OMB No. 2040-0042 Approval Expires 12/31/2018

EPA

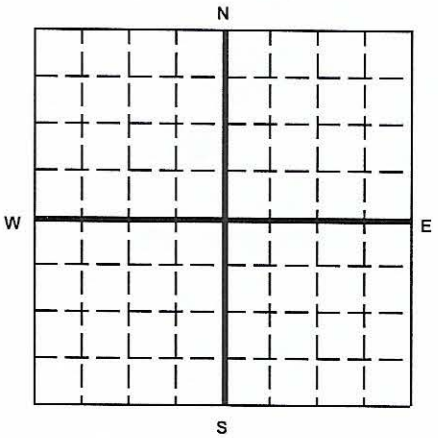
United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee
Columbia Gas of Pennsylvania, Inc.
121 Champion Way, Suite 100, Cannonsburg, PA 15317

Name and Address of Surface Owner
Columbia Gas of Pennsylvania, Inc.
121 Champion Way, Suite 100, Cannonsburg, PA 15317

Locate Well and Outline Unit on Section Plat - 640 Acres



State	County	Permit Number
PA	Beaver	PAS2D041BBEA

Surface Location Description
____ 1/4 of ____ 1/4 of ____ 1/4 of ____ 1/4 of Section ____ Township ____ Range ____

Locate well in two directions from nearest lines of quarter section and drilling unit
Surface Location ____ ft. frm (N/S) ____ Line of quarter section
and ____ ft. from (E/W) ____ Line of quarter section.
13,000 ft. South of Latitude 40° 47' 30"
7,500 ft. West of Longitude 80 25' 00"

WELL ACTIVITY
- [x] Brine Disposal
- [ ] Enhanced Recovery
- [ ] Hydrocarbon Storage

TYPE OF PERMIT
- [ ] Individual
- [ ] Area

Number of Wells 1

Lease Name John Galey Well Number C-5

	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING)	
MONTH YEAR	AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
January-2017	0	0	25			
February-2017	0	0	0			
March-2017	0	0	6			
April-2017	0	0	0			
May-2017	0	0	0			
June-2017		Shut In	0			
July-2017		Shut In	0			
August-2017		Shut In	0			
September-2017	0	0	0			
October-2017	0	0	2			
November-2017	0	0	5			
December-2017	0	0	0			

Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all 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 possibliity of fine and imprisonment. (Ref. 40 CFR 144.32)

Name and Official Title *(Please type or print)*	Signature	Date Signed
Micheal A. Huwar President and COO CPA/CMD	Micheal A. Huwar	1/29/20