

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@encrvest.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 37.095565

Longitude -82.275046

Permit or EPA ID Number

VAS2D957BDIC

API Number

45-051-0024900

Full Well Name

750205 SWD

INJECTION PRESSURE

TOTAL VOLUME INJECTED

TUBING - CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)

| MONTH, YEAR | MAXIMUM PSIG | BBL | GALLONS | MCF | MAXIMUM PSIG |
|----------------|--------------|-----|---------|-----|--------------|
| January-2025 | | | | | |
| February-2025 | | | | | |
| March-2025 | | | | | |
| April-2025 | | | | | |
| May-2025 | | | | | |
| June-2025 | | | | | |
| July-2025 | | | | | |
| August-2025 | | | | | |
| September-2025 | | | | | |
| October-2025 | | | | | |
| November-2025 | | | | | |
| December-2025 | | | | | |

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