

#### west virginia department of environmental protection

Office of Oil and Gas 601 57th Street, S.E. Charleston, WV 25304 (304) 926-0450 fax: (304) 926-0452

Austin Caperton, Cabinet Secretary www.dep.wv.gov

Wednesday, February 5, 2020 WELL WORK PLUGGING PERMIT Vertical Plugging

**EQT PRODUCTION COMPANY** 625 LIBERTY AVE., SUITE 1700

PITTSBURGH, PA 15222

Re:

Permit approval for 6078 47-091-00164-00-00

This well work permit is evidence of permission granted to perform the specified well work at the location described on the attached pages and located on the attached plat, subject to the provisions of Chapter 22 of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder, and to any additional specific conditions and provisions outlined in the pages attached hereto. Notification shall be given by the operator to the Oil and Gas Inspector at least 24 hours prior to the construction of roads, locations, and/or pits for any permitted work. In addition, the well operator shall notify the same inspector 24 hours before any actual well work is commenced and prior to running and cementing casing. Spills or emergency discharges must be promptly reported by the operator to 1-800-642-3074 and to the Oil and Gas Inspector.

Upon completion of the plugging well work, the above named operator will reclaim the site according to the provisions of WV Code 22-6-30. Please be advised that form WR-38, Affidavit of Plugging and Filling Well, is to be submitted to this office within 90 days of completion of permitted well work, as should form WR-34 Discharge Monitoring Report within 30 days of discharge of pits, if applicable. Failure to abide by all statutory and regulatory provisions governing all duties and operations hereunder may result in suspension or revocation of this permit and, in addition, may result in civil and/or criminal penalties being imposed upon the operators.

Per 35 CSR 4-5.2.g this permit will expire in two (2) years from the issue date unless permitted well work is commenced. If there are any questions, please feel free to contact me at (304) 926-0450.

James A. Martin

Chief

6078 Operator's Well Number:

**GRAGG** Farm Name:

U.S. WELL NUMBER: 47-091-00164-00-00

Vertical Plugging

Date Issued: 2/5/2020

Promoting a healthy environment.



### **PERMIT CONDITIONS**

West Virginia Code §22-6-11 allows the Office of Oil and Gas to place specific conditions upon this permit. Permit conditions have the same effect as law. <u>Failure to adhere to the specified permit conditions may result in enforcement action.</u>

#### **CONDITIONS**

- 1. All pits must be lined with a minimum of 20 mil thickness synthetic liner.
- 2. In the event of an accident or explosion causing loss of life or serious personal injury in or about the well or while working on the well, the well operator or its contractor shall give notice, stating the particulars of the accident or explosion, to the oil and gas inspector and the Chief within twenty-four (24) hours.
- 3. Well work activities shall not constitute a hazard to the safety of persons.
- 4. This well is under a consent order and must be plugged under the terms of that agreement.

WW-4B Rev. 2/01

| 1) Date January 15     | , 2020  |
|------------------------|---------|
| 2)Operator's           |         |
| Well No. W.G. Gragg #1 |         |
| 3) API Well No. 47-091 | - 00184 |

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

|    |                                                                                         | OIL AND GAS                                                                               |
|----|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 4) | Well Type: Oil/ Gas X/ Liqui                                                            | MIT TO PLUG AND ABANDON  d injection/ Waste disposal/  derground storage) Deep/ Shallow X |
| 5) | Location: Elevation 1149                                                                | Watershed Hustead Fork                                                                    |
|    | District Booths Creek                                                                   | County Taylor Quadrangle Rosemont                                                         |
| 6) | Well Operator Address  EQT Production Company  400 Woodcliff Drive  Canonsburg PA 15317 | 7) Designated Agent Joseph C. Mallow  Address 115 Professional Place  Bridgeport WV 26330 |
| 8) | Oil and Gas Inspector to be notified Name Kenneth Greynolds                             | 9)Plugging Contractor Name                                                                |
|    | Address 613 Broad Run Road                                                              | Address                                                                                   |
|    | Jane Lew, WV 26378                                                                      |                                                                                           |
|    | Work Order: The work order for the mani<br>See Attachment for details and proced        | ner of plugging this well is as follows:                                                  |
|    |                                                                                         |                                                                                           |
|    |                                                                                         |                                                                                           |
|    |                                                                                         | dures.                                                                                    |
|    |                                                                                         | dures.  RECEIVED Office of Oil and Gas                                                    |

