

#### west virginia department of environmental protection

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

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

Monday, July 16, 2018 WELL WORK PERMIT Vertical / New Drill

KEYROCK ENERGY LLC PO BOX 2223

JOHNSON CITY, TN 37605

Re: Permit approval for COX 1 47-011-01002-00-00

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.

Please be advised that form WR-35, Well Operators Report of Well Work 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

Operator's Well Number: COX 1

Farm Name: ROCKY & DIANA S. COX

U.S. WELL NUMBER: 47-011-01002-00-00

Vertical New Drill Date Issued: 7/16/2018

## 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. If the operator encounters an unanticipated void, or an anticipated void at an unanticipated depth, the operator shall notify the inspector within 24 hours. Modifications to the casing program may be necessary to comply with W. Va. Code §22-6-20, which requires drilling to a minimum depth of thirty feet below the bottom of the void, and installing a minimum of twenty (20) feet of casing. Under no circumstance should the operator drill more than fifty (50) feet below the bottom of the void or install less than twenty (20) feet of casing below the bottom of the void.
- 2. Pursuant to 35 CSR 4-19.1.a, at the request of the surface owner all water wells or springs within 1000 feet of the proposed well that are actually utilized for human consumption, domestic animals or other general use shall be sampled and analyzed.
- 3. Pursuant to 35 CSR 4-19.1.c, if the operator is unable to sample and analyze any water well or spring with one thousand (1,000) feet of the permitted well location, the Office of Oil and Gas requires the operator to sample, at a minimum, one water well or spring located between one thousand (1,000) feet and two thousand (2,000) feet of the permitted well location.
- 4. All pits must be lined with a minimum of 20 mil thickness synthetic liner.
- 5. 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.
- 6. During the surface casing and cementing process, in the event cement does not return to the surface, or any other casing string that is permitted to circulate cement to the surface and does not return to the surface, the oil and gas inspector shall be notified within twenty-four (24) hours
- 7. Well work activities shall not constitute a hazard to the safety of persons.
- 8. Operator shall provide the Office of Oil & Gas notification of the date that drilling commenced on this well. Such notice shall be provided by sending an email to DEPOOGNotify@wv.gov within 30 days of commencement of drilling.
- 9. Operator shall send to the Office of Oil & Gas an "As Built" site plan and erosion and sediment control plan that identifies the chosen location road option (of two proposed), used to access the well site.

# STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS WELL WORK PERMIT APPLICATION

| 1) Well Operate                                         | or: Ke                                | yrock En                     | ergy LLC                                          | 494507629         | Cabell                        | Grant                                          | Milton 7.5'        |
|---------------------------------------------------------|---------------------------------------|------------------------------|---------------------------------------------------|-------------------|-------------------------------|------------------------------------------------|--------------------|
|                                                         |                                       |                              |                                                   | Operator ID       | County                        | District                                       | Quadrangle         |
| 2) Operator's V                                         | Vell Numb                             | er: Co                       | ox No. 1                                          |                   | 3) Elevation:                 | 690'                                           | -                  |
| 4) Well Type: (                                         | a) Oil <u>X</u>                       | or Ga                        | ns                                                |                   |                               |                                                |                    |
| (1                                                      | b) If Gas:                            | Produ                        | iction X / Und                                    | derground Sto     | rage                          |                                                |                    |
|                                                         |                                       | Deep                         | o/ S                                              | hallowX           |                               |                                                |                    |
| <ul><li>6) Proposed To</li><li>7) Approximate</li></ul> | otal Depth<br>fresh wa                | : <u>3,650</u><br>ter strata | Example 2 Lower Huron Feet A depths: 70' 8 1,400' | Formation at F    | Proposed Tar<br>Proposed Tota | get Depth: _<br>al Depth:ow                    | 3,600'<br>er Huron |
| 9) Approximate                                          | coal sea                              | m depth:                     | S: None                                           |                   |                               |                                                |                    |
| 10) Approxima                                           | te void de                            | nthe (co:                    | al, Karst, other):                                | None              |                               |                                                |                    |
|                                                         |                                       |                              | •                                                 |                   |                               |                                                |                    |
| 11) Does land                                           | contain co                            | oal seam                     | s tributary to act                                | ive mine? N       | 0                             |                                                |                    |
| 12) Describe pro                                        | posed we                              | ll work ar                   | nd fracturing meth                                | ods in detail (a  | ttach additiona               | I sheets if ne                                 | eded)              |
|                                                         |                                       |                              | a new well (estimate                              | ted using 40k lbs | s. foam frac).                |                                                |                    |
| Will not produce fr                                     | om the Mar                            | cellus forn                  | nation.                                           |                   |                               |                                                |                    |
|                                                         |                                       |                              |                                                   | <del></del>       |                               |                                                |                    |
| 13)                                                     | SPECIFIC                              |                              | ASING AND TUE                                     | FOOTAGE           | <u>am</u><br>Intervals        | CEME                                           | NT                 |
| T I I have                                              | Size                                  | Grade                        | Weight per ft                                     | For Drilling      | Left in Well                  |                                                |                    |
| Conductor                                               | 13 3/8"                               |                              |                                                   | 30'               | 30'                           | Sand                                           | in                 |
| Fresh Water                                             | 9 5/8"                                |                              |                                                   | 680'              | 680'                          | Sand<br>PECEIVER<br>191 GH and<br>Se of GH and | H 62188            |
| Coal                                                    | 0 0.0                                 |                              |                                                   | 333               | Offi                          | Ce of On an                                    | 40                 |
| Intermediate                                            |                                       |                              |                                                   |                   |                               | JUN 0 6 20                                     | 318                |
| Production                                              | 4 1/2"                                |                              |                                                   | 3,500'            | 3 500' V                      | TO Departmental.                               | nent of protection |
|                                                         | 2 3/8"                                |                              |                                                   | 3,450'            | 3,500 Env                     | Per WV De                                      | n Pula             |
| Tubing                                                  | 2 3/6                                 |                              |                                                   | 3,450             | 3,450'                        | Pel VVV De                                     | p Rule             |
| Liners                                                  |                                       |                              |                                                   |                   |                               |                                                |                    |
| Packers: Kind                                           | · · · · · · · · · · · · · · · · · · · |                              |                                                   | * 55.             |                               |                                                | <del> </del>       |
| Size<br>Der                                             | es:<br>oths Set                       |                              |                                                   |                   | 11-1-                         | 1-2016                                         |                    |

