

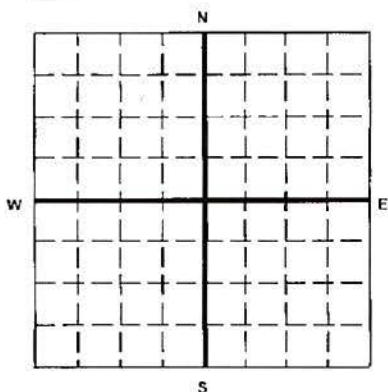


United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee EnerVest Operating, LLC; 300 Capitol Street, Suite 200 Charleston, WV 25301	Name and Address of Surface Owner Heartwood Forestland Fund IV, L.P. c/o The Forestland Group, LLC PO Box 1155; Lebanon, VA 24266-1155
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Locate Well and Outline Unit on Section Plat - 640 Acres



State Virginia	County Buchanan	Permit Number VAS2D950BBUC
Surface Location Descriptor ___ 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.		
WELL ACTIVITY <input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage	TYPE OF PERMIT <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Area Number of Wells ___	RECEIVED EPA REGION III JAN 28 2019 GROUND WATER & ENFORCEMENT (3WP22)
Lease Name J.M. Owens		

		INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING)	
MONTH	YEAR	AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
January-2018		50.91	295.00	4,559			
February-2018		121.85	300.00	9,463			
March-2018		89.10	155.00	9,107			
April-2018		93.00	238.00	8,970			
May-2018		143.32	315.00	10,154			
June-2018		100.52	275.00	9,972			
July-2018		116.67	280.00	8,998			
August-2018		96.76	250.00	10,321			
September-2018		124.63	300.00	10,158			
October-2018		133.48	325.00	10,708			
November-2018		125.40	175.00	10,115			
December-2018		135.00	325.00	8,846			

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 possibility of fine and imprisonment. (Ref. 40 CFR 144.32)

Name and Official Title (Please type or print) Kevin Miller, Vice President & General Manager	Signature 	Date Signed 1/18/2019
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Total bbls = 111,371

Compliance Review Completed
 WIMS updated
 Pdf to 6: File DM

MAX Pressure = ~~1000~~ 1512