#### PLUGGING PROGNOSIS

Gragg, W.G. #1 (606078) API# 47-091-00164 District, Booths Creek Taylor County, WV

BY: Craig Duckworth DATE: 01/10/2020

#### **CURRENT STATUS:**

TD @ 2200'

Elevation @ ~1,149'

10" casing @ 242' 8 1/4" casing @ 676' 6 5/8" casing @ 960' 3" tubing @ 2200' (packer @1535')

Fresh Water @ None Reported
Saltwater @ None Reported
Oil Show @ None Reported
Gas shows @ 1573', 2048'
Coal @ None Reported

Shot Record; 40qts. @ 50 Foot Sand

- 1. Notify inspector, Kenneth Greynolds, @ 304-206-6613, 24 hrs. prior to commencing operations.
- 2. Check TD @ or below, 2100', spot 25 bbl. of 6% gelled water followed by a 200' C1A cement plug, 2100' to 1900'. WOC 8 hrs., TAG TOC, add additional C1A cement if necessary.
- 3. TOOH to 1530', set 100' C1A cement plug 1530' to 1450'. (3" packer @1535' & gas show @ 1573'). CUT & POOH W/ 3" TUBING ABOUT 1535', SET
- 4. TOOH to1000', set 100' C1A cement plug, 1000' to 900', (6 5/8" csg seat @ 960').
- 5. Free point 6 5/8" casing, cut casing @ free point. TOOH casing.
- 6. Set 100' C1A cement plug 50' in/out of casing cut. Perforate all saltwater, freshwater, coal, oil and gas shows below cut. Do not omit any plugs.
- 7. TIH to 700' set 100' C1A cement plug, 700' to 600'. (8 1/4" csg seat @ 676').
- 8. Free point 8 1/4" casing, cut casing @ free point. TOOH casing.
- 9. Set 100' C1A cement plug 50' in/out of casing cut. Perforate all saltwater, freshwater, coal, oil and gas shows below cut. Do not omit any plugs.
- 10. TIH to 250', set 250' C1A cement plug 250' to 0' (10" csg seat @ 242').
  - 11. Free point 10" casing, cut casing @ free point. TOOH casing.
    - 12. \* Note, if unable to cut and pull 10" casing, perforate 10" casing with 3 holes each @ 100', 75', & 50'. Set 100' C1A cement plug 100' to surface.
    - 13. Erect monument with API#, date plugged, company name, and company 6-digit ID#.
    - 14. Reclaim location and road to WV-DEP specifications.

RECEIVED Office of Oil and Gas PLUG ACROSS CASING

JAN 2 4 2020

Environmental Protection



Acries

# 606028

Pgh. & West Va Gas Company - Well No. 6078

#### RECORD OF W. B. GROGG WELL NO.1

| Formation  | Top. | Bottom. | Gas Found<br>Depth | Remarks.        |  |  |
|------------|------|---------|--------------------|-----------------|--|--|
| Conductor  | 15   |         |                    | Well completed  |  |  |
| Sand       | 5    | 500     |                    | May 28th, 1914. |  |  |
| Sand       | 760  | 810     |                    |                 |  |  |
| Big Lime   | 935  | 1025    |                    |                 |  |  |
| Big Injun  | 1025 | 1115    |                    |                 |  |  |
| Fifty Foot | 1500 | 1725    | 1573               |                 |  |  |
| Fifth Sand | 1820 | 1860    |                    |                 |  |  |
| Bayard     | 2046 | 2091    | 2048               |                 |  |  |

Total Depth ---- 2200

10" Casing 242 feet 8-1/4" " 676 " 5-5/8" " 960 " 3" Tubing 2200 " Packet set at 1535

Shot Record: 40 Quarts - 50 Foot Sand.

