

OMB No. 2040-0042 Approval Expires 12/31/2026

United States Environmental Protection Agency					
<b>ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT</b>					
<b>Name, Address, Phone and/or Email of Permittee</b> EnerVest Operating, LLC 809 Happy Valley Drive Clintwood, VA 24228 Phone 276-926-1300; Email: jlawson@enervest.net					
<b>State</b> Virginia			<b>County</b> Dickenson		
<b>WELL TYPE</b> <input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage		<b>Locate well in two directions from nearest lines of quarter section and drilling unit</b> <b>Surface Location</b> <div style="display: flex; justify-content: space-between;"> <span><input type="text"/> 1/4 of <input type="text"/> 1/4 of Section <input type="text"/></span> <span>Township <input type="text"/> Range <input type="text"/></span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="text"/> ft. from (N/S) <input type="text"/> Line of quarter section</span> <span><input type="text"/> ft. from (E/W) <input type="text"/> Line of quarter section.</span> </div>			
<b>INJECTATE DESCRIPTION</b>  Brine from CBM field		<b>Latitude</b> <input type="text" value="37.091781"/> <b>Longitude</b> <input type="text" value="-82.280992"/>			
<b>Permit or EPA ID Number</b> <input type="text" value="VAS2D947BDIC"/>		<b>API Number</b> <input type="text" value="45-051-0019200"/>		<b>Full Well Name</b> <input type="text" value="P-132"/>	
INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)	
MONTH, YEAR	MAXIMUM PSIG	BBL	GALLONS	MCF	MAXIMUM PSIG
January-2024	641	12,763			648
February-2024	660	25,885			716
March-2024	648	18,273			681
April-2024	609	9,075			522
May-2024	512	7,927			366
June-2024	568	9,593			586
July-2024	567	8,758			550
August-2024	584	13,184			521
September-2024	545	7,166			464
October-2024	568	12,794			456
November-2024	616	13,127			431
December-2024	618	14,345			580
<b>Certification</b> 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)					
<b>Authorized Signatory and Official Title (Please type or print)</b> Kevin Miller, Vice President			<b>Signature</b> 		<b>Date Signed</b> <input type="text" value="01/14/25"/>