

STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS

AFFIDAVIT OF PLUGGING AND FILLING WELL

AFFIDAVIT SHOULD BE IN TRIPLICATE, one copy mailed to the Department, one copy to be retained by the Well Operator and the third copy (and extra copies if required) should be mailed to each coal operator at their respective addresses.

Farm name: Caldwell Operator Well No.: CALDWELL 2 STORAGE

LOCATION: Elevation: 1004.1' Quadrangle: Bentree 7.5'
District: Clay County: Clay
Latitude: 4243316.12 Feet South of _____ Deg. _____ Min. _____ Sec.
Longitude: 485097.93 Feet West of _____ Deg. _____ Min. _____ Sec.

Well Type: OIL _____ GAS X

Company Diversified Energy Coal Operator Michael Allen Ramsey
414 Summers Street or Owner 115 Grassy Fork Road
Charleston, WV 26301 Lizemores, WV 25125

Agent Charles Shafer Coal Operator _____
Permit Issued Date 12/13/2022 or Owner _____

AFFIDAVIT

STATE OF WEST VIRGINIA,
County of Clay ss:

Dave Vickers and Mike Proctor being first duly sworn according to law depose and say that they are experienced in the work of plugging and filling oil and gas wells and were employed by the above named well operator, and participated in the work of plugging and filling the above well say that said work was commenced on the 21 day of March, 2023, and the well was plugged and filled in the following manner:

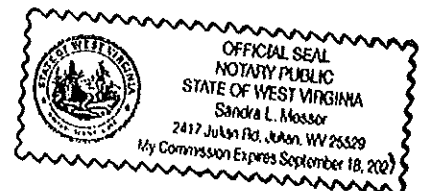
TYPE	FROM	TO	PIPE REMOVED	LEFT
9 sks Class L cmt	2060'	1940'	2024 of 2-3/8" lbg	0 of 2-3/8" lbg
15 sks Class L cmt	985'	785'		
19 sks Class L cmt	250	0		

Description of monument: 7" OD CSG with API #36" Above Ground and that the work of plugging and filling said well was completed on the 27 day of March, 2023.

And further deponents saith not. Chris Veazey

Sworn and subscribe before me this 9th day of May, 2023

My commission expires: Sept. 18, 2027



Sandra L. Mossor
Notary Public

Affidavit reviewed by the Office of Oil and Gas: [Signature]

Title: inspector OOG 09/15/2023

State of West Virginia
Department of Environmental Protection - Office of Oil and Gas
Discharge Monitoring Report
Oil and Gas General Permit

Company Name: Diversified Energy
API No: 4701501017 County: Clay
District: Clay Well No: CALDWELL 2 STORAGE
Farm Name: Caldwell

Discharge Date/s From:(MMDDYY) 03/21/23 To: (MMDDYY) 04/3/23

Discharge Times. From: _____ To: _____

Total Volume to be Disposed from this facility (gallons): 4620

Disposal Option(s) Utilized (write volumes in gallons):

- (1) Land Application: _____ (Include a topographical map of the Area.)
- (2) UIC: 46420 Permit No. 2D01900460002
- (3) Offsite Disposal: _____ Site Location: _____
- (4) Reuse: _____ Alternate Permit Number: _____
- (5) Centralized Facility: _____ Permit No. _____
- (6) Other method: _____ (Include an explanation)

Follow Instructions below to determine your treatment category:

Optional Pretreatment test: _____ Cl- mg/l _____ DO mg/l

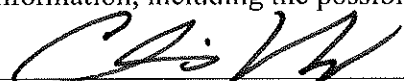
1. Do you have permission to use expedited treatment from the Director or his representative?
(Y/N) _____ If yes, who? _____ and place a four (4) on line 7.
If not go to line 2
2. Was Frac Fluid or flowback put into the pit? (Y/N) _____ If yes, go to line 5. If not, go to line 3.
3. Do you have a chloride value pretreatment (see above)? (Y/N) _____ If yes, go to line 4
If not, go to line 5.
4. Is the Chloride level less than 5000 mg/l? (Y/N) _____ If yes, then enter a one (1) on line 7.
5. Do you have a pretreatment value for DO? (See above) (Y/N) _____ If yes, go to line 6
If not, enter a three (3) in line 7.
6. Is the DO level greater than 2.5 mg/l?(Y/N) _____ If yes, enter a two (2) on line 7. If not, enter a three (3) on line 7.
7. _____ is the category of your pit. Use the Appropriate section.
8. Comments on Pit condition: _____

Name of Principal Exec. Officer: Chris Veazey

Title of Officer: Permitting Supervisor

Date Completed: 9/14/23

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this document and all the 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.



Signature of a Principal Exec. Officer or Authorized agent.

09/15/2023

SELCO SERVICES
INDIVIDUAL TIME TICKETS
WATER TRUCKS

Invoice# _____

DRIVER NAME/COMPANY Shannon McCallister / DNC DATE 4.3.23
COMPANY FROM DGO Next Level API & WELL Name Caldwell # 2
LOCATION FROM Lizemore WV
TYPE OF WATER (CIRCLE ONE) FRESH PIT BRINE PRODUCED
WATER WAS HAULED TO (CIRCLE ONE) WELL SITE/LOCATION NORTH HILLS #1 OTHER
OF LOADS 1 # OF BARRELS 90 TOLL -
NOTES Ordered By Kevin Cook API# 4701501017
PO# 0323.216

TOTAL HOURS THIS LOCATION 5
**PLEASE USE SEPARATE TIME TICKETS FOR EACH LOCATION

SELCO SERVICES
INDIVIDUAL TIME TICKETS
WATER TRUCKS

Invoice# _____

DRIVER NAME/COMPANY Shannon McCallister / DNC DATE 4.4.23
COMPANY FROM DGO Next Level API & WELL Name Caldwell # 2
LOCATION FROM Lizemore WV
TYPE OF WATER (CIRCLE ONE) FRESH PIT BRINE PRODUCED
WATER WAS HAULED TO (CIRCLE ONE) WELL SITE/LOCATION NORTH HILLS #1 OTHER
OF LOADS 1 # OF BARRELS 20 TOLL -
NOTES Ordered By Kevin Cook API# 4701501017
PO# 0323.216

TOTAL HOURS THIS LOCATION 5
**PLEASE USE SEPARATE TIME TICKETS FOR EACH LOCATION