	78	
Top Perf	2153	1836	1538.5	1062.5	
Bottom Perf.	2292	1889.5	1783	1497.5	
# Perfs	14	22	52	40	
Perf Size	0.45	0.45	0.45	0.45	
Break. Press.	2700	2278	2376	1473	
Avg. Rate	10.3	12.5	14.2	14	
ISIP	1160	1320	1290	1630	
Min	5	5	5	5	
Min Press.	1080	1280	1190	1540	
Avg. Press.	3228	2888	2744	2827	
Stimulated	Y	Y	Y	Y	
Stim. Date	8/10/2004	8/10/2004	8/10/2004	8/10/2004	

Permittee CNX GAS LLC



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (540) 676-5423

BD 2198 155

Operation Name: CBM BD-98
Permit Number: 5180

ENTERED

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 3/20/02 Total Depth: 1931.5'

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: See Attachment Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested

Permittee: CONSOL Energy Inc

By: [Signature] (Company) PS16

Form DGO-GO-15
Rev. 1/98

(Signature) Date: 4-9-02



Well Number BD-98
 Completion Date 3/20/2002
 Total Depth 1931.5
 Permit Number 5180

	Zone 1 P3-5,P3-1,P6-1,P8-1	Zone 2 P9-2,P9-1,LH3,LH1,P10,	Zone 3 P11,MH2,MH1
Coals			
Treatment			
Nitrogen (MSCF)	348	366	285
Water (BBLS)	202	218	169
Sand (SXS 20/40)	208	257	205
Sand (SXS 12/20)	49	47	50
Top Perf	1310.5	1132	997
Bottom Perf.	1720	1265.5	1117
# Perfs	26	34	22
Perf Size	0.45	0.45	0.45
Break. Press.	3350	3038	2939
Avg. Rate	17.2	16.6	15.6
ISIP	1746	1363	1839
Min	5	5	5
Min Press.	1342	1196	1436
Avg. Press.	2755	2787	2785
Stimulated	Y	Y	Y
Stim. Date	3/20/2002	3/20/2002	3/20/2002

Permittee CONSOL



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

BU-2725

Operation Name: CBM-BD99
Permit Number: 6302

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 12/8/04 Total Depth: 2407.36'

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: See Attachment Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

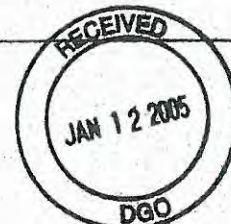
Final production if gas zones are commingled _____ MCFD _____ Hours Tested

Permittee: CNX Gas Company LLC (Company) _____ PS16 _____ Hours Tested

By: [Signature] (Signature) Date: 1-10-05

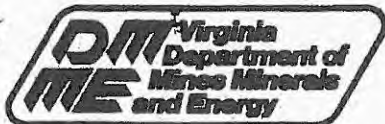
Form DGO-GS-15
Rev. 1/98

ENTERED



Well Number BD-99
 Completion Date 12/8/2004
 Total Depth 2407.36
 Permit Number 6302

	Zone 1 Coals P31, P32, P41, Coal, P81,P82,P91	Zone 2 LH3,LH1,P10,P11,MH2,MH1	Zone 3 UH3,UH2,LS3,LS1,LS2,S2,S1,GC2,GC1
BD-99	BD-99	BD-99	BD-99
Nitrogen (MSCF)	789	459	403
Water (BBLs)	346	240	213
Sand (SXS 20/40)	443	347	288
Sand (SXS 12/20)	17	9	9
Top Perf	1615	1406	1053
Bottom Perf.	2138	1592	1374
# Perfs	46	28	36
Perf Size	0.39	0.39	0.39
Break. Press.	2402	2236	1745
Avg. Rate	20	26	25
ISIP	1454	1821	1481
Min	5	5	5
Min Press.	2917	1603	2056
Avg. Press.	3355	2734	2291
Stimulated	Y	Y	Y
Stim. Date	12/8/2004	12/8/2004	12/8/2004
Permittee	CNX GAS LLC		



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

BU-2729

Operation Name: CBM-BD100
Permit Number: 6312

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 12/1/04 Total Depth: 2496.69'

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: See Attachment Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested

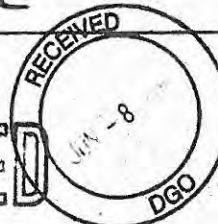
PS16 _____ Hours Tested

Permittee: CNX Gas Company LLC (Company)