RECEIVED
Office of Oil and Gas

JAN 2 4 2020

WV Department of Environmental Protection

| M: 039-14263 -   |           |              |                     | MPANY        |          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
|------------------|-----------|--------------|---------------------|--------------|----------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|---------------|
| ecord of Well    | No. 609   | 8            | Located on W        | 1. B. Gran   | ra       | Farm                                           | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |              |               |
| ecord of Well I  | Luck      | District     | Pour                | elor 1       | County   | mest Va                                        | Stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                       |              |               |
| livision         | P.        |              | _ District No.      |              |          | Drilled under well Order                       | O. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |              |               |
|                  |           |              |                     |              |          |                                                | _19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |              |               |
| ig built by      |           |              |                     |              |          | L                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                       |              |               |
| Tell drilled by_ |           |              |                     |              |          | mpleted May 28                                 | 19/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |              |               |
| enth of Well_    | 2200      | feet         | Size of H           | lole         | Pro      | ducing Has                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
|                  | I from    | Comet        | W & 40              | 20 Co. Ja    | REMA     |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b></b>                                 |              |               |
| Q.               | ASED WITH |              |                     | -            | KUMA     | KK8                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>=</b>                                |              |               |
| AMOUNT           | Size      | KIND         |                     |              |          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
| 242'             | 10"       | Casing       |                     |              | 200      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                       |              |               |
| 676!             | 8/4.      |              |                     |              |          |                                                | *** **********************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |              |               |
| 960'             | 3" "      | 6/1:-        |                     | Mark.        | do.t     | 1 1535 fe.                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                       |              |               |
| 100              |           | 1            |                     | Joene        | or per a | 1000                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
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| AL VEINS         |           |              |                     |              |          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
|                  |           |              | FO                  | RMATIONS     |          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
| FORMATION        | COLOR     | OPEN<br>HARI | OR CLOSE<br>OR SOFT | тор          | воттом   | REMARKS<br>GAS-OIL-WATER<br>(THICKNESS OF PAY) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
| und              |           |              |                     | 760          | 810      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
| Line             |           |              |                     | 935          | 1025     |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
| In Root          |           |              |                     | 1025         | 1115     | 9001073                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
| Do Land          |           |              |                     | 1820<br>2046 | 1860     | " 2048                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
| tal Opti         |           |              |                     | 2200         | 2091     | 2042                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |              |               |
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| 2.7              |           |              |                     |              |          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2<br>                                   |              |               |
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|                  |           |              |                     |              |          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | epai<br>lenta                           | 63           |               |
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|                  |           |              |                     |              |          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WV Department of Environmental Protecti | JAN 2 4 2020 | Service Class |
|                  |           |              |                     |              |          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tion                                    |              | Q             |
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WW-4A Revised 6-07