| <b>WW-2A</b> (Rev. 6-14) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1). Date: <u>5/14/2018</u>                                              |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| ,                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.) Operator's Well Number Cox No. 1                                    |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State County Permit                                                     |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3.) API Well No.: 47- <u>Cabell</u> -                                   |
|                          | STATE (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DE WEST VIDCINIA                                                        |
| DED                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF WEST VIRGINIA<br>FAL PROTECTION, OFFICE OF OIL AND GAS               |
| DEF                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TION FOR A WELL WORK PERMIT                                             |
|                          | NOTICE AND ALL EIGA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HONT ON A WELL WORKT EXMIT                                              |
| 4) Surface Ow            | ner(s) to be served:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5) (a) Coal Operator                                                    |
| (a) Name                 | Rocky & Diana S. Cox                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name <u>n/a</u>                                                         |
| Address                  | 2851 Little Fudges Creek Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Address                                                                 |
| 41.5.51                  | Barboursville, WV 25504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |
| (b) Name                 | ( <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (b) Coal Owner(s) with Declaration                                      |
| Address                  | r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name <u>n/a</u>                                                         |
|                          | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address                                                                 |
| (c) Name                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                                                                    |
| Address                  | Tarana and the same and the sam | Address                                                                 |
| 7 1441 000               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |
| 6) Inspector             | Allen Flowers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (c) Coal Lessee with Declaration                                        |
| Address                  | 165 Grassy Lick Ln.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name n/a                                                                |
|                          | Liberty, WV 25124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address                                                                 |
| Telephone                | 304-552-8308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MED ABOVE TAKE NOTICE THAT:                                             |
|                          | e lease or leases or other continuing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | contract or contracts by which I hold the right to extract oil and gas  |
| OR<br>Included is th     | ne information required by Chapter 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2, Article 6, Section 8(d) of the Code of West Virginia (see page 2)    |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of the West Virginia Code I have served copies of this notice and       |
| application, a loc       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ents pages 1 through on the above named parties by:                     |
| -                        | Personal Service (Affidavit attack  Certified Mail (Postmarked post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |
|                          | Publication (Notice of Publication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |
| I have re                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d 35 CSR 4, and I agree to the terms and conditions of any permit       |
| issued under this        | application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | onally examined and am familiar with the information submitted on       |
|                          | rmation, I believe that the information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ased on my inquiry of those individuals immediately responsible for     |
| l am awa                 | re that there are significant penalties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | for submitting false information, including the possibility of fine and |
| imprisonment             | LAE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | V - 15                                                                  |
| 17                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Keyrock Energy LLC                                                      |
| = 7:                     | OF .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Morgan Pate Way Geologist                                               |
| = O                      | INFSSEE :> = Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PO Box 2223, 207 E. Main St., Suite 2-D                                 |
|                          | ICITAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Johnson City, TN 37605                                                  |
| = 7                      | DIBLIO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 423-726-2070 RECEIVED                                                   |
| Subscribed and           | Email.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mpate@keyrockenergy.com                                                 |
| Subscribed and           | worn before me this 30 day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Melyfock Energy o Gas                                                   |
| Shann                    | Ciliate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Notary Public JUN 0 6 2018                                              |
| My Commission            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |
| Oil and Gas Privacy      | NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WV Department of                                                        |