By: [Signature] (Signature) Date: 4/7/05

Form DGO-GO-15
Rev. 1/98

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Well Number	CBM BD - 100			
Completion Date	Wed 12/1/04			
Total Depth	2496.69			
Permit Number	6312			
	Zone 1	Zone 2	Zone 3	Zone 4
Coals	P61, P62, P41	LH3, P91, P81, P82 Coal	UH2, UH3, MH1, MH2, P11, P10, LH1	Coal, LC4, GC2, S2, LS 1,2,3
CBM BD - 100	CBM BD - 100	CBM BD - 100	CBM BD - 100	CBM BD - 100
Nitrogen (MSCF)	466	280	283	266
Water (BBLS)	189	177	221	157
Sand (SXS 20/40)	450	300	450	450
Sand (SXS 12/20)	54	58	53	55
Top Perf	1906	1651.5	1422.5	971
Bottom Perf.	2089.5	1784	1626	1378
# Perfs	38	44	36	30
Perf Size	0.45	0.45	0.45	0.45
Break. Press.	2678	1892	2024	1865
Avg. Rate	8.8	10.8	10.9	11
ISIP	1420	1516	1276	1400
Min	5	5	5	5
Min Press.	1375			1293
Avg. Press.	2527	3052	3333	2591
Stimulated	Y	Y	Y	Y
Stim. Date	Wed 12/1/04	Wed 12/1/04	Wed 12/1/04	Wed 12/1/04
Permittee	CNX GAS LLC			



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Department of Mines, Minerals and Energy
Division of Gas and Oil
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Telephone: (276) 676-5423

BU-2513
9047

92E
2/27/04

Operation Name CBM-U35D
Permit Number: 5851

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 11/21/03 Total Depth: 1893.98'

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: Not Stimulated to date Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested

_____ PS16 _____ Hours Tested

Permittee: CNX Gas Company LLC (Company)

By: [Signature] (Signature) Date: 1-29-04

ENTERED



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Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

BU-2662
LSS

Operation Name: CBM-BE98
Permit Number: 6171-01

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 8/12/04 Total Depth: 2370'

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: See Attachment Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested

Permittee: CMX Gas Company LLC PS16 _____ Hours Tested

By: [Signature] (Company)
(Signature) Date: 9/13/04

Well Number	BE-98				
Completion Date	8/12/2004				
Total Depth	2370				
Permit Number	6171-01				
	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
Coals	P2-2,P2-1,	Coal, P8-2	P9-11,LH2,LH1	UH3,UH2,UH1,LS1	
Coals	P3-4,Coal		P10,P11,MH1	LS2,SE2,GC2,Coal	
Treatment					
Nitrogen (MSCF)	107	410	493	501	
Water (BBLS)	104	198	239	244	
Sand (SXS 20/40)	0	200	425	450	
Sand (SXS 12/20)	0	56	66	59	
Top Perf	1860.5	1639.5	1408	1072.5	
Bottom Perf.	2190	1571	1615	1379.5	
# Perfs	20	14	42	44	
Perf Size	0.45	0.45	0.45	0.45	
Break. Press.	3870	1866	2137	1877	
Avg. Rate	3	9.2	14.5	14.8	
ISIP	2800	1400	1225	1320	
Min	5	5	5	5	
Min Press.	1850	1270	1190	1192	
Avg. Press.	3900	3258	2857	2596	
Stimulated	Y	Y	Y	Y	
Stim. Date	8/12/2004	8/12/2004	8/12/2004	8/12/2004	
Permittee	CNX GAS LLC				



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Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

BU-2681
LPS

Operation Name: CBM-BE99
Permit Number: 6195

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 8/9/04 Total Depth: 2000'

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: See Attachment Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested

Permittee: CMX Gas Company LLC (Company)
By: Shane K. Curry for PS16 _____ Hours Tested
Form DGO-GO-15 (Signature) Date: 8-14-04
Rev. 1/98

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Well Number BE-99
 Completion Date 8/9/2004
 Total Depth 2000
 Permit Number 6195