Date: January 15, 2020
 Operator's Well Number

W. G. Gragg #1

3) API Well No.: 47 -

091

00164

# STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS NOTICE OF APPLICATION TO PLUG AND ABANDON A WELL

| 4) Surface Owner(s) to be s (a) Name See Attached                                                                                                    | erved: 5)                                                                                                                        | (a) Coal Operator<br>Name                                                                                                                                                                                                                                                                                                    |                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Address                                                                                                                                              |                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
| (b) Name                                                                                                                                             |                                                                                                                                  | (b) Coal Owner(s) with Declaration                                                                                                                                                                                                                                                                                           | <del></del>                                                                                                  |
| Address                                                                                                                                              |                                                                                                                                  | Name See Attached                                                                                                                                                                                                                                                                                                            |                                                                                                              |
| Address                                                                                                                                              |                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
|                                                                                                                                                      |                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
| (c) Name                                                                                                                                             |                                                                                                                                  | Name ————                                                                                                                                                                                                                                                                                                                    | 1                                                                                                            |
| Address                                                                                                                                              |                                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
|                                                                                                                                                      |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                                                                              |
| 6) Inspector Kenneth Greyn                                                                                                                           | olds                                                                                                                             | (c) Coal Lessee with Declaration                                                                                                                                                                                                                                                                                             |                                                                                                              |
| Address 613 Broad Run                                                                                                                                | Road                                                                                                                             | Name                                                                                                                                                                                                                                                                                                                         |                                                                                                              |
| Jane Lew, WV                                                                                                                                         | 26378                                                                                                                            | Address                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
| Telephone 304-206-6613                                                                                                                               |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                                                                              |
|                                                                                                                                                      |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                                                                              |
| However, you are not required  Take notice that under Chapt accompanying documents for Protection, with respect to the the Application, and the plat | d to take any action at all.  er 22-6 of the West Virginia Coo a permit to plug and abandon a e well at the location described o | ghts regarding the application which are summarized in the de, the undersigned well operator proposes to file or has file well with the Chief of the Office of Oil and Gas, West Virgon the attached Application and depicted on the attached Follow certified mail or delivered by hand to the person(s) rery to the Chief. | ed this Notice and Application and<br>ginia Department of Environmental<br>form WW-6. Copies of this Notice, |
| . · · · · · · · · · · · · · · · · · · ·                                                                                                              | Well Operator                                                                                                                    | EQT Production Company                                                                                                                                                                                                                                                                                                       |                                                                                                              |
| Commonwealth of Pennsylvania - Notary Se                                                                                                             |                                                                                                                                  | John Zavatchan                                                                                                                                                                                                                                                                                                               |                                                                                                              |
| Olivia Pishioneri, Notary Public                                                                                                                     | Its:                                                                                                                             | Project Specialist - Permitting                                                                                                                                                                                                                                                                                              |                                                                                                              |
| Allegheny County                                                                                                                                     |                                                                                                                                  | 400 Woodcliff Drive                                                                                                                                                                                                                                                                                                          |                                                                                                              |
| My commission expires October 25, 202<br>Commission number 1359968                                                                                   | 3                                                                                                                                | Canonsburg PA 15317                                                                                                                                                                                                                                                                                                          |                                                                                                              |
| Member Pennsylvenis 1                                                                                                                                |                                                                                                                                  | Canonsburg PA 15517                                                                                                                                                                                                                                                                                                          |                                                                                                              |
| member, remissivania Association of Notaria                                                                                                          | Telephone                                                                                                                        | 724-746-9073                                                                                                                                                                                                                                                                                                                 | BECEIVED                                                                                                     |
| Member, Pennsylvania Association of Notarie                                                                                                          | Telephone                                                                                                                        |                                                                                                                                                                                                                                                                                                                              | RECEIVED<br>Office of Oil and Gas                                                                            |
| Subscribed and sworn before                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                                                                              |

Oil and Gas Privacy Notice

The Office of Oil and Gas processes your personal information, such as name, address and phone number, as a part of our regulatory duties. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. Our office will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact DEP's Chief Privacy Officer at depprivacyoffier@wv.gov.

#### 47-091-00164

#### Owner(s) (Surface and Access)

John Alcorn 779 Gregg Road Bridgeport, WV 26330

#### Coal Owner(s)

John Alcorn
779 Gregg Road
Bridgeport, WV 26330

Arch Coal Inc.

1 City Place Drive \
Suite 300

St. Louis, MO 63141

606078 W.G. Gragg #1

RECEIVED Office of Oil and Gas

JAN 2 4 2020

WV Department of Environmental Protection

WW-9 (5/16)

| API Number   | 47 -   | 091   | _00164     |  |
|--------------|--------|-------|------------|--|
| Operator's W | ell No | . W.G | . Gragg #1 |  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Commission number 1359968  Member, Pennsylvania Association of Notaries                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| My commission expires October 25, 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Olivia Pishioneri, Notary Public<br>Allegheny County<br>My commission expires October 25, 2023                                                    |
| Subscribed and sworn before me this 15th day of January , 2000 Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Commonwealth of Pennsylvania - Notary Seal                                                                                                        |
| with 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Environmental Protection                                                                                                                          |
| Company Official Title Project Specialist - Permitting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WV Department of                                                                                                                                  |
| Company Official (Typed Name) John Zavatchan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | JAN 2 4 2020                                                                                                                                      |
| Company Official Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RECEIVED<br>Office of Oil and Gas                                                                                                                 |
| I certify that I understand and agree to the terms and conditions of the GENERAL WATER PO on April 1, 2016, by the Office of Oil and Gas of the West Virginia Department of Environmental Prote provisions of the permit are enforceable by law. Violations of any term or condition of the general permit or regulation can lead to enforcement action.  I certify under penalty of law that I have personally examined and am familiar with the infapplication form and all attachments thereto and that, based on my inquiry of those individuals immediate the information, I believe that the information is true, accurate, and complete. I am aware that there submitting false information, including the possibility of fine or imprisonment. | ection. I understand that the and/or other applicable law formation submitted on this ly responsible for o btaining are significant penalties for |
| Permittee shall provide written notice to the Office of Oil and Gas of any load of drill cuttings or associa West Virginia solid waste facility. The notice shall be provided within 24 hours of rejection and the perm where it was properly disposed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ittee shall also disclose                                                                                                                         |
| -Landfill or offsite name/permit number?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   |
| -If left in pit and plan to solidify what medium will be used? (cement, lime, sawdust)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                   |
| Drill cuttings disposal method? Leave in pit, landfill, removed offsite, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                   |
| Additives to be used in drilling medium?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   |
| -If oil based, what type? Synthetic, petroleum, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| Drilling medium anticipated for this well (vertical and horizontal)? Air, freshwater, oil based, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                   |
| Will closed loop system be used? If so, describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                   |
| Underground Injection (UIC Permit Number  Reuse (at API Number  Off Site Disposal (Supply form WW-9 for disposal location)  Other (Explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )                                                                                                                                                 |
| Proposed Disposal Method For Treated Pit Wastes:  Land Application (if selected provide a completed form WW-9-GPP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |
| Will a synthetic liner be used in the pit? Yes No If so, what ml.? 20 ml                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   |
| If so, please describe anticipated pit waste:  Formation Fluids                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                             |
| Will a pit be used? Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                   |
| Do you anticipate using more than 5,000 bbls of water to complete the proposed well work? Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No 🗸                                                                                                                                              |
| Watershed (HUC 10) Hustead Fork Quadrangle Rosemont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| Operator Name_EQT Production Company OP Code 306686                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |
| FLUIDS/ CUTTINGS DISPOSAL & RECLAMATION PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   |

