

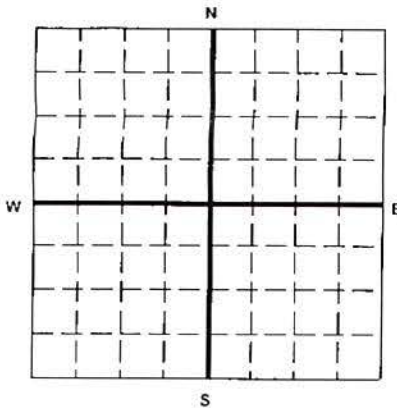


United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee EnerVest Operating, LLC; 300 Capitol Street, Suite 200 Charleston, WV 25301	Name and Address of Surface Owner Heartwood Forestland Fund IV, L.P. c/o The Forestland Group, LLC PO Box 1155; Lebanon, VA 24266-1155
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Locate Well and Outline Unit on Section Plat - 640 Acres



State Virginia	County Buchanan	Permit Number VAS2D950BBUC
Surface Location Description ___ 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 Location Location ft. frm (N/S) ___ Line of quarter section and ft. from (E/W) ___ Line of quarter section.		
WELL ACTIVITY <input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage		TYPE OF PERMIT <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Area Number of Wells ___
Lease Name J.M. Owens		Well Number 823606-SWD

RECEIVED
 EPA REGION III
 FEB 05 2018
 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-2017		131.1	305	4,184.4			
February-2017		145.0	330	4,275.5			
March-2017		157.9	330	4,057.8			
April-2017		124.8	330	3,235.7			
May-2017		168.7	300	4,586.2			
June-2017		173.3	315	4,280.3			
July-2017		100.3	290	3,262.1			
August-2017		162.9	320	4,654.6			
September-2017		218.0	410	6,362.5			
October-2017		231.5	340	7,812.3			
November-2017		198.8	325	6,555.2			
December-2017		246.7	325	6,409.6			

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) James McKinney, Sr. Vice President & General Manager	Signature 	Date Signed 1/21/18
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Total bbls = 59,676.2

*Compliance Review Completed
 Wells updated
 Pdf to G. file on 2/13/18*

P-MAX-1512