	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
Coals	P3-1,P3-2,P4-1,Coal	Coal,P8-2,P8-1	P9-1,LH1,P10,P11,Coal,MH1	UH3,UH2,LS3,LS2,LS1,SE2,SE1	
Treatment					
Nitrogen (MSCF)	200	572	487	357	
Water (BBLs)	102	223	244	149	
Sand (SXS 20/40)	8	120	400	225	
Sand (SXS 12/20)	0	52	55	50	
Top Perf	1454.5	1274	1006.5	769	
Bottom Perf.	1754.5	1326.5	1220	975.5	
# Perfs	26	26	30	44	
Perf Size	0.45	0.45	0.45	0.45	
Break. Press.	2555	2990	2070	2128	
Avg. Rate	4.2	5.3	14	13.2	
ISIP	3315	3257	1300	2080	
Min	5	5	5	5	
Min Press.	3200	3025	1250	1600	
Avg. Press.	3850	3812	2622	3215	
Stimulated	Y	Y	Y	Y	
Stim. Date	8/9/2004	8/9/2004	8/9/2004	8/9/2004	

Permittee CNX GAS LLC



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

BU-2825

duplicate

Operation Name: CBM-BE100
Permit Number: 6530

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 5/26/05 Total Depth: 2463.44'

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: See Attachment Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested

Permittee: CNX Gas Company LLC (Company) PS16 _____ Hours Tested

By: *Justin L. Blythe* (Signature) Date: 6/23/05

Form DGO-60-15
Rev. 1/98

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Well Number BE-100
 Completion Date 5/26/2005
 Total Depth 2463.44
 Permit Number 6530

	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
Coals	P34, P31, P31	Coal, Coal, P71, P81, P82	P91, LH1, P10, Coal, P11	MH1, UH3, UH2, LS3, LS2, S2, S1	
BE-100	BE-100	BE-100	BE-100	BE-100	
Nitrogen (MSCF)	242	181	381	307	
Water (BBLS)	196	157	364	202	
Sand (SXS 20/40)	141	129	353	310	
Sand (SXS 12/20)					
Top Perf	2015	1678	1540.5	1180	
Bottom Perf.	2201	1846	1625	1181	
# Perfs	14	14	26	30	
Perf Size	0.45	0.45	0.45	0.45	
Break. Press.	3063	1045	2102	1980	
Avg. Rate	27	15	26	27	
ISIP	1075	1058	1288	1184	
Min	2	2	2	5	
Min Press.	0	0	0	0	
Avg. Press.	2800	2100	2600	2626	
Stimulated	Y	Y	Y	Y	
Stim. Date	5/26/2005	5/26/2005	5/26/2005	5/26/2005	
Permittee	CNX GAS LLC				



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

BU 2824

Operation Name: CBM-BF98
Permit Number: 6529

COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☒ Coalbed Methane ☐ Injection Well

Date Well Completed: 5/11/05 Total Depth: 2458.45'

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: See Attachment Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
Perforated _____ To _____ No. of Perforations _____ Perforation Size _____
Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
Stimulated: ☐ Yes ☐ No Date Stimulated: _____

FINAL PRODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested

Permittee: CNX Gas Company LLC (Company) PS16 _____ Hours Tested

By: [Signature] (Signature) Date: 4/13/05

Form DGO-GO-15
Rev. 1/98

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Well Number CBM BF - 98
 Completion Date Wed 5/11/05
 Total Depth 2458.45
 Permit Number 6529

	Zone 1	Zone 2	Zone 3	Zone 4
Coals	P31,P42,P41	Coal,P82,P81	P91,LH2,LH1,P10,P11,Coal,MH1	UH3,UH2,UH1,LS3,LS1
CBM BF - 98	CBM BF - 98	CBM BF - 98	CBM BF - 98	CBM BF - 98
Nitrogen (MSCF)	379	355	490	717
Water (BBLs)	186	168	223	258
Sand (SXS 20/40)	75	200	425	400
Sand (SXS 12/20)	53	46	53	54
Top Perf	2048	1723	1459	1116.5
Bottom Perf.	2187	1922	1667	1431
# Perfs	10	20	38	36
Perf Size	0.45	0.45	0.45	0.45
Break. Press.	3900	2634	2270	2220
Avg. Rate	7	10	11.5	11.2
ISIP	1431	1560	1125	1450
Min	5	5	5	5
Min Press.	-	-	-	-
Avg. Press.	3216	3286	3220	3347
Stimulated	Y	Y	Y	Y
Stim. Date	Wed 5/11/05	Wed 5/11/05	Wed 5/11/05	Wed 5/11/05

