



ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

Name, Address, Phone and/or Email of Permittee

Pocahontas Gas LLC
PO Box 570
Pounding Mill, VA 24637
jasonrichardson@cnx.com

State Virginia	County Buchanan
WELL TYPE <input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage	Locate well in two directions from nearest lines of quarter section and drilling unit Surface Location 1/4 of _____ 1/4 of _____ Section _____ Township _____ Range _____ ft. from (N/S) _____ Line of quarter section ft. from (E/W) _____ Line of quarter section.
INJECTATE DESCRIPTION	Latitude 37°08'42.6"N Longitude 82°04' 50.2"

Permit or EPA ID Number		API Number		Full Well Name		TUBING – CASING ANNULUS PRESSURE IF SPECIFIED IN PERMIT
INJECTION PRESSURE		TOTAL VOLUME INJECTED				
MONTH, YEAR	MAXIMUM PSIG	BBL	GALLONS	MCF	MAXIMUM PSIG	
January-2025	1130	36,620			30.93	
February-2025	1023	38,671			13.68	
March-2025	1014	48,070			20.25	
April-2025	998	24,215			863 (packer/rework)	
May-2025	858	20,675			96.93	
June-2025	868	46,656			117.93	
July-2025	1096	54,561			58.72	
August-2025	1088	51,521			92.62	
September-2025	1099	44,600			30.40	
October-2025	1098	43,117			30.75	
November-2025	1098	36,934			30.61	
December-2025	1096	38,857			40.30	

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)

Authorized Signatory and Official Title (Please type or print)	Signature	Date Signed
		1/9/26