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:	Gerstne	Γ			_Operate	or Well No.:	156091		
LOCATION:									
	District:		Quadrangle: Glenville County: Gilfner						
	Latitude:		Feet	South of	-	Deg. <u>88</u>	Min. 92	Sec.	
	Longitude						Min. 66	Sec.	
Well Type: 0									
			— n Com	010		D1151-1			
Company	Alliance Petroleum Corp 414 Summers Street			or Owner		Blackhawk Land and Resources, LLC Attn: Land Department, 1801 Watergap Rd			
, .	Charleston, WV 25301					Prestonsburg, Ky 41653			
	D 115				perator				
Agent Permit Issue	David D ed Date	ean 6-8-20		or Own	ier `				ACOSTALLA Office of Officers for
				-	AFFIDA\	//IT			NOV 0 4 2020
STATE OF X	EST VIRG	INIA, KY		•	יבשויוהי	V 1 1			
County of Floye	d	ss:							MAV Dube in Franci Environna entre in State
Rodney Osbon	ne	and	Estill John	son		be	eina first dulv	sworn according to la	w depose
the <u>26</u>	day of	August	, 20 <u>2</u> 0	, and the	well wa	s plugged a	nd filled in the	said work was comm following manner:	enced on
TYPE		FROM		0	P	IPE REMO		LEFT	
20 sks Class A Cer 20 sks Class A Cer		4723' 4356'	45			2020' of 4 1/2	<u> </u>	2790' of 4 1/2" 441' 8 5/8" CTS	
115 sics Class A Ce		1210"	81					777.000 010	
35 sks Class A Cer		510°	39	1'	1	* * * * * * * * * * * * * * * * * * * *			
47 sks Class A Cer	ment	136'	Surf	ace					
·									
		. 7º occine	w/ ADI # 26	~ ahaw as	numd				and Siling
Description said well was		ent: 7" casing		iept	Outio	20_20	and that	t the work of plugging	As the state of th
32/G 17/GI 17/G\$	COMPICEO	011 010				, 20 <u>20</u> .		September 1	. Clarity
And further	r deponent	s saith not.	1)0	Y 0				PUE	APY Z
			Eat	ران الله	Thro	6		MY COM	Desce III
C		hadaaa ma dh		day of Se	otember	20	20	D099	ES E
		before me th	<u>-</u>	uay UI				1	CE CHIEF
My commission	on expires:	2/4/2022			سکر	<u>Itella</u>	ر (الاس ر ry Public	one LA	Market Control of the
				_	,			011.0.0	
Affidavit revie	wed by the	Office of Oil	and Gas:	Dere	k M	. Haugi	tt Ti	tle: Oil & Gas Ins	pector

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

Company Name:	Alliance F	Petroleum Corp					
API No:	47021036		County:	Gilmer			
District:	Troy		Well No:	156091			
Farm Name:	Gerstner						
Discharge Date/s	From:(MI	MDDYY) 8/26/2020	To: (MM	To: (MMDDYY) 9/1/2020			
Discharge Times.			T				
Total Volume to b	e Dispos	ed from this facility (g					
		l (write volumes in gal					
(1) Land Applica			(Include a topograp				
(2) UIC:		2,940	Permit No. UIC	2D019046	0		
(3) Offsite Dispo			Site Location:		RECEIVED		
(4) Reuse:			Alternate Permit N	umber:	Office of Oil and G		
(5) Centralized F			Permit No.		NOV 0 4 202		
(6) Other method			(Include an explana				
Follow Instruction	ns below t	to determine your treat	ment category:		WV Dapo ment o Environmental Prote		
Optional Pretrea	tment test	:: Cl- mg/l	DO mg	g/l	4.4.0		
 Do you have 	permissi	on to use expedited tre	eatment from the Direct	or or his r	four (4) on line 7		
(Y/N)	1: 2	If yes, who?	aı	id place a	10ui (4) oii iiie 7.		
If not go to	nne Z uid or flo	whack put into the nit	? (Y/N) If y	es, go to l	ine 5. If not, go to		
line 3.	uid of 110	woack put into the pit.	. (1/11) 11 j	c 5, go to .			
	e a chloric	de value pretreatment (see above)? (Y/N)		If yes, go to line 4		
If not, go to		ı					
4. Is the Chlor	ide level l	ess than 5000 mg/l? (Y	Y/N) If yes,	then ente	r a one (1) on line 7.		
5. Do you have	e a pretrea	atment value for DO? ((See above) (Y/N)		If yes, go to line 6		
If not, enter					(2) 11 7 16		
		er than 2.5 mg/l?(Y/N)	If yes	, enter a tv	wo (2) on line 7. If		
not, enter a			- Aioto goation				
			e Appropriate section.				
8. Comment	s on Pit C	onation.					
3							
Name of Princ	inal Exec	c. Officer: Jeff Mast					
Title of Office		ector Production					
Date Complet	ed: 10/3	30/2020					
I certify u	nder pena	alty of law that I have	personally examined	and am fa	amiliar with the		
information su	ibmitted of	on this document and a	all the attachments and	that, base	d on my inquiry		
of those indiv	iduals im	mediately responsible	for obtaining the infor	mation I	believe that the		
information is	true, acc	urate, and complete. I	am aware that there ar	e significa	ant penalties for		
submitting fal	se inform	ation, including the po	ssibility of fine and imp	orisonmen	it.		
		11					
	Sions	ature of a Principal Exe	ec. Officer or Authorize	ed agent.			
	JISII	The or a remorphic Ent					