

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: Pitts, Erma Mabel Operator Well No.: 1-5505

LOCATION: Elevation: 1125.7' Quadrangle: West Union 7.5M  
District: Grant County: Doddridge

Latitude: 39.366533 Feet South of \_\_\_\_\_ Deg. \_\_\_\_\_ Min. \_\_\_\_\_ Sec. **MAR 10 2026**  
Longitude: -80.783552 Feet West of \_\_\_\_\_ Deg. \_\_\_\_\_ Min. \_\_\_\_\_ Sec.

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WV Department of  
Environmental Protection

Well Type: OIL \_\_\_\_\_ GAS <sup>x (storage)</sup> \_\_\_\_\_

Company Equitrans, L.P. Coal Operator See list attached  
2200 Energy Drive or Owner \_\_\_\_\_  
Canonsburg, PA 15317 \_\_\_\_\_

Agent John Zavatchan Coal Operator \_\_\_\_\_  
Permit Issued Date 12/3/2025 or Owner \_\_\_\_\_

AFFIDAVIT

STATE OF WEST VIRGINIA,  
County of Doddridge ss:

[Signature] and [Signature] 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 9th day of December, 2025, and the well was plugged and filled in the following manner:

TYPE	FROM	TO	PIPE REMOVED	LEFT
Class A Cement	2248'	1750'	1,483' of 4-1/2" casing	575' of 4-1/2" casing
Class A Cement	1750'	1405'	0' of 7" casing	1,894' of 7" casing
Class A Cement	1405'	9'		
Class A Cement	9'	0'		

Description of monument: 6' tall steel plate with well name & API, EQT, date plugged and that the work of plugging and filling said well was completed on the 15th day of January, 2026.

And further deponents saith not. \_\_\_\_\_

Sworn and subscribe before me this 23 day of Feb., 2026

My commission expires: Dec. 9, 2028

Marsha K. Propst  
Notary Public



Affidavit reviewed by the Office of Oil and Gas: Sherman King Title: \_\_\_\_\_

03/20/2026

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

Company Name: Equitrans, LP  
API No: 47-017-01894-00-00 County: Doddridge  
District: Grant Well No: 1-5505  
Farm Name: Pitts, Erma Mabel

Discharge Date/s From:(MMDDYY) No discharge To: (MMDDYY) \_\_\_\_\_  
Discharge Times. From: \_\_\_\_\_ To: \_\_\_\_\_

Total Volume to be Disposed from this facility (gallons): \_\_\_\_\_  
Disposal Option(s) Utilized (write volumes in gallons): \_\_\_\_\_

- (1) Land Application: \_\_\_\_\_ (Include a topographical map of the Area.)
- (2) UIC: \_\_\_\_\_ Permit No. RECEIVED
- (3) Offsite Disposal: \_\_\_\_\_ Site Location: Office of Oil and Gas
- (4) Reuse: \_\_\_\_\_ Alternate Permit Number MAR 10 2026
- (5) Centralized Facility: \_\_\_\_\_ Permit No. WV Department of
- (6) Other method: Closed Loop System (Include an explanation) Environmental Protection

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: No pits were used.

Name of Principal Exec. Officer: \_\_\_\_\_  
Title of Officer: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

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.



Digitally signed by Todd Klamer  
Date: 2026.03.05 12:46:45-05'00'

Signature of a Principal Exec. Officer or Authorized agent.

03/20/2026

Category 1  
Sampling Results  
API No : \_\_\_\_\_

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	5	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl	5,000	_____	5,000	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
Total Al***		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Disposal Area		_____	Monitor	_____	Acres

Category 2  
Sampling Results  
API No : \_\_\_\_\_

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	10	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
Total Al***		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Disposal Area		_____	Monitor	_____	Acres

\* Can be 25,000 with inspector's approval,

(Inspector's signature): Sherman King

Date: \_\_\_\_\_

\*\* Include a description of your aeration technique.

Aeration Code: \_\_\_\_\_

\*\*\* Al is only reported if the pH is above 9.0

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Category 3  
Sampling Results  
API No : \_\_\_\_\_

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	20	_____	N/A	N/A	Days
Fe	6	_____	6	_____	mg/l
D.O.	2.5	_____	2.5	_____	mg/l
Settleable Sol.	0.5	_____	0.5	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
Total Al***		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Disposal Area		_____	Monitor	_____	Acres

\* Can be 25,000 with inspector's approval,

(Inspector's signature): Sherman King

Date: \_\_\_\_\_

\*\* Include a description of your aeration technique.

Aeration Code: **RECEIVED**  
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\*\*\* Al is only reported if the pH is above 9.0.

**MAR 10 2026**

Category 4  
Sampling Results  
API No: \_\_\_\_\_

WV Department of  
Environmental Protection

Parameter	Predischarge		Discharge		Units
	Limits	Reported	Limits	Reported	
pH	6-10	_____	6-10	_____	S.U
Settling Time	1	_____	N/A	N/A	Days
Fe	Monitor	_____	Monitor	_____	mg/l
D.O.	Monitor	_____	Monitor	_____	mg/l
Settleable Sol.	Monitor	_____	Monitor	_____	mg/l
Cl*	12,500	_____	12,500	_____	mg/l
Oil	Trace	_____	Trace	_____	Obs.
TOC**		_____	Monitor	_____	mg/l
Oil and Grease		_____	Monitor	_____	mg/l
TSS		_____	Monitor	_____	mg/l
Total Mn	Monitor	_____	Monitor	_____	mg/l
Volume		_____	Monitor	_____	Gal
Flow		_____	Monitor	_____	Gal/min
Activated Carbon (0.175)		_____	N/A	N/A	lb/BI
Date Site Reclaimed	N/A	N/A			10 days from dis.
Disposal Area		_____	Monitor	_____	Acres

\* Can be 25,000 with inspector's approval,

(Inspector's signature): Sherman King

Date: 03/20/2026