

WR-38  
Rev. 5/08

API # 47-097-02949

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: HOSAFLOCK, GLENN, ETUX Operator Well No.: HOSAFLOOK 1

LOCATION: Elevation: 1892 Quadrangle: PICKENS  
District: BANKS County: UPSHUR  
Latitude: 38.7499590 Feet South of \_\_\_\_\_ Deg. \_\_\_\_\_ Min. \_\_\_\_\_ Sec.  
Longitude: -80.235889 Feet West of \_\_\_\_\_ Deg. \_\_\_\_\_ Min. \_\_\_\_\_ Sec.

Well Type: OIL \_\_\_\_\_ GAS X \_\_\_\_\_

Company Mike Ross INC. Coal Operator \_\_\_\_\_  
354 Morton AVE. or Owner \_\_\_\_\_  
BUCKHANNON, WV 262 \_\_\_\_\_  
Agent MIKE ROSS Coal Operator \_\_\_\_\_  
Permit Issued Date 6/17/2021 or Owner \_\_\_\_\_

AFFIDAVIT

STATE OF WEST VIRGINIA,  
County of ROANE ss:

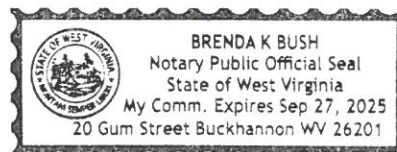
TERRY REXROAD and DARRELL SHAMBLIN being first duly sworn according to law depose and say that they are experienced in the work of plugging and filling oil and gas wells and were employed by the above named well operator, and participated in the work of plugging and filling the above well say that said work was commenced on the 18 day of AUGUST, 2021 and the well was plugged and filled in the following manner:

TYPE	FROM	TO	PIPE REMOVED	LEFT
CEMENT	3774	3384	1090' OF 4 1/2	2623' OF 4 1/2
CEMENT	1920	1800		530' OF 8 5/8
CEMENT	1160	995		129' OF 11 3/4
CEMENT	600	500		
CEMENT	350	SURFACE		
6% GELL	NEEN ALL PL			

Description of monument: 7" CASING WITH API # AND DATE WELL and that the work of plugging and filling said well was completed on the 26 day of AUGUST, 2021.

And further deponents saith not.

[Signature]  
Darrell Shamblin



Sworn and subscribe before me this 20<sup>th</sup> day of September, 2021

My commission expires: Sept. 27, 2025

[Signature]  
Brenda K Bush  
Notary Public

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

11/12/2021

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

Company Name: Mike Ross Inc.  
API No: 47-097-02949 County: Upshur  
District: Banks Well No: Hosaflook #1  
Farm Name: Hosaflook, Glenn, Etux  
Discharge Date/s From: (MMDDYY) 08/18/2021 To: (MMDDYY) 08/26/2021  
Discharge Times. From: \_\_\_\_\_ To: \_\_\_\_\_  
Total Volume to be Disposed from this facility (gallons): Nothing Returne  
Disposal Option(s) Utilized (write volumes in gallons):

- (1) Land Application: \_\_\_\_\_ (Include a topographical map of the Area.)
- (2) UIC: \_\_\_\_\_ Permit No. \_\_\_\_\_
- (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: Nothing Returned

Name of Principal Exec. Officer: Mike Ross Inc.  
Title of Officer: Chairman of the Board  
Date Completed: Sept. 20, 2021

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.

Mike Ross  
Signature of a Principal Exec. Officer or Authorized agent.

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Category 1  
Sampling Results

API No : 47-097-02949

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

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

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): \_\_\_\_\_

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: 47-097-02949

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
Settlcable 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): \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Include a description of your aeration technique. Aeration Code: \_\_\_\_\_

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

Category 4  
Sampling Results

API No: \_\_\_\_\_

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/B1
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): \_\_\_\_\_ Date: \_\_\_\_\_