

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

RECEIVED
Office of Oil and Gas
JUL 11 2024
WV Department of
Environmental Protection

AFFIDAVIT OF PLUGGING AND FILLING WELL

AFFIDAVIT SHOULD BE IN TRIPPLICATE, 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: Phillips, Fedea L. Operator Well No.: 4180

LOCATION: Elevation: 1285.79 Quadrangle: Wadestown 7.5'
District: Battelle County: Monongalia
Latitude: 39.64181 Feet South of _____ Deg. _____ Min. _____ Sec.
Longitude: -80.33895 Feet West of _____ Deg. _____ Min. _____ Sec.

Well Type: OIL _____ GAS X

Company Diversified Energy Coal Operator Consolidation Coal Company
414 Summers Street or Owner 275 Technology Dr. Suite 101
Charleston, WV 26301 Canonsburg, PA 15317
Agent Chris Veazey Coal Operator _____
Permit Issued Date 12/18/23 or Owner _____

AFFIDAVIT

STATE OF WEST VIRGINIA,
County of Monongalia ss:

Chaz Simmons and Tad Shreve 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 23 day of January, 2024, and the well was plugged and filled in the following manner:

TYPE	FROM	TO	PIPE REMOVED	LEFT
53.6 SKS of Class L CMT	725'	0	None	
43 SKS of Class L CMT	310'	0		

Description of monument: 6" Casing W/AP# Welded on the Casing with a Min. of 30" Above Ground and that the work of plugging and filling said well was completed on the 20 day of February, 2024.

And further deponents saith not. Nick Bumgardner - Permitting Supervisor



Sworn and subscribe before me this 11 day of June, 2024

My commission expires: 9/28/28

Jeffrey Bush
Notary Public

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

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

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Company Name: Diversified Energy
API No: 4706101457 County: Monongalia
District: Battelle Well No: 4180
Farm Name: Phillips, Fedea L.

Discharge Date/s From:(MMDDYY) N/A To: (MMDDYY) N/A

Discharge Times. From: N/A To: N/A

Total Volume to be Disposed from this facility (gallons): Zero Discharge

Disposal Option(s) Utilized (write volumes in gallons):

- (1) Land Application: 0 (Include a topographical map of the Area.)
- (2) UIC: 0 Permit No. N/A
- (3) Offsite Disposal: 0 Site Location: N/A
- (4) Reuse: 0 Alternate Permit Number: N/A
- (5) Centralized Facility: 0 Permit No. N/A
- (6) Other method: 0 (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:

Name of Principal Exec. Officer: Chris Veazey

Title of Officer: Permitting Supervisor

Date Completed: 4/8/2024

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.

Chris Veazey

Digitally signed by Chris Veazey
Date: 2024.04.08 15:12:23 -0400

Signature of a Principal Exec. Officer or Authorized agent.

Category 1
Sampling Results
API No : _____

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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: 7-15-2024

** Include a description of your aeration technique.

Aeration Code: _____

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

Category 3
Sampling Results
API No : _____

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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: 7-15-2024

** 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: 7-15-2024