The Office of Oil and Gas processes your personal information, such as name, address and phone number as part of the regulator of the 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 <a href="mailto:depprivacyofficer@wv.gov">depprivacyofficer@wv.gov</a>

# WATER NOTICE FOR KEYROCK ENERGY, LLC WELL COX 1

WATER SOURCES IDENTIFIED WITHIN 1,000' OF PROPOSED WELL SITE:

Rocky & Diana S. Cox 2851 Little Fudges Creek Rd. Barboursville, WV 25504 304 736-2867

Ronnie Bates 3026 Lower Tom Creek Rd. Barboursville, WV 25504 304 736-5317

MUST ANALYZE AT LEAST ONE OF THE ABOUR,

5/9/2018 TRUE LINE SURVEYING, INC.

WW-2A1 (Rev. 1/11)

Operator's Well Number Cox No. 1

### INFORMATION SUPPLIED UNDER WEST VIRGINIA CODE Chapter 22, Article 6, Section 8(d) IN LIEU OF FILING LEASE(S) AND OTHER CONTINUING CONTRACT(S)

Under the oath required to make the verification on page 1 of this Notice and Application, I depose and say that I am the person who signed the Notice and Application for the Applicant, and that -

- (1) the tract of land is the same tract described in this Application, partly or wholly depicted in the accompanying plat, and described in the Construction and Reclamation Plan;
- (2) the parties and recordation data (if recorded) for lease(s) or other continuing contract(s) by which the Applicant claims the right to extract, produce or market the oil or gas are as follows:

| Grantor, Lessor, etc.                       | Grantee, Lessee, etc. | Royalty | Book/Page |
|---------------------------------------------|-----------------------|---------|-----------|
| Rocky Cox and Diana S. Cox, or the survivor | Keyrock Energy LLC    | 1/8     | 393/410   |

#### Acknowledgement of Possible Permitting/Approval In Addition to the Office of Oil and Gas

The permit applicant for the proposed well work addressed in this application he reby a cknowledges the possibility of the need for permits and/or approvals from local, state, or federal entities in addition to the DEP, Office of Oil and Gas, including but not limited to the following:

- WV Division of Water and Waste Management
- WV Division of Natural Resources
- WV Division of Highways
- U.S. Army Corps of Engineers
- U.S. Fish and Wildlife Service
- County Floodplain Coordinator

RECEIVED Office of Oil and Gas

The applicant further acknowledges that any Office of Oil and Gas permit in no way overrides, replaces, or nullifies the need for other permits/approvals that may be necessary and further affirms that all needed permits/approvals should be ac quired from the appr opriate aut hority before the affected rectivity is initiated. Environmental Protection initiated.

Well Operator:

By:Its:

Morgan Pate Keyrock Energy LLC

Geologist

| WW-2B  | 1 |
|--------|---|
| (5-12) |   |

| Well No. | Cox No. 1 |
|----------|-----------|
|          |           |

#### West Virginia Department of Environmental Protection Office of Oil and Gas

#### NOTICE TO SURFACE OWNERS

The well operator named below is preparing to file for a permit from the state to drill a new well. Before a well work permit can be filed with the Chief of the Office of Oil and Gas, the well operator is required to have given notice of the right to request water well or spring analytical testing. This notice shall be given to the owners or occupants of land which have a water well or spring being utilized for human consumption, domestic animals, or other general use and which is located within 1000 feet of the proposed well site.

With this form, the operator is giving you notice of your right to request analytical testing. The operator is required to sample and analyze the water wells or springs of all owners or occupants who request it. Therefore, if you wish to have your water well or spring tested, contact the operator named below.

All sampling shall be completed prior to drilling. Within thirty (30) days of the receipt of such sample analyses the operator shall submit the results to the Chief of the Office of Oil and Gas and to the owners or occupants who may have requested them.

Be advised, you have the right to sample and analyze any water supply at your own expense.

Listed below is the laboratory chosen by operator to perform analysis, and contactor chosen to collect sample.

Certified Laboratory Name Pace Analytical

Sampling Contractor

True Line Surveying

Well Operator

Keyrock Energy

Address

PO BOX 2223

Johnson City, TN 37605

Telephone

423-726-2070

FOR OPERATOR'S USE ONLY: Below, or on an attached page, list those persons which were given this notice. Place an asterisk beside the one(s) that contacted you and requested sampling and analyses. If there were no requests made, indicate by underling which one you have selected to sample and analyze. If there are no water wells or springs within 1000 feet of the proposed site, the Chief may require the operator to test wells up to 2000 feet from the proposed site.

