RECEIVED
EPA REGION III
FEB 02 2015
GROUND WATER & ENFORCEMENT
(3WP22)

OMB No. 2040-0042 Approval Expires 11/30/2014

EPA

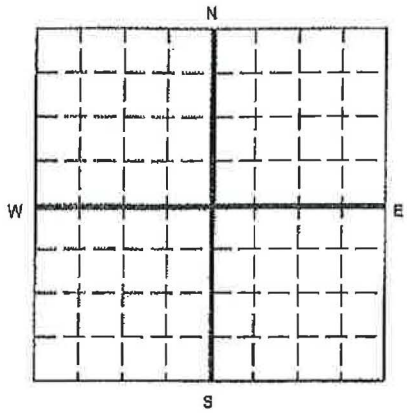
United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee
Columbia Gas of Pennsylvania Inc.
200 Civic Center Drive, PO Box 117, Columbus OH 43210-0117

Name and Address of Surface Owner
Columbia Gas of Pennsylvania Inc.
121 Champion Way, Suite 100, Cannonsburg PA 15317

Locate Well and Outline Unit on Section Plat - 640 Acres



State	County	Permit Number
Pennsylvania	Beaver	PAS2D041BBEA

Surface Location Description
____ 1/4 of ____ 1/4 of ____ 1/4 of ____ 1/4 of Section ____ Township ____ Range ____

Locate well in two directions from nearest lines of quarter section and drilling unit
Surface Location ____ ft. frm (N/S) ____ Line of quarter section and ____ ft. from (E/W) ____ Line of quarter section.
13,000' s/o Latitude 40° 47' 30"
7,500' w/o Longitude 80° 27' 00"

WELL ACTIVITY
- [x] Brine Disposal
- [ ] Enhanced Recovery
- [ ] Hydrocarbon Storage

TYPE OF PERMIT
- [ ] Individual
- [ ] Area

Number of Wells ____

Lease Name John Galey Well Number C-5

MONTH YEAR	INJECTION PRESSURE AVERAGE PSIG	INJECTION PRESSURE MAXIMUM PSIG	TOTAL VOLUME INJECTED BBL	TOTAL VOLUME INJECTED MCF	TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MINIMUM PSIG	TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MAXIMUM PSIG
January-2014	0	0	164			
February-2014	-	Shut In				
March-2014	0	0	0			
April-2014	-	Shut In				
May-2014	-	Shut In				
June-2014	-	Shut In				
July-2014	-	Shut In				
August-2014	-	Shut In				
September-2014	-	Shut In				
October-2014	-	Shut In				
November-2014	-	Shut In				
December-2014	-	Shut In				

Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32)

Name and Official Title (Please type or print)	Signature	Date Signed
Michael J. Davidson VP/GM	Michael J. Davidson	1-12-2015

EPA Form 7520-11 (Rev. 12-11)

Max. Pressure = 1300

Total bbls = 164

EPA REGION III
FEB 6 2014
GROUNDWATER PROTECTION MANAGEMENT
(3WP)

OMB No. 2040-0042 Approval Expires 11/30/2014

EPA

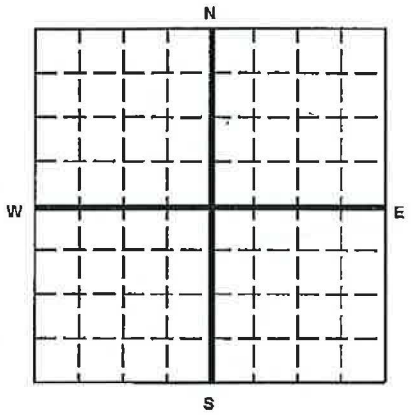
United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee
Columbia Gas of Pennsylvania, Inc.
200 Civic Center Drive, PO Box 117, Columbus, OH 43216-0117

Name and Address of Surface Owner
Columbia Gas of Pennsylvania, Inc.
121 Champion Way, Suite 100, Canonsburg, PA 15317

Locate Well and Outline Unit on Section Plat - 640 Acres



State	County	Permit Number
Pennsylvania	Beaver	PAS2D041BBEA

Surface Location Description
___ 1/4 of ___ 1/4 of ___ 1/4 of ___ 1/4 of Section ___ Township ___ Range ___

Locate well in two directions from nearest lines of quarter section and drilling unit
Surface Location 13000 feet south of Latitude 40 deg. 47' 30" ___ ft. frm (N/S) ___ Line of quarter section
and 7500 feet west of Longitude 80 deg. 27' 00" ___ ft. from (E/W) ___ Line of quarter section.