|                                                                                                                                        |                                                                                             | Operator's \                                                                               |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Proposed Revegetation Trea                                                                                                             | atment: Acres Disturbed 1                                                                   | ± Preveg etation ;                                                                         | pH                                                     |
| Lime 3                                                                                                                                 | Tons/acre or to corre                                                                       | ct to pH <u>6.5</u>                                                                        |                                                        |
| Fertilizer type (10                                                                                                                    | 0-20-20) or equivalent                                                                      |                                                                                            |                                                        |
| Fertilizer amount_                                                                                                                     | 1/3 ton                                                                                     | lbs/acre                                                                                   |                                                        |
| Mulch 2                                                                                                                                |                                                                                             | Tons/acre                                                                                  |                                                        |
|                                                                                                                                        |                                                                                             | Seed Mixtures                                                                              |                                                        |
| To                                                                                                                                     | emporary                                                                                    | Perm                                                                                       | anent                                                  |
| Seed Type                                                                                                                              | lbs/acre                                                                                    | Seed Type                                                                                  | lbs/acre                                               |
| Red Fescue                                                                                                                             | 40                                                                                          | Red Fescue                                                                                 | 15                                                     |
| Aslike Clover                                                                                                                          | 5                                                                                           | Aslike Clover                                                                              | 5                                                      |
| Annual Rye                                                                                                                             | 15                                                                                          |                                                                                            |                                                        |
| Attach:<br>Maps(s) of road, location, pi<br>provided). If water from the<br>(L, W), and area in acres, of                              | pit will be land applied, pro                                                               | d application (unless engincered plans inclu<br>ovide water volume, include dimensions (L, | ding this info have been<br>, W, D) of the pit, and di |
| Maps(s) of road, location, piprovided). If water from the [L, W], and area in acres, of Photocopied section of involutions.            | pit will be land applied, pro<br>the land application area.<br>lved 7.5' topographic sheet. | ovide water volume, include dimensions (L,                                                 | ding this info have been<br>, W, D) of the pit, and di |
| Maps(s) of road, location, piprovided). If water from the (L, W), and area in acres, of Photocopied section of involution Approved by: | pit will be land applied, pro<br>the land application area.<br>lved 7.5' topographic sheet. | ovide water volume, include dimensions (L,                                                 | ding this info have been<br>W, D) of the pit, and di   |
| Maps(s) of road, location, piorovided). If water from the L, W), and area in acres, of Photocopied section of invol                    | pit will be land applied, pro<br>the land application area.<br>lved 7.5' topographic sheet. | ovide water volume, include dimensions (L,                                                 | ding this info have been<br>W, D) of the pit, and di   |
| Maps(s) of road, location, piperovided). If water from the L, W), and area in acres, of Photocopied section of involution Approved by: | pit will be land applied, pro<br>the land application area.<br>lved 7.5' topographic sheet. | ovide water volume, include dimensions (L,                                                 | ding this info have been<br>W, D) of the pit, and di   |
| Maps(s) of road, location, piperovided). If water from the L, W), and area in acres, of Photocopied section of involution Approved by: | pit will be land applied, pro<br>the land application area.<br>lved 7.5' topographic sheet. | ovide water volume, include dimensions (L,                                                 | ding this info have been<br>W, D) of the pit, and di   |
| Maps(s) of road, location, piorovided). If water from the L, W), and area in acres, of Photocopied section of invol                    | pit will be land applied, pro<br>the land application area.<br>lved 7.5' topographic sheet. | ovide water volume, include dimensions (L,                                                 | ding this info have been<br>W, D) of the pit, and di   |
| Maps(s) of road, location, piorovided). If water from the L, W), and area in acres, of Photocopied section of invol                    | pit will be land applied, pro<br>the land application area.<br>lved 7.5' topographic sheet. | ovide water volume, include dimensions (L,                                                 | ding this info have been<br>W, D) of the pit, and di   |
| Maps(s) of road, location, piprovided). If water from the [L, W], and area in acres, of Photocopied section of involutions.            | pit will be land applied, pro<br>the land application area.<br>lved 7.5' topographic sheet. | ovide water volume, include dimensions (L,                                                 | ding this info have been<br>W, D) of the pit, and di   |
| Maps(s) of road, location, piprovided). If water from the (L, W), and area in acres, of Photocopied section of involution Approved by: | pit will be land applied, pro<br>the land application area.<br>lved 7.5' topographic sheet. | ovide water volume, include dimensions (L,                                                 | ding this info have been<br>W, D) of the pit, and di   |
| Maps(s) of road, location, piprovided). If water from the (L, W), and area in acres, of Photocopied section of involution Approved by: | pit will be land applied, pro<br>the land application area.<br>lved 7.5' topographic sheet. | ovide water volume, include dimensions (L,                                                 | ding this info have been W, D) of the pit, and di      |