SEE ATTACHED

RECEIVED Office of Oil and Gas

JUN 0 6 2018

WV Department of Environmental Protection WW-9 (5/16)

| API Number   | 47 -   | Cabell    | - |  |
|--------------|--------|-----------|---|--|
| Operator's W | ell No | . Cox No. | 1 |  |

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

FLUIDS/ CUTTINGS DISPOSAL & RECLAMATION PLAN

| Operator Name Keyrock Energy LLC OP Code 494507629                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Watershed (HUC 10) Lower Tom Creek Quadrangle Milton WV 7.5'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |
| Do you anticipate using more than 5,000 bbls of water to complete the proposed well work? Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
| Will a pit be used? Yes ✓ No □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |
| If so, please describe anticipated pit waste:Drill water and cement cuttings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |
| Will a synthetic liner be used in the pit? Yes $\boxed{\checkmark}$ No $\boxed{}$ If so, what ml.? $\boxed{}$ 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
| Proposed Disposal Method For Treated Pit Wastes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
| Land Application (if selected provide a completed form WW-9-GPP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
| Underground Injection ( UIC Permit Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
| Reuse (at API Number) Off Site Disposal (Supply form WW-9 for disposal location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
| Other (Explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
| Will closed loop system be used? If so, describe: No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |
| Drilling medium anticipated for this well (vertical and horizontal)? Air, freshwater, oil based, etc. Vertical, Air & Mud                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
| -If oil based, what type? Synthetic, petroleum, etc. n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |
| Additives to be used in drilling medium?n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |
| Drill cuttings disposal method? Leave in pit, landfill, removed offsite, etc. leave in pit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
| -If left in pit and plan to solidify what medium will be used? (cement, lime, sawdust) Lime and Sawdust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |
| -Landfill or offsite name/permit number?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |
| Permittee shall provide written notice to the Office of Oil and Cas of any load of drill cuttings or associated waste rejected at any West Virginia solid waste facility. The notice shall be provided within 24 hours of rejection and the permittee shall also disclose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
| where it was properly disposed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
| I certify that I understand and agree to the terms and conditions of the GENERAL WATER POLLUTION PERMIT issued on April 1, 2016, by the Office of Oil and Cas of the West Virginia Department of Environmental Protection. I understand that the provisions of the permit are enforceable by law. Violations of any term or condition of the general permit and/or other applicable law or regulation can lead to enforcement action.  I certify under penalty of law that I have personally examined and am familiar with the information submitted on this application form and all attachments thereto and that, based on my inquiry of those individual unmediately responsible for o btaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.  Company Official Signature  Company Official Title  Geologist  TENNESSEE  NOTARY  PUBLIC |    |
| Company Official Title Goodside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
| Subscribed and swarp before me this 30 th day of 44 Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |
| Subscribed and sworn before me this 30 th day of M My Office of Oil and Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |
| Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |
| My commission expires March 30, 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |
| WV Department of Environmental Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | on |

WV Department of Environmental Protection

| Form WW-9                    |                               | Operator's W               | /ell No. Cox No. 1 |
|------------------------------|-------------------------------|----------------------------|--------------------|
| Proposed Revegetation Trea   | atment: Acres Disturbed <     | 1.5 acres Preveg etation p | Н 6.2              |
| Lime 3                       | Tons/acre or to correct       | ct to pH 6.5               |                    |
| Fertilizer type 10           | -20-20 or equivalent          |                            |                    |
| Fertilizer amount_           | 1/3 ton                       | lbs/acre                   |                    |
| Mulch_Hay                    | 2                             | _Tons/acre                 |                    |
|                              |                               | Seed Mixtures              |                    |
| т                            | Cemporary                     | Perma                      | nent               |
| Seed Type                    | lbs/acre                      | Seed Type                  | lbs/acre           |
| KY-31                        | 40                            | Orchard Grass              | 15                 |
| Alsike Clover                | 5                             | Alsike Clover              | 5                  |
| Annual Rye                   | 15                            | <del></del>                |                    |
| (L, W), and area in acres, o | of the land application area. |                            |                    |
| Plan Approved by:            | Alw 1                         | Clowers.                   |                    |
| Comments:                    |                               |                            |                    |
|                              | 24 H. N                       | 12) de 90 Tiller           |                    |
| prior 40                     |                               | 00 10 20030                | ector              |
| mil                          | Sire can                      | Istracion.                 |                    |
|                              | Site con                      | L per oug, re              |                    |
|                              | ed y Cosen                    | Istracion.                 |                    |
|                              | Sire Car                      | L Rec. Ouf, re             | super 1            |
|                              | hs & Crey                     | Stream.                    | SU/Am I            |
| Title: DOS IN                | hs & Crey                     | L Rec. Ouf, re             | SU/Am I            |

