

STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS

AFFIDAVIT OF PLUGGING AND FILLING WELL

AFFIDAVIT SHOULD BE IN TRIPLICATE, one copy mailed to the Department, one copy to be retained by the Well Operator and the third copy (and extra copies if required) should be mailed to each coal operator at their respective addresses.

Farm name: Schmidt, Roy Operator Well No.: 3

LOCATION: Elevation: 988 Quadrangle: Vadiaz
District: Cove County: Doddridge
Latitude: 39.11943984 Feet South of _____ Deg. _____ Min. _____ Sec.
Longitude: -80.6877336 Feet West of _____ Deg. _____ Min. _____ Sec.

Well Type: OIL _____ GAS x _____

Company Ross & Wharton Coal Operator _____
P.O. Box 219 or Owner _____
Coalton, WV 26257 _____

Agent Mike Ross Coal Operator _____
Permit Issued Date 06/02/2022 or Owner _____

AFFIDAVIT

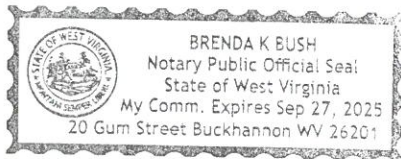
STATE OF WEST VIRGINIA,
County of Roane ss:

Terry Rexroad and Darrell Shamblin being first duly sworn according to law depose and say that they are experienced in the work of plugging and filling oil and gas wells and were employed by the above named well operator, and participated in the work of plugging and filling the above well say that said work was commenced on the 15th day of June, 2022, and the well was plugged and filled in the following manner:

TYPE	FROM	TO	PIPE REMOVED	LEFT
Cement	5214	4664	1683' of 4 1/2	3559' of 4 1/2
Cement	2100	2000		1215' of 8 5/8
Cement	1733	1620		
Cement	1250	1150		
Cement	160	Surface	Perforated 4 1/2 @	
6% Gel	Between all plugs		2130', 2087', 2044', 2002'	

Description of monument: 7" casing with API# and Date welded on and that the work of plugging and filling said well was completed on the 21st day of June, 2022.

And further deponents saith not. Terry Rexroad
Darrell Shamblin



Sworn and subscribe before me this 9th day of August, 2022

My commission expires: 09/27/2025
Brenda K Bush
Notary Public

Affidavit reviewed by the Office of Oil and Gas: _____ Title: _____

State of West Virginia
Department of Environmental Protection - Office of Oil and Gas
Discharge Monitoring Report
Oil and Gas General Permit

Company Name: Ross & Wharton Gas Co.
API No: 47-017-02455 County: Doddridge
District: Cove Well No: 3
Farm Name: Roy Schmidt
Discharge Date/s From:(MMDDYY) 06/15/2022 To: (MMDDYY) 06/21/2022
Discharge Times. From: 7am To: 7pm
Total Volume to be Disposed from this facility (gallons): Nothing Returned
Disposal Option(s) Utilized (write volumes in gallons):

- (1) Land Application: _____ (Include a topographical map of the Area.)
- (2) UIC: _____ Permit No. _____
- (3) Offsite Disposal: _____ Site Location: _____
- (4) Reuse: _____ Alternate Permit Number: _____
- (5) Centralized Facility: _____ Permit No. _____
- (6) Other method: _____ (Include an explanation)

Follow Instructions below to determine your treatment category:

Optional Pretreatment test: _____ Cl- mg/l _____ DO mg/l

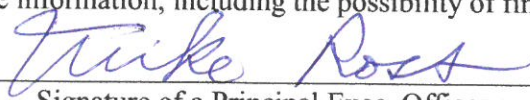
- 1. Do you have permission to use expedited treatment from the Director or his representative?
(Y/N) _____ If yes, who? _____ and place a four (4) on line 7.
If not go to line 2
- 2. Was Frac Fluid or flowback put into the pit? (Y/N) _____ If yes, go to line 5. If not, go to line 3.
- 3. Do you have a chloride value pretreatment (see above)? (Y/N) _____ If yes, go to line 4
If not, go to line 5.
- 4. Is the Chloride level less than 5000 mg/l? (Y/N) _____ If yes, then enter a one (1) on line 7.
- 5. Do you have a pretreatment value for DO? (See above) (Y/N) _____ If yes, go to line 6
If not, enter a three (3) in line 7.
- 6. Is the DO level greater than 2.5 mg/l?(Y/N) _____ If yes, enter a two (2) on line 7. If not, enter a three (3) on line 7.
- 7. _____ is the category of your pit. Use the Appropriate section.
- 8. Comments on Pit condition: Nothing Returned

Name of Principal Exec. Officer: Mike Roos

Title of Officer: President

Date Completed: Aug. 9, 2022

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this document and all the 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.



Signature of a Principal Exec. Officer or Authorized agent.

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Category 1
Sampling Results

API No : 47-017-02455

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	5	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl	5,000	_____	5,000	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**			Monitor	_____	mg/l
Oil and Grease			Monitor	_____	mg/l
Total Al***			Monitor	_____	mg/l
TSS			Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume			Monitor	_____	Gal
Flow			Monitor	_____	Gal/min
Disposal Area			Monitor	_____	Acres

*** Al is only reported if the pH is above 9.0

Category 2
Sampling Results

API No : _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	10	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**			Monitor	_____	mg/l
Oil and Grease			Monitor	_____	mg/l
Total Al***			Monitor	_____	mg/l
TSS			Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume			Monitor	_____	Gal
Flow			Monitor	_____	Gal/min
Disposal Area			Monitor	_____	Acres

* Can be 25,000 with inspector's approval,

(Inspector's signature): _____

Date: _____

** Include a description of your aeration technique.

Aeration Code: _____

*** Al is only reported if the pH is above 9.0

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Category 3
Sampling Results

API No : 47-017-02455

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	20	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
Total Al***		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Disposal Area		_____	Monitor	_____	Acres

* Can be 25,000 with inspector's approval,

(Inspector's signature): _____

Date: _____

** Include a description of your aeration technique.

Aeration Code: _____

*** Al is only reported if the pH is above 9.0.

Category 4
Sampling Results

API No: _____

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	1	_____	N/A	N/A	Days
Fe	Monitor	_____	Monitor	_____	mg/l
D.O.	Monitor	_____	Monitor	_____	mg/l
Settleable Sol.	Monitor	_____	Monitor	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Activated Carbon (0.175)		_____	N/A	N/A	lb/Bl
Date Site Reclaimed	N/A	N/A			10 days from dis.
Disposal Area		_____	Monitor	_____	Acres

* Can be 25,000 with inspector's approval,

(Inspector's signature): _____

Date: _____