Permittee CNX GAS LLC

Table of Water Supply Wells and Springs

Table 2: DOMESTIC WATER SUPPLY WELLS & SPRINGS

	WELL ID	WELL/SPRING	TRACT ID	OWNER	APPROX. SPRING	
					WELL DEPTH (FT)	ELEVATION (FT)
1	BC97-2	SPRING	26	Donald Austin et ux		2200
2	BC98-2	WELL	8	Shirley O'Quinn	UNKNOWN	
3	BC98-4	VACANT RES	35	Carline Austin	UNKNOWN	
4	BC98-5	WELL	36	Carline Austin	180	
5	BC98-8	SPRING	8	Shirley O'Quinn		1980
6	BC98-9	WELL	41	Venia Chapel Church	UNKNOWN	
7	BC98-10	VACANT RES	9	Mintie Hess	UNKNOWN	
8	BC98-11	SPRING	9	Mintie Hess		1940
9	BC98-12	WELL	40	Wilma Severt et al	123	
10	BC98-13	SPRING	40	Wilma Severt et al		2050
11	BD98-1	WELL	39	Hampton Austin et ux	40	
12	BPC-01-8	VACANT RES	39	Hampton Austin et ux	UNKNOWN	
13	BD99-1	SPRING & WELL	5	Jonah Hess	UNKNOWN	1980
14	BD99-2	VACANT RES	4	Irvin Combs	UNKNOWN	
15	BE98-1	VACANT RES	3	Earl Johnson et al	UNKNOWN	
16	BE98-2	SPRING	3	Earl Johnson et al		2260
17	BE98-3	WELL	3	Earl Johnson et al	UNKNOWN	
18	BE99-1	WELL	22	Hampton Austin et ux	40	
19	BE99-2	WELL	20	Sheila Austin	60	
20	BE99-3	WELL	37	Dollie Austin et al	52	
21	BE99-4	WELL	37	Dollie Austin et al	100	
22	BE99-5	VACANT RES	14	CNX Gas Company LLC	UNKNOWN	
23	BE99-6	VACANT RES	13	Hampton Austin et ux	UNKNOWN	
24	BE99-7	SPRING	13	Hampton Austin et ux		2090
25	BF98-4	WELL	38	Johnny Johnson	UNKNOWN	

Table of Surface Owners

Table 3: Land Ownership

Tract No	Tax Map	Owner	Address	City/St	Zip
1	2HH128022	CNX Gas Company LLC	PO Box 570	Pounding Mill, VA	24637
2	2HH128023	CNX Gas Company LLC	PO Box 570	Pounding Mill, VA	24637
3	2HH128002	Earl D. Johnson, et al	1655 Old Grissom Creek Rd	Honaker, VA	24260
4	2HH128019	Irvin Combs	344 Sandhill Rd	Fairborn, OH	45324
5	2HH128084	Jonah Hess c/o Delmer Hess	12747 Westmoreland Dr	Bristol, VA	24202
6	2HH128068	Shade Combs C/O William Dungan Jr.	5740 Cornick Road	Norfolk, VA	23502
7	2HH128033	Carline Austin	16405 Mountain Spring Rd	Abingdon, VA	24210
8	2HH128025	Shirley O'Quinn	1051 James Harvey Rd	Honaker, VA	24260
9	2HH128024	Mintie Hess	1141 Venia Church Rd	Honaker, VA	24260
10	2HH128035	WR Williams	309 Suffolk Avenue	Richlands, VA	24641
11	2HH128014	Clyde Harris, et ux	1497 Old Grissom Creek Rd	Honaker, VA	24260
12	2HH128001	CNX Gas Company LLC	PO Box 570	Cedar Bluff, VA	24637
13	2HH128006	Hampton Austin, et ux	2615 Old Grissom Creek Rd	Honaker, VA	24260
14	2HH128008	CNX Gas Company LLC	PO Box 570	Pounding Mill, VA	24637
15	2HH128029	Jerry James	1990 Wittens Mill Rd	Tazewell, VA	24630
16	2HH128040	William Duty, et al	PO Box 1055	Pound, VA	24279
17	2HH128042	Donald Austin, et ux	1142 Hardware Hills Rd	Honaker, VA	24260
18	2HH128045	Lawrence Harris, et ux	2368 Hub Lane	Lebanon, VA	24266
19	2HH127006	Leshia Ward	2069 Nance White Branch Rd	Honaker, VA	24260
20	2HH128015A	Sheila Owens	3033 Old Grissom Creek Rd	Honaker, VA	24260
21	2HH128018	Dollie Austin, et al	1064 Snoopy Lane	Honaker, VA	24260
22	2HH128021	Hampton Austin, et ux	2615 Old Grissom Creek Rd	Honaker, VA	24260
23	2HH128020	Hampton Austin, et ux	2615 Old Grissom Creek Rd	Honaker, VA	24260
24	Not Assessed	Randy Reliford	4984 Grissom Creek Rd	Honaker, VA	24260
25	2HH128030	Donald Austin, et ux	1142 Hardware Hills Rd	Honaker, VA	24260
26	2HH128055	Fabian Owens, et ux	131 Meadow Ridge Rd	Lebanon, VA	24266
27	2HH128012B	Phillis Wampler c/o Phillis Wilson	1660 Old Grissom Creek Rd	Honaker, VA	24260
28	2HH128012A	Larry Baldwin, et ux	1703 Old Grissom Creek Rd	Honaker, VA	24260
29	2HH128065	Carter Harris	PO Box 215	Swords Creek, VA	24649
30	2HH138046	Randy Reliford	4984 Grissom Creek Rd	Honaker, VA	24260
31	2HH138097	Justin R. Fuller	964 Maiden St	Abingdon, VA	24210