JAN 2 4 2020

# EQT Production Water plan Offsite disposals

#### **Waste Management - Meadowfill Landfill**

Rt. 2, Box 68 Dawson Drive Bridgeport, WV 26330 304-326-6027 Permit #SWF-1032-98 Approval #100785WV

#### **Waste Management - Northwestern Landfill**

512 E. Dry Road Parkersburg, WV 26104 304-428-0602 Permit #SWF-1025 WV-0109400 Approval #100833WV

> RECEIVED Office of Oil and Gas

JAN 2 4 2020

WV Department of Environmental Protection

**Topo Quad:** Rosemont 7.5' **Scale:** 1" = 500' County: \_\_\_\_\_Taylor Date: November 7, 2019 District: \_\_ Booths Creek **Project No:** 206-13-00-16 Highway WV 606078 47-091-00164 (W. G. Gragg #1) Pit Location Map Existing Access Road NAD 27, North Zone N:312,622.60 E:1,813,279.16 **WGS 84 LEGEND** LAT:39.356539 LONG:-80.160140 Proposed Pit Location ELEV:1148.56 SURVEYING AND MAPPING SERVICES PERFORMED BY: PREPARED FOR:



## ALLEGHENY SURVEYS, INC.

1-800-482-8606 237 Birch River Road Birch River, WV 26610 PH: (304) 649-8606 FAX: (304) 649-8608

## **EQT Production Company**

Topo Quad: Rosemont 7.5' **Scale:** 1" = 200' County: \_\_\_\_\_Taylor Date: November 7, 2019 District: \_\_ Booths Creek **Project No:** 206-13-00-16 Topo WV 606078 47-091-00164 (W. G. Gragg #1) Pit Location Map **Existing Access Road** NAD 27, North Zone N:312,622.60 E:1,813,279.16 **WGS 84** LEGEND LAT:39.356539 LONG:-80.160140 Proposed Pit Location ELEV:1148.56 SURVEYING AND MAPPING SERVICES PERFORMED BY: PREPARED FOR: ALLEGHENY SURVEYS, INC. **EQT Production Company** 



1-800-482-8606 237 Birch River Road Birch River, WV 26610 PH: (304) 649-8606 FAX: (304) 649-8608

