

United States Environmental Protection Agency



**ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT**

**Name, Address, Phone and/or Email of Permittee**

EnerVest Operating, LLC  
 809 Happy Valley Drive  
 Clintwood, VA 24228  
 Phone 276-926-1300; Email: jlawson@enervest.net

**State**

Virginia

**County**

Dickenson

**WELL TYPE**

- Brine Disposal
- Enhanced Recovery
- Hydrocarbon Storage

**INJECTATE DESCRIPTION**

Brine from CBM field

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.

Latitude 37.072161

Longitude -82.165602

**Permit or EPA ID Number**

VAS2D932BDIC

**API Number**

45-051-0114400

**Full Well Name**

VWD-535517

**INJECTION PRESSURE**

**TOTAL VOLUME INJECTED**

**TUBING – CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)**

| MONTH, YEAR    | MAXIMUM PSIG | BBL   | GALLONS | MCF | MAXIMUM PSIG |
|----------------|--------------|-------|---------|-----|--------------|
| January-2025   | 1059         | 10870 |         |     | 899          |
| February-2025  | 1060         | 21054 |         |     | 790          |
| March-2025     | 1085         | 30158 |         |     | 824          |
| April-2025     | 1087         | 27565 |         |     | 980          |
| May-2025       | 1087         | 24810 |         |     | 940          |
| June-2025      | 1086         | 23972 |         |     | 1042         |
| July-2025      | 1085         | 26004 |         |     | 819          |
| August-2025    | 1085         | 26677 |         |     | 770          |
| September-2025 | 1087         | 22986 |         |     | 640          |
| October-2025   | 1086         | 28256 |         |     | 598          |
| November-2025  | 1086         | 24817 |         |     | 395          |
| December-2025  | 1086         | 23746 |         |     | 1297         |

**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)**

Kevin Miller, Vice President

**Signature**

**Date Signed**

01/22/26