

WV DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF OIL AND GAS  
UIC INSPECTION REPORT

Operator Name	MOUNTAIN V OIL & GAS, INC.		
API #	47-087-02003	UIC Permit #	2D08702003001
Operator Well #	5	Field Name	NA
UTM NAD83 N	4271359.76	UTM NAD83 E	461036.19
2D Commercial	2D Non-Commercial <input checked="" type="checkbox"/>	2R	3S
Permit Expiration Date	1/30/2019	Last MIT Date (well)	10/17/2013
Permitted Injection Pressure (Psi)	1,100	Permitted Injection Rate (Bbl/Hr)	300
Inspected Injection Pressure (Psi)	140 psi	Inspected Injection Rate (Bbl/Hr)	26 gal/hr per min.
Inspected Annulus Pressure(s) (Psi) (Specify annulus):			

Weather Conditions	Reinings.		
Inspection Type:	<u>Routine</u> / Periodic	MIT Witness 2012 <del>2013</del>	
	Emergency Response / Complaint	Other	
Well Status	Active <input checked="" type="checkbox"/>	Shut-In	Abandoned <input type="checkbox"/> Plugged <input type="checkbox"/>
Well Status Updated?			

Site/Location Checklist	Y	N	NA	Comment
Properly Maintained	X			
Culverts Properly Sized and Spaced	X			
Diversion Ditches in Place			X	
Disturbed Areas Reclaimed	X			
Evidence of Environmental Impacts		X		
Adequate Site Security/Safety	X			
Adequate Pollution Control	X			
SPCC Plan Available	X			
UIC Permit Available	X			
Manifests Available	X			
WR-40's available for review	X			
Haulers Approved (2D Commercial)	X			
WR-40 Reporting current	X			
Complying with the groundwater protection plan	X			
Any Changes/alterations/additions since last inspection		X		
Adequate Secondary Containment	X			
Spill Kit	X			
Safety Equipment	X			
Permit Conditions Being Met	X			
Stream sampling current (9 mo. Cycles, permits issued since 2016)			X	
Injectate Sampling (if applicable)			X	
Corrective Action (if applicable)		X		
DAQ Determination (if applicable)			X	
Comments on site/location:				

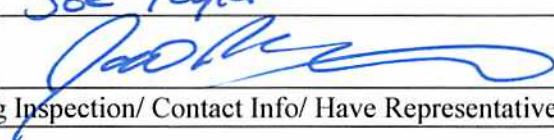
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87-2003

Well Checklist	Y	N	NA	Comment
API Number Tag	X			
Corrosion or pitting on well casings, wellhead, or valves	X			
Properly Maintained	X			
Wells Fluids Being Collected			X	
Gauges / Pressure Recorder installed properly	X			
Barrel Counter	X			
Fluid Level Reported (if applicable)			X	
Injection pump leaking		X		
Injection Line leaking		X		
Comments on Well:				

Tank Checklist	Y	N	NA	Comment
Properly Maintained (rust, holes, pitting)	X			
Number of Tanks				8-250 barrel not on sight 250 barrel
Capacity Largest AST				
Registration Numbers Labeled	X			
Adequate Secondary Containment	X			
Tank Leaking		X		
Adequate Locking Valves	X			
Equalizing lines	X			
Manholes/operating valves Secured	X			
Dike Drain Valves Closed	X			
Anchored/Armored (if located within floodplain)			X	
Lines with Manifold Layout			X	
Comments on Tank(s):				

Were Photographs or Video taken?	Yes	<del>No</del>
Attachments? Site/Facility sketch/ Drawing?	Yes	<del>No</del>
Were Enforcement Actions taken as a result of this inspection?	Yes	<del>No</del>
If Yes, Specify		
NOV # (if written)		

Inspector Name	Joe Taylor	Inspection Date	3-20-17
Inspector Signature			
Others Present During Inspection/ Contact Info/ Have Representative Initial			