Topo Quad: Rosemont 7.5' Scale: \_\_\_\_\_ 1" = 200' County: \_\_\_\_ Taylor **Date:** \_\_\_\_\_ November 7, 2019 District: Booths Creek Project No: \_\_\_\_206-13-00-16 Topo WV 606078 47-091-00164 (W. G. Gragg #1) LOD Location Map **Existing Access Road** NAD 27, North Zone N:312,622.60 E:1,813,279.16 **WGS 84** LEGEND LAT:39.356539 LONG:-80.160140 Limts of Disturbance ELEV:1148.56 SURVEYING AND MAPPING SERVICES PERFORMED BY: PREPARED FOR:



## ALLEGHENY SURVEYS, INC.

1-800-482-8606 237 Birch River Road Birch River, WV 26610 PH: (304) 649-8606 FAX: (304) 649-8608

## **EQT Production Company**

Rosemont 7.5' Topo Quad: 1" = 2000' Scale: Taylor County: November 7, 2019 Date: **Booths Creek** 206-13-00-16 District: Project No: \_\_\_ Topo WV 606078 47-091-00164 (W. G. Gragg #1) SMALLWO RIE DR 47-091-00164 WV 606078 Hepzibah Hepzibah TOLLEY DR MARTIN RD NAD 27, North Zone N:312,622.60 E:1,813,279.16 **WGS 84** LAT:39.356539 LONG:-80.160140 ELEV:1148.56 PREPARED FOR: SURVEYING AND MAPPING SERVICES PERFORMED BY: **EQT Production Company** ALLEGHENY SURVEYS, INC. 1-800-482-8606

237 Birch River Road Birch River, WV 26610 PH: (304) 649-8606 FAX: (304) 649-8608

1/13/2020 Date

Signature



# West Virginia Department of Environmental Protection Office of Oil and Gas WELL LOCATION FORM: GPS

| API: 47-091-00164 WELL NO.: WV 606078 (W. G. Gragg #1)                                                                                                                                                                                                                                                        |        |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------|
| FARM NAME: W. B. Gragg                                                                                                                                                                                                                                                                                        |        |                       |
| RESPONSIBLE PARTY NAME: EQT Production Company                                                                                                                                                                                                                                                                |        |                       |
| COUNTY: Taylor DISTRICT: Booths Creek                                                                                                                                                                                                                                                                         |        |                       |
| QUADRANGLE: Rosemont 7.5'                                                                                                                                                                                                                                                                                     |        |                       |
| SURFACE OWNER: John Alcorn                                                                                                                                                                                                                                                                                    |        |                       |
| ROYALTY OWNER: EQT Production Company, et al.                                                                                                                                                                                                                                                                 |        |                       |
| UTM GPS NORTHING: 4356680                                                                                                                                                                                                                                                                                     |        |                       |
| UTM GPS EASTING: 572359 GPS ELEVATION: 350m (1149ft)                                                                                                                                                                                                                                                          |        |                       |
| The Responsible Party named above has chosen to submit GPS coordinates in lieu of preparing a new well location plat for a plugging permit or assigned API number on the above well. The Office of Oil and Gas will not accept GPS coordinates that do not meet the following requirements:                   |        |                       |
| 1. Datum: NAD 1983, Zone: 17 North, Coordinate Units: meters, Altitude: height above mean sea level (MSL) – meters.                                                                                                                                                                                           |        |                       |
| 2. Accuracy to Datum – 3.05 meters                                                                                                                                                                                                                                                                            |        | 0                     |
| 3. Data Collection Method:                                                                                                                                                                                                                                                                                    | JAN    | Office                |
| Survey grade GPS : Post Processed Differential Real-Time Differential Real-Time Differential                                                                                                                                                                                                                  | 20     | of                    |
| 2. Accuracy to Datum – 3.05 meters 3. Data Collection Method:  Survey grade GPS : Post Processed Differential Real-Time Differential Napping Grade GPS X : Post Processed Differential X Real-Time Differential X Real-Time Differential 4. Letter size copy of the topography map showing the well location. | 4 2020 | Office of Oil and Gas |
| 4. Letter size copy of the topography map showing the well location.                                                                                                                                                                                                                                          |        | as                    |
| I the undersigned, hereby certify this data is correct to the best of my knowledge and                                                                                                                                                                                                                        |        |                       |
| belief and shows all the information required by law and the regulations issued and prescribed by the Office of Oil and Gas.                                                                                                                                                                                  |        |                       |