32	2HH128053	Ronnie L. Blankenship	PO Box 273	Maxie, VA	24628
33	2HH127054	James Austin, et al	4654 Old Grissom Creek Rd	Honaker, VA	24260
34	Not Assessed	Virginia Dept. of Transportation	870 Bonham Road	Bristol, VA	24201
35	2HH128032	Carline Austin	16405 Mountain Spring Rd	Abingdon, VA	24210
36	2HH128034	Carline Austin	16405 Mountain Spring Rd	Abingdon, VA	24210
37	2HH128016	Dollie Austin, et al	1064 Snoopy Lane	Honaker, VA	24260
38	2HH128071	Johnny Johnson	1615 Landon Ave	Jacksonville, FL	32207
39	Not Mapped	Hampton Austin, et ux	2615 Old Grissom Creek Rd	Honaker, VA	24260
40	2HH127053	Wilma Severt, et al	PO Box 33	Glendale Springs, NC	28869
41	Not Assessed	Venia Chapel Freewill Baptist Church	1094 Venia Church Rd	Honaker, VA	24260
42	Not Mapped	Donald Austin, et ux	1142 Hardware Hills Rd	Honaker, VA	24260
43	2HH128022B	Everett Johnson	2379 Council Mountain Rd	Rowe, VA	24646
44	Not Mapped	Shirley O'Quinn	1051 James Harvey Rd	Honaker, VA	24260
45	2HH128007	Robert Harris	29522 Mt Zion Rd	Frazeyburg, OH	43822
46	2HH128030A	Daniell Fuller	1142 Hardware Hills Rd	Honaker, VA	24260

Attachment E. Plugging and Abandonment Plan

New Cost Estimate for Plugging



United States Environmental Protection Agency

WELL REWORK RECORD, PLUGGING AND ABANDONMENT PLAN, OR PLUGGING AND ABANDONMENT AFFIDAVIT

Name and Address, Phone Number and/or Email of Permittee

POCAHONTAS GAS LLC
PO BOX 570
POUNDRING MILL, VA 24637

Permit or EPA ID Number

VAS2D960BBUC

API Number

450270201700

Full Well Name

BPC1

State

VIRGINIA

County

BUCHANAN

Locate well in two directions from nearest lines of quarter section and drilling unit

Latitude 37 05' 14.9"

Surface Location

1/4 of 1/4 of Section Township Range

Longitude -82 02' 52.4"

ft. from (N/S) Line of quarter section

ft. from (E/W) Line of quarter section.

Well Class

Timing of Action (pick one)

Type of Action (pick one)

☐ Class I
☒ Class II
☐ Class III
☐ Class V

☒ Notice Prior to Work

Date Expected to Commence N/A AT THIS TIME

☐ Report After Work

Date Work Ended

☐ Well Rework☒ Plugging and Abandonment☐ Conversion to a Non-Injection Well

Provide a narrative description of the work planned to be performed, or that was performed. Use additional pages as necessary. See instructions.