WW-9- GPP Rev. 5/16

|                   | Page         |   | of             |
|-------------------|--------------|---|----------------|
| API Number 47 -   | Cabell       | - | Keyrock Energy |
| Operator's Well N | o, Cox No. 1 |   |                |

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

| Ор      | perator Name: Keyrock Energy LLC                                                                    |                                                                                                                                                        |  |  |  |
|---------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Wa      | Watershed (HUC 10): Lower Tom Creek Quad: Milton 7.5'                                               |                                                                                                                                                        |  |  |  |
| Fai     | ırm Name: Rocky and Diana S. Cox                                                                    |                                                                                                                                                        |  |  |  |
| 1.      | List the procedures used for the treatment and discharge o groundwater.                             | f fluids. Include a list of all operations that could contaminate the                                                                                  |  |  |  |
| ŀ       | event of excessive chlorides, the pit fluids will                                                   | being added to bring the ph to 7.0 plus. In the be evaluated to either dilute with fresh water or ter will sit a minimum of ten days to let the solids |  |  |  |
| 2.      | Describe procedures and equipment used to protect ground                                            | water quality from the list of potential contaminant sources above.                                                                                    |  |  |  |
|         | Once the drilling pit fluids are at acceptable level be floated approximately 12" below the water I | vels for discharge, then the pumps intake line will evel and the discharge line will be set up.                                                        |  |  |  |
| 3.      | List the closest water body, distance to closest water bo discharge area.                           | dy, and distance from closest Well Head Protection Area to the                                                                                         |  |  |  |
| Į;      | See letter from surveyors.                                                                          |                                                                                                                                                        |  |  |  |
|         |                                                                                                     |                                                                                                                                                        |  |  |  |
|         |                                                                                                     |                                                                                                                                                        |  |  |  |
| L<br>4. | Summarize all activities at your facility that are already reg                                      | gulated for groundwater protection.                                                                                                                    |  |  |  |
| ľ       | n/a                                                                                                 |                                                                                                                                                        |  |  |  |
|         |                                                                                                     | RECEIVED                                                                                                                                               |  |  |  |
|         |                                                                                                     | Office of Oil and Gas                                                                                                                                  |  |  |  |
| L       |                                                                                                     | JUN 0 6 2018                                                                                                                                           |  |  |  |
|         |                                                                                                     | ·                                                                                                                                                      |  |  |  |

5. Discuss any existing groundwater quality data for your facility or an adjacent property. Environmental Protection

WV Department of

WW-9- GPP Rev. 5/16

|                 | Page        |   | of |
|-----------------|-------------|---|----|
| API Number 47   |             | - |    |
| Operator's Well | No. Cox No. | 1 |    |

