WR-38 Rev. 5/08

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:	ROWLA	ND LANE	CO.		tor Well N				
LOCATION:	Elevation	: 2199'		Quad	Irangle: F	PILOT KN	ОВ		
	District	MARSH F	ORK		County: RALEIGH				
				South of 37					
	Longitude.	2610'	Feet	West of 81	Deg30	Min.	00 Se	eC.	
	Longitud	o							
Well Type: C	DIL	_GAS <u>X</u>							
Company	DIVERSIF	IED PRODUC	TION LLC	Coal Operator	ROWLAN	D LAND COM	IPANY, LLC		
	414 SUMM	IER STREET		or Owner	405 CAPITAL STREET, SUITE 609				
	CHARLES	TON, WV 253	01		CHARLES	STON WV 253	301		
				Coal Operator	NO DECL	ARATIONS			ECEIVED
Agent	JEFF M	AST		or Owner				Office	of fill and Gas.
Permit Issue	ed Date	07/12/21						ne t	0.8 -1121
		A-04100-						ULI	2 8 1021
07175	EOT 1 ((D.O.)			AFFIDA	VIT			2000	
STATE OF W		*							lepurerent of tental Protession
County of whom	(0,011	_ ss:						COVIDAN	ROTEGE CALACATOMY
MELIVIN MYER	RS	and	JAMES PU	IRSLEY		being first d	uly sworn acco	ording to law depos	se
well operator,	and partici	pated in the	work of plu	ugging and filling and the well wa	the above	well say th	at said work v	by the above name was commenced of nanner:	on
TYPE	F	ROM	TC) P	IPE REMO	OVED	L	.EFT	
SACKS C1A CEME	NT	3342'	3230)'				A110	1
IQ SACKS C1A CEME	INT	2675'	2568	3'					
10 SACKS C1A CEME	ENT	2234'	2110)'	2147-25			-	
20 SACKS C1A CEME	TM	1525'	1425	5' 14	74' OF 41/2" C	CASING	2000' OF	4 1/2" CASING	1
0 SACKS C1A CEME	ENT	802'	702	1				" CASING CTS	
60 SACKS C1A CEME	NT	270'	SURFA	CE				/8" CASING CTS	н.
							66 Gel Be	timeen Alugs	1
Danadalian a	- F	7" CSG WI	TH API#36	6" ABOVE GROUN	D	and		of plugging and filling	
Description of said well was c	ompleted c	in the 1ST	day of SE	PTEMBER	20-21	anu	that the work o	mm	mm
said well was c	ompieted C		uay or	/ / . //	-	er e-ababa ya mehina — Feri,	(100)	Office	al Seal
And further	deponents		nh	15/16			3 8 3 3	MOTERY FUDIO, 30	tate of West Virginia } yn Shafer
, and raidios	aoponomo		1	72			} [E] {		rieston Road
			Long	they			{	Ripley	WV 25271
			/ /	(0.1)			2	My Commission	Expires May 9, 2024
Sworn and s	ubscribe b	efore me this	/14h	of Uctob	LT, 20	21	1		
			-		1.1	5	last		
My commission	expires:_	5/9/2-	<u></u>		augi	Dule lie	- The same of the		
					* Nota	ry Public	•		
Affidavit review	ed by the C	Office of Oil a	nd Gas:	Markon Kon	unde		Title: Lus	Antel	
MICHALL CAICA	CA NY BIO C	zilloo ol oli a		77/100	1		-		t-

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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:	DIVERSIFIED PRODUCTION LLC		
API No:	47-081-01202	County:	RALEIGH
District:	MARSH FORK	Well No:	50
Farm Name:	ROWLAND LAND CO.		
Discharge Date/s I	From:(MMDDYY) 08/26/21	To: (MMI	DDYY) 09/01/21
Discharge Times.			
Total Volume to b	e Disposed from this facility (gall	ons): 840	
Disposal Option(s)	Utilized (write volumes in gallor	ıs):	
(1) Land Applicat	tion:	(Include a topograph	ical map of the Area.)
(2) UIC:		Permit No.	
(3) Offsite Dispos	sal: 840	Site Location: UIC2	D04701511002
(4) Reuse:		Alternate Permit Nu	mber: RECEIVED Office of Onland Gas
(5) Centralized Fa	ncility:	Permit No.	Office of Oil and Gas
(6) Other method:		(Include an explanat	ion) OCT 2 8 2021
	s below to determine your treatme		
	ment test: Cl- mg/l	DO mg/l	
			or his representative?ental Protection
	If yes, who?	and	place a four (4) on line 7.
If not go to li	ne 2 id or flowback put into the pit? (Y	'/NI) If vec	go to line 5. If not go to
line 3.	id of flowback put into the pit: (1	/14 <i>)</i> 11 ycs	, go to fine 3. If not, go to
	a chloride value pretreatment (see	above)? (Y/N)	If yes, go to line 4
If not, go to li	-		
	e level less than 5000 mg/l? (Y/N) If yes, th	en enter a one (1) on line 7.
5. Do you have a	a pretreatment value for DO? (See	above) (Y/N)	If yes, go to line 6
	three (3) in line 7.		
	el greater than 2.5 mg/l?(Y/N)	If yes, e	nter a two (2) on line 7. If
	ree (3) on line 7.		
	e category of your pit. Use the Apon Pit condition:		
o. Comments	on Fit condition:		
7			
Name of Princip	al Exec. Officer: JEFF MAST		
Title of Officer:	DIRECTOR PRODUCTION		
Date Completed	10/12/21		
I certify und	er penalty of law that I have per	sonally examined and	am familiar with the
	nitted on this document and all th		
	sals immediately responsible for		
	ie, accurate, and complete. I am		
submitting false	information, including the possibi	lity of fine and impris	onment.
	6/10		
*	Signature of a Principal Exec. O	fficer or Authorized a	gent.

DIVERSIFIED GAS & OIL

Bill of Lading / Material Transport Record

Generator:

Diversified Southern Operations 414 Summers Street Charleston, West Virginia 25301 (330) 896-8510 ext. 370

12596

Ticket

Transporter:	K.J. Salin
Truck Number:	10000
Fluid Type: (Circle One)	Brine Crude Oil Drip Gas Used Oil Waste OilWater Other
Foreman's Name:	Ken Got
Route Number:	
Pickup Location:	47-081-01200 Rail 11 +
Destination:	ASSESS FORM
Tank Gauge (Before)	
Tank Gauge (After)	
Total Barrels Hauled:	30 Bb1s
Comments:	
Driver's Signature	1/2 dans

Rewland SP

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