WW-9 (4/16)

My commission expires\_\_\_

API Number 47	-	
Operator's Well No.		

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

## FLUIDS/ CUTTINGS DISPOSAL & RECLAMATION PLAN

Operator Name	OP Code	
Watershed (HUC 10)	Quadrangle	
Do you anticipate using more than 5,000 bbls of water to com	plete the proposed well work? Yes	No
Will a pit be used? Yes No		
If so, please describe anticipated pit waste:		
Will a synthetic liner be used in the pit? Yes	No If so, what ml.?	
Proposed Disposal Method For Treated Pit Wastes:		
Land Application Underground Injection (UIC Perm Reuse (at API Number_ Off Site Disposal (Supply form W Other (Explain_		)
Will closed loop system be used? If so, describe:		
Drilling medium anticipated for this well (vertical and horizon	tal)? Air, freshwater, oil based, etc.	
-If oil based, what type? Synthetic, petroleum, etc		
Additives to be used in drilling medium?		
Drill cuttings disposal method? Leave in pit, landfill, removed	offsite, etc	
-If left in pit and plan to solidify what medium will b	e used? (cement, lime, sawdust)	
-Landfill or offsite name/permit number?		
Permittee shall provide written notice to the Office of Oil and West Virginia solid waste facility. The notice shall be provide where it was properly disposed.		ttee shall also disclose
I certify that I understand and agree to the terms and on August 1, 2005, by the Office of Oil and Gas of the West V provisions of the permit are enforceable by law. Violations alaw or regulation can lead to enforcement action.  I certify under penalty of law that I have personal application form and all attachments thereto and that, bas obtaining the information, I believe that the information is penalties for submitting false information, including the possil	irginia Department of Environmental Protect of any term or condition of the general perror y examined and am familiar with the infor- ted on my inquiry of those individuals im- true, accurate, and complete. I am aware	ction. I understand that the mit and/or other applicable rmation submitted on this amediately responsible for
Company Official Signature		
Company Official (Typed Name)		
Company Official Title		
Subscribed and sworn before me this day of	, 20	
	Notary Public	

Operator's Well No.		

roposed Revegetation Treatment: Acres Disturbed	Prevegetation pl	Н		
Lime Tons/acre or to correct to pH				
Fertilizer type				
Fertilizer amountlbs/acre				
MulchTons/acre				
Seed Mix	tures			
Temporary	Perma	Permanent		
Seed Type lbs/acre	Seed Type	lbs/acre		
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