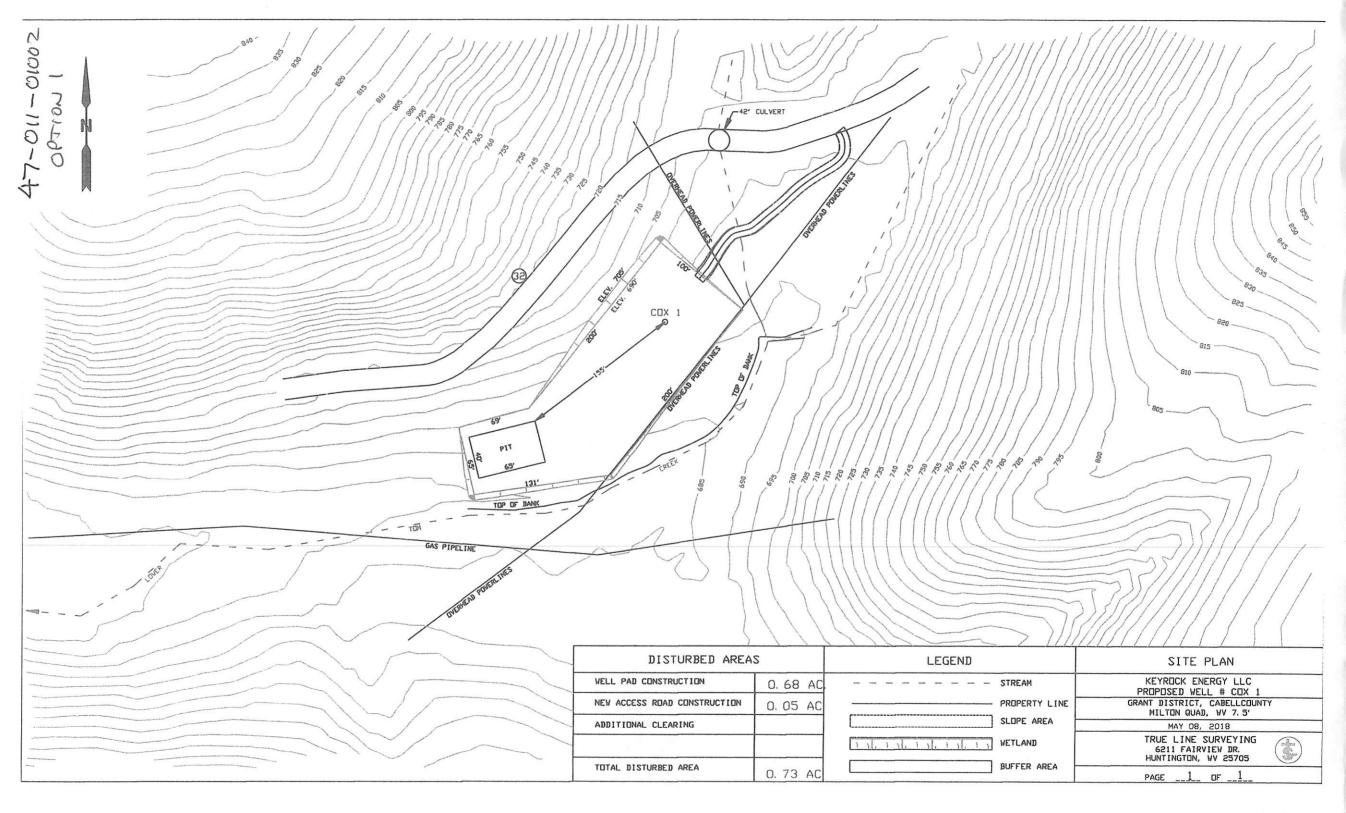
| No known groundwater quality data. Samples have been owithin 1,000' of the proposed well.                                                    | offered for non-public water sources        |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Provide a statement that no waste material will be used for deicing or fill m                                                                | naterial on the property.                   |
| No waste material will be used for deicing of fill material or                                                                               | n the property.                             |
| Describe the groundwater protection instruction and training to be provided direction on how to prevent groundwater contamination.           | ided to the employees. Job procedures shall |
| All employees will be familiar with the contents of the groun mplement it. Work practices will support the protection of company HSE Policy. |                                             |
| Provide provisions and frequency for inspections of all GPP elements and                                                                     | equipment.                                  |
| All GPP elements and equipment present will be inspected a problem. Work will not commence until any problems are                            |                                             |
|                                                                                                                                              | RECEIVED Office of Oil and Gas              |
| Date:                                                                                                                                        | JUN 0 6 2018                                |
|                                                                                                                                              | WV Department of<br>Environmental Protecti  |