WELL ACTIVITY
- [x] Brine Disposal
- [ ] Enhanced Recovery
- [ ] Hydrocarbon Storage

TYPE OF PERMIT
- [ ] Individual
- [ ] Area

Number of Wells ___

Lease Name John Galey Well Number C-5

MONTH YEAR	INJECTION PRESSURE AVERAGE PSIG	INJECTION PRESSURE MAXIMUM PSIG	TOTAL VOLUME INJECTED BBL	TOTAL VOLUME INJECTED MCF	TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MINIMUM PSIG	TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MAXIMUM PSIG
January-2013	0	0	118			
February-2013	0	Shut-In				
March-2013	0	Shut-In				
April-2013	0	Shut-In				
May-2013	0	Shut-In				
June-2013	0	Shut-In				
July-2013	0	Shut-In				
August-2013	0	Shut-In				
September-2013	0	Shut-In				
October-2013	0	Shut-In				
November-2013	0	Shut-In				
December-2013	0	Shut-In				

Certification

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Name and Official Title (Please type or print)	Signature	Date Signed
GM/VP Columbia Gas PA/MD	Michael [illegible]	1-27-2014

EPA Form 7520-11 (Rev. 12-11)

Total bbls = 118

MIP=1300

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Washington, DC 20460

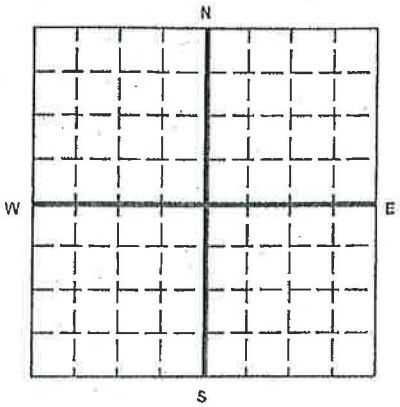
EPA

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee
Columbia Gas of Pennsylvania, Inc.
200 Civic Center Drive, PO Box 117, Columbus, OH 43216-0117

Name and Address of Surface Owner
Columbia Gas of Pennsylvania, Inc.
121 Champion Way, Suite 100, Canonsburg, PA 15317

Locate Well and Outline Unit on Section Plat - 640 Acres



State	County	Permit Number
Pennsylvania	Beaver	PAS2D041BBEA

Surface Location Description
___ 1/4 of ___ 1/4 of ___ 1/4 of ___ 1/4 of Section ___ Township ___ Range ___

Locate well in two directions from nearest lines of quarter section and drilling unit
Surface Location 13000 feet south of Latitude 40 degree47' 30" ft. frm (N/S) ___ Line of quarter section
and 7500 feet west of Longitude 80 degree 27' 00" ft. from (E/W) ___ Line of quarter section.

WELL ACTIVITY
- [x] Brine Disposal
- [ ] Enhanced Recovery
- [ ] Hydrocarbon Storage

TYPE OF PERMIT
- [ ] Individual
- [ ] Area

Number of Wells 1

Lease Name John Galey Well Number C-5

MONTH YEAR	INJECTION PRESSURE AVERAGE PSIG	INJECTION PRESSURE MAXIMUM PSIG	TOTAL VOLUME INJECTED BBL	TOTAL VOLUME INJECTED MCF	TUBING – CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MINIMUM PSIG	TUBING – CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MAXIMUM PSIG
January 2012	0	Shut-in				
February 2012	0	0	144			
March 2012	0	Shut-in				
April 2012	0	Shut-in				
May 2012	0	Shut-in				
June 2012	0	Shut-in				
July 2012	0	Shut-in				
August 2012	0	Shut-in				
September 2012	0	Shut-in				
October 2012	0	Shut-in				
November 2012	0	Shut-in				
December 2012	0	0	3			

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Name and Official Title (Please type or print)	Signature	Date Signed
ROBERT M KITCHELL	Robert M Kitchell	1-16-2013

OMB No. 2040-0042 Approval Expires 12/31/2011

United States Environmental Protection Agency
Washington, DC 20460

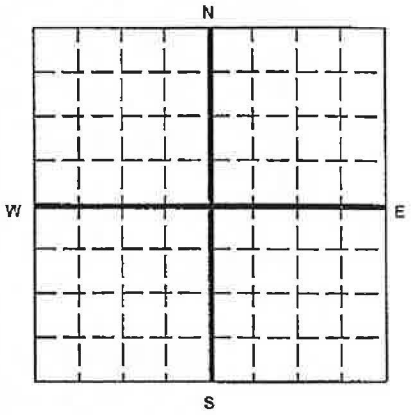
EPA

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee
Columbia Gas of Pennsylvania, Inc.
200 Civic Center Drive, PO Box 117, Columbus, OH 43216-0117

