United States Environmental Protection Agency

| ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT   |  |   |                     |                               |   |  |
|---|--|---|---------------------|-------------------------------|---|--|
| Name, Address, Phone and/or<br>Pocahontas Gas LLC<br>PO Box 570<br>Pounding Mill, VA 24637<br>andrewstatzer@cnx.com | Email of Permittee   | or continu  | ozorion (           | VELL MONTON                   | NO NEI ONI  |  |
| State   |  |   |                     | County Russell                |   |  |
| Virginia  |  |   |                     |                               |   |  |
| WELL TYPE  ✓ Brine Disposal  Enhanced Recovery  Hydrocarbon Storage   | 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. |   |                     |                               |   |  |
| Permit or EPA ID Number   | ASD970BRUS   | API Number 4516   |                     | e 81 57 37.08617              | W114ACV   |  |
|   | INJECTION PRESSURE TOTAL VOLUME INJECTED   |   |                     |                               | TUBING CASING<br>ANNULUS PRESSURE<br>(IF SPECIFIED IN PERMIT) |  |
| MONTH, YEAR   | MAXIMUM PSIG   | В   | BL                  | MCF                           | MAXIMUM PSIG  |  |
| January-2019  |  |   |                     |                               |   |  |
| February-2019   |  |   |                     |                               |   |  |
| March-2019  |  |   |                     |                               |   |  |
| April-2019  |  |   |                     |                               |   |  |
| May-2019  |  |   |                     |                               |   |  |
| June-2019   |  |   |                     |                               |   |  |
| July-2019   |  |   |                     |                               |   |  |
| August-2019   |  |   |                     |                               |   |  |
| September-2019  |  |   |                     |                               |   |  |
| October-2019  |  |   |                     |                               |   |  |
| November-2019   |  |   |                     |                               |   |  |
| December-2019   | 540.05   | 964   |                     |                               | 458.8   |  |
| attachments and that, I<br>information is true, acc   | olty of law that I have persona<br>based on my inquiry of those<br>curate, and complete. I am av<br>mprisonment. (Ref. 40 CFR)   | illy examined and a<br>individuals immed<br>ware that there are | liately responsible | e for obtaining the informati | on, I believe that the  |  |
| Name and Official Title (Please type or print) Craig W. Neal V.P. Operations  |  | Signature   | Claig W Neal        |                               |   |  |