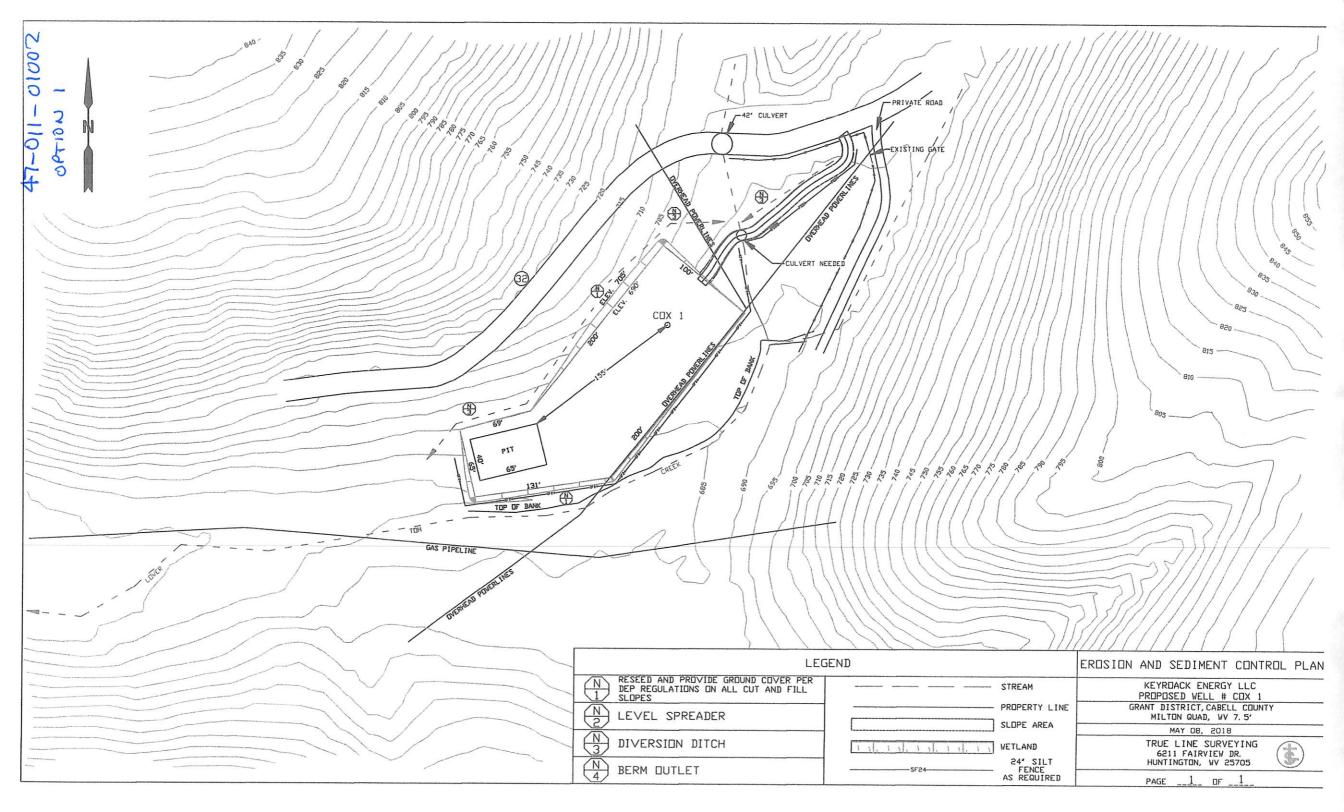
# FOR KEYROCK ENERGY, LLC WELL COX 1

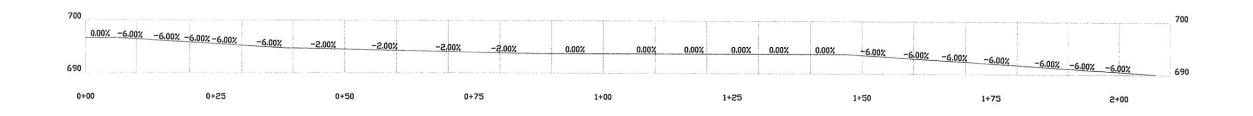
# SURFACE OWNERS OF ACCESS ROAD FOR PROPOSED WELL SITE:

Rocky & Diana S. Cox 2851 Little Fudges Creek Rd. Barboursville, WV 25504

5/9/2018 TRUE LINE SURVEYING, INC.







## ROAD PROFILE

KEYROCK ENERGY LLC PROPOSED WELL # COX 1

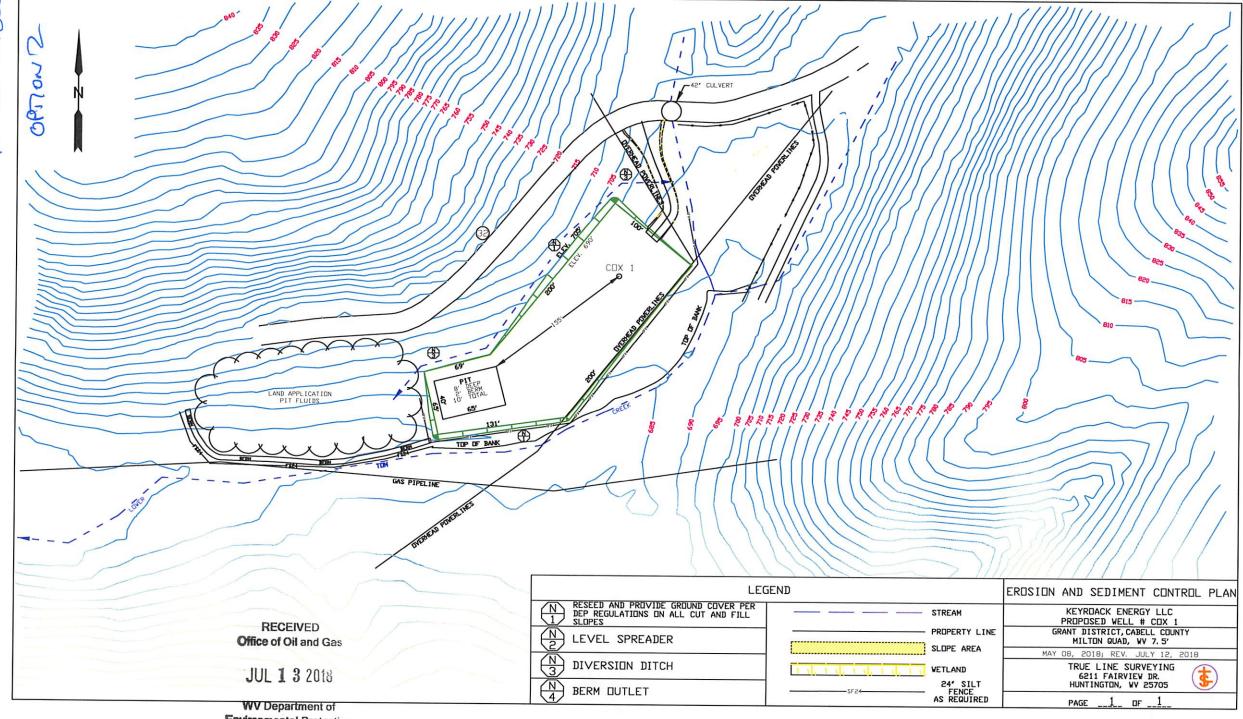
GRANT DISTRICT, CABELL COUNTY MILTON QUAD, WV 7.5'