Name and Address of Surface Owner
Columbia Gas of Pennsylvania, Inc.
121 Champion Way, Suite 100, Canonsburg PA 15317

Locate Well and Outline Unit on Section Plat - 640 Acres



State	County	Permit Number
Pennsylvania	Beaver	PAS2D041BBEA

Surface Location Description
___ 1/4 of ___ 1/4 of ___ 1/4 of ___ 1/4 of Section ___ Township ___ Range ___

Locate well in two directions from nearest lines of quarter section and drilling unit
Surface Location 13000 feet South of latitude 40 deg 47' 30" ___ ft. frm (N/S) ___ Line of quarter section
and 7550 feet West of longitude 80 deg 25' 00" ___ ft. from (E/W) ___ Line of quarter section.

WELL ACTIVITY
- [x] Brine Disposal
- [ ] Enhanced Recovery
- [ ] Hydrocarbon Storage

TYPE OF PERMIT
- [ ] Individual
- [ ] Area

Number of Wells 1

Lease Name John Galey Well Number C-5

MONTH YEAR	INJECTION PRESSURE AVERAGE PSIG	INJECTION PRESSURE MAXIMUM PSIG	TOTAL VOLUME INJECTED BBL	TOTAL VOLUME INJECTED MCF	TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MINIMUM PSIG	TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MAXIMUM PSIG
January-2011	0	Shut In				
February-2011	0	Shut In				
March-2011	0	Shut In				
April-2011	0	Shut In				
May-2011	0	Shut In				
June-2011	0	Shut In				
July-2011	0	Shut In				
August-2011	0	Shut In				
September-2011	0	Shut In				
October-2011	0	Shut In				
November-2011	0	Shut In				
December-2011	0	Shut In				

Certification

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Name and Official Title *(Please type or print)*	Signature	Date Signed
DANNY COTE CPA-GM		01/23/2012

EPA Form 7520-11 (Rev. 12-08)

Form Approved OMB No. 2040-0042

EPA

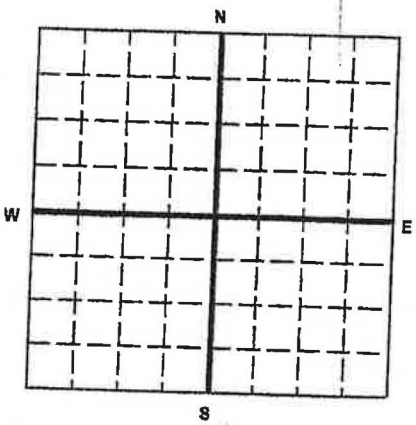
United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee
Columbia Gas of Pennsylvania, Inc.
200 Civic Center Drive, PO Box 117
~~Columbus, OH 43216-0117~~

Name and Address of Surface Owner
Columbia Gas of Pennsylvania, Inc.
650 Washington Road, Suite 203
~~Pittsburgh, PA 15228~~

Locate Well and Outline Unit on Section Plat - 640 Acres



State	County	Permit Number
PA	BEAVER	PAS2D041BBEA

Surface Location Description

___ 1/4 of ___ 1/4 of ___ 1/4 of ___ 1/4 of Section ___ Township ___ Range ___

Locate well in two directions from nearest lines of quarter section and drilling unit

Surface Location 13,000 FT SOUTH OF LATITUDE 40° 47' 30" ___ ft. frm (N/S) ___ Line of quarter section

and 7500 FT WEST OF LONGITUDE 80° 25' 00" ___ ft. from (E/W) ___ Line of quarter section.

WELL ACTIVITY

- [x] Brine Disposal
- [ ] Enhanced Recovery
- [ ] Hydrocarbon Storage

TYPE OF PERMIT

- [ ] Individual
- [ ] Area

Number of Wells 1

Lease Name John W Galey Well Number C-5

MONTH YEAR	INJECTION PRESSURE AVERAGE PSIG	INJECTION PRESSURE MAXIMUM PSIG	TOTAL VOLUME INJECTED BBL	TOTAL VOLUME INJECTED MCF	TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MINIMUM PSIG	TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MAXIMUM PSIG
1-2010	0	0	116			
2-2010	0	Shut	IW			
3-2010	0	Shut	IW			
4-2010	0	Shut	IW			
5-2010	0	Shut	IW			
6-2010	0	Shut	IW			
7-2010	0	Shut	IW			
8-2010	0	Shut	IW			
9-2010	0	Shut	IW			
10-2010	0	Shut	IW			
11-2010	0	Shut	IW			
12-2010	0	Shut	IW			

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Name and Official Title *(Please type or print)*	Signature	Date Signed
Danny G. Cote, General Mgr.		01-05-2011

EPA Form 7520-11