Release packer and pull injection tubing. Plug well with class A cement to 1905' then cut and remove 1905' of un-cemented 4-1/2" casing. Plug well to surface with Class A cement. Install monument per state regulations.

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)

Craig Neal
VP Operations

Signature

Date Signed

06/17/2020

QUOTE

Skyline Contracting Inc.

PO Box 663 Oakwood, VA 24631
276-498-3560

DATE: MAY 6, 2020

Quotes good for 30 days

TO CNX Resources LLC.

CONTACT NAME	JOB DESCRIPTION	SALES	QUOTE NUMBER
Andy Statzer	BPC1 Well Plug to Abandon	KWH	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
40	Labor to use service rig for plugging of well for abandonment.	\$135.00/hr.	\$5,400.00
20	Boom truck and labor to move piping and equipment on and off location as needed	\$85.00/hr.	\$1,700.00
1	Cost for cementing to surface	\$28,000.00	\$28,000.00
1	Cost for cutting casing	\$4,200.00	\$4,200.00
1	Fabrication and installation of monument plug sign.	\$1,200.00	\$1,200.00
Subtotal			
Sales Tax			
Delivery			
Total			\$40,500.00

To accept this quotation, sign here and return: _____

THANK YOU FOR YOUR BUSINESS!

Attachment F

Bond Information

Please find enclosed an updated copy of the Surety Bond for BPC-01.

POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Bond No. CMS0281814

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company** and **Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Sandra L. Ham in the City of St. Louis, State of MO,

it's true and lawful Agent and Attorney in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000) for any single obligation, and specifically for the following described bond.

Principal: Pocahontas Gas LLC

Obligee: United States Environmental Protection Agency - Region III

RLI Insurance Company and **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 15th day of

January, 2020.



**RLI Insurance Company
Contractors Bonding and Insurance Company**

B.W. Davis
Barton W. Davis Vice President

State of Illinois

County of Peoria

} SS

CERTIFICATE

On this 15th day of January, 2020, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, and acknowledged said instrument to be the voluntary act and deed of said corporation.

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 15th day of January, 2020.

By: Jacqueline M. Bockler
Jacqueline M. Bockler Notary Public

**RLI Insurance Company
Contractors Bonding and Insurance Company**

By: Jeffrey D. Fick
Jeffrey D. Fick Corporate Secretary



SURETY RIDER

To be attached to and form a part of

Bond No. CMS0281814

dated December 14, 2016
effective (MONTH-DAY-YEAR)

executed by CNX Gas Company LLC, as Principal,
(PRINCIPAL)

and by RLI Insurance Company, as Surety,

in favor of United States Environmental Protection Agency - Region III
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Principal name to:

Pocahontas Gas LLC

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective January 15, 2020
(MONTH-DAY-YEAR)

Signed and Sealed January 15, 2020
(MONTH-DAY-YEAR)

Pocahontas Gas LLC
(PRINCIPAL)
By: Michael C. Hardoby
(PRINCIPAL) Michael C. Hardoby, Vice President & Treasurer

RLI Insurance Company
(SURETY)
By: Sandra L. Ham
Sandra L. Ham, Attorney in Fact

Attachment I. Existing EPA Permits

<i>Ball A-1</i>	<i>VAS2D921BBUC</i>
<i>BPC-01</i>	<i>VAS2D960BBUC</i>
<i>N26</i>	<i>VAS2D930BBUC</i>
<i>U7</i>	<i>VAS2D926BBUC</i>
<i>AW114A</i>	<i>VAS2D970BRUS</i>