MAY 08, 2018

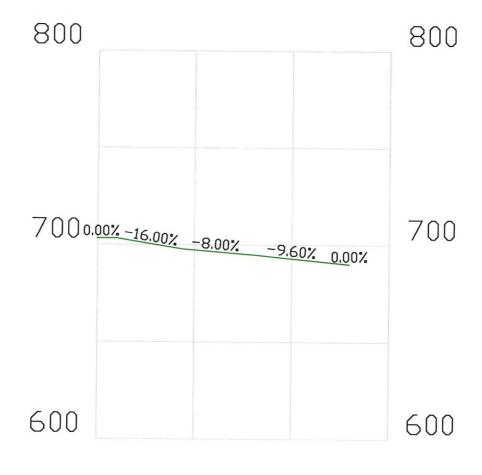
TRUE LINE SURVEYING 6211 FAIRVIEW DR. HUNTINGTON, WV 25705



PAGE \_\_1\_ OF \_\_1\_



Environmental Protection



0+00

1+00

RECEIVED
Office of Oil and Gas

JUL 1 3 2018

WV Department of

Environmental Protection

#### ROAD PROFILE

KEYROCK ENERGY, LLC PROPOSED WELL # COX 1

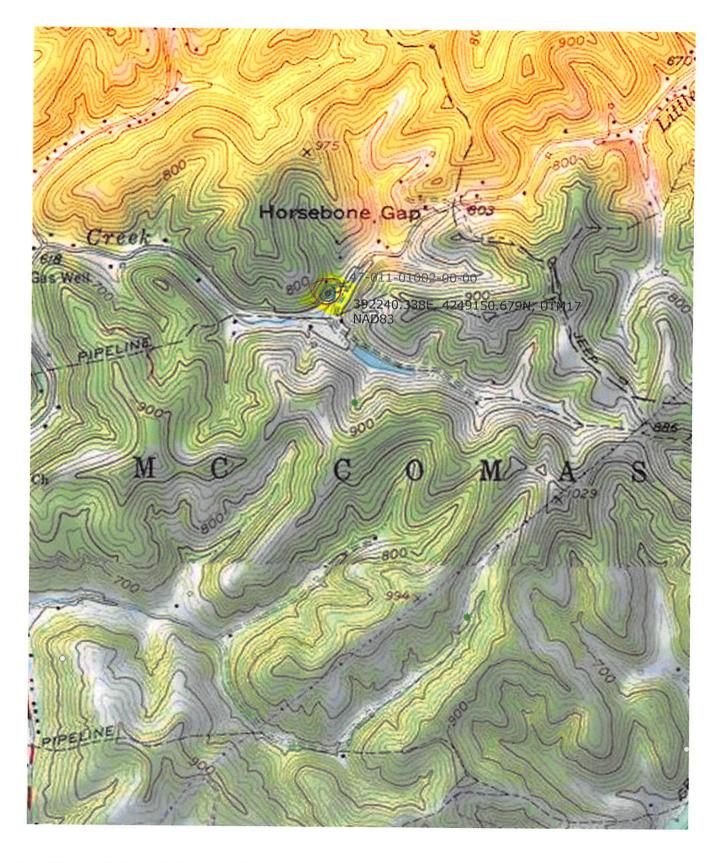
GRANT DISTRICT, CABELL COUNTY MILTON QUAD, WV7.5'

MAY 08, 2018; REV. JULY 12, 2018

TRUE LINE SURVEYING
6211 FAIRVIEW DR.
HUNTINGTON, WV 25705



PAGE \_\_1\_ DF \_1\_



 $http://deparcgis1/ooggis/index.html?x = 392240.338 \& y = 4249150.679 \& datum = NAD83 \& pn... \\ \ 7/13/2018 = 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 1000 + 100$ 