Attachment J. Description of Business

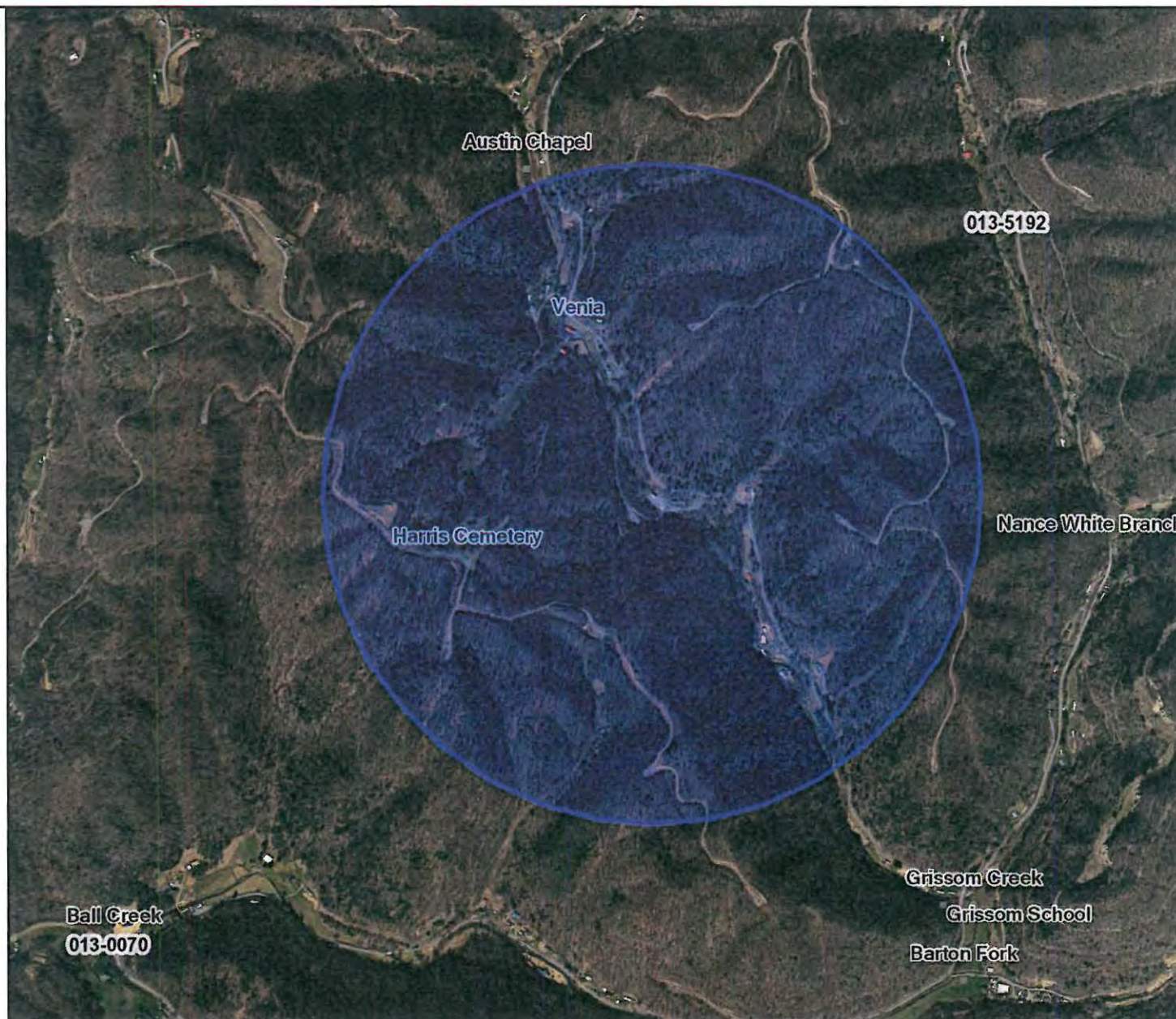
CNX Gas Company LLC is an Operator, Explorer, Gatherer and Producer of natural gas extracted from Coalbed Methane Gas Wells and Conventional Gas Wells, located in southwestern Commonwealth of Virginia. Pocahontas Gas LLC is a subsidiary of CNX Gas Company LLC.

Attachment K. Optional Additional Project Information

Has not changed

Legend

- Architecture Labels
- Architecture Points
- ☑ Historic Districts
- USGS GIS Place names
- County Boundaries



Feet

0 500 1000 1500 2000

1:18,056 / 1"=1,505 Feet

Title: No Historical Significance

Date: 6/15/2020

DISCLAIMER: Records of the Virginia Department of Historic Resources (DHR) have been gathered over many years from a variety of sources and the representation depicted is a cumulative view of field observations over time and may not reflect current ground conditions. The map is for general information purposes and is not intended for engineering, legal or other site-specific uses. Map may contain errors and is provided "as-is". More information is available in the DHR Archives located at DHR's Richmond office.

Notice if AE sites: Locations of archaeological sites may be sensitive the National Historic Preservation Act (NHPA), and the Archaeological Resources Protection Act (ARPA) and Code of Virginia §2.2-3705.7 (10). Release of precise locations may threaten archaeological sites and historic resources.