

|                                                                                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|--|----------------------|-------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| <b>Class I and II Well Inspection Form</b><br><b>US Environmental Protection Agency – Region 4</b><br><b>Underground Injection Control Program</b><br>61 Forsyth Street SW, MC 9T25, Atlanta, Georgia, 30303<br>Phone: (404)562-9424 |                                                                                                                       |                                             |  |  | <b>Inspection ID</b> | EPA Well ID#:                       |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      | Year-Month-Day: 2 0 2 1 – 1 1 – 1 8 |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      | EPA Permit # (or RA):               |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      | Page 1 Of 2                         |  |                                                                                                                        |  |  |  |  |  |  |  |
| Inspector(s): Anthony Shelton (lead), Carl Weller Start Time: 2:41 pm                                                                                                                                                                |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| Carol Chen End Time: 2:45 pm                                                                                                                                                                                                         |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| <b>Facility Contact Information</b>                                                                                                                                                                                                  | Facility Name: PETRO HARVESTER OPERATING COMPANY, LLC                                                                 |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | Street Address: 1107 W 6th St (office address)                                                                        |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | City: Laurel County: Jones State: MS Zip: 39440                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | Nature of Business: Oil and Gas extraction industry                                                                   |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | Facility Owner/Operator: PETRO HARVESTER OPERATING COMPANY, LLC Phone: 601-651-2100                                   |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | Email: kerry.allen@rockallenergy.com                                                                                  |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | Facility Contact (if different): Kerry Allen, Sr. Operations Manager Phone: 601-651-2105                              |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | O/O Mailing Address: 1107 W 6th St (office address)                                                                   |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | City: Laurel County: Jones State: MS Zip: 39440                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | <b>Well Data from File</b>                                                                                            | Well Name & #: City of Laurel (COL) 6-5 #2H |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| Well Type (see table): Enhanced Recovery, UIC Class II State Permit: API#2306720431-10-00                                                                                                                                            |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| Latitude (°N): 31.69891 Longitude (°W): -89.14121 Elevation (ft): 303' (Gr)                                                                                                                                                          |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| Injection Method (check applicable): <input type="checkbox"/> Casing Injector; <input checked="" type="checkbox"/> Tubing & Packer; <input type="checkbox"/> Cemented Injection Tubing                                               |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| 9 5/8" to 8406' 7" 7753'-8951' <input type="checkbox"/> Other:                                                                                                                                                                       |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| Total Depth (ft): 9,758' Inner Casing Size (in): 7" Tubing Size (in): 3 1/2" Packer Depth (ft): 8,556'                                                                                                                               |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| Inj. Zone: <input type="checkbox"/> Open Hole; <input checked="" type="checkbox"/> Perforated; Top(ft) 8,600' Bottom(ft): 9,758' Max. Injection Pressure (psig): 1,970 psi                                                           |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| Latitude (°N): Longitude (°W): Elevation (ft):                                                                                                                                                                                       |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| EPA GPS ID: SX8132 Well Status (see table): AC If not Active, Reported Date Last Active:                                                                                                                                             |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| Nature of Injected Fluid(s) if any: Produced fluids                                                                                                                                                                                  |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| <b>Field Measurements and Observations</b>                                                                                                                                                                                           | General Condition of the Well Site: NA                                                                                |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | Notes & Comments (include discrepancies from database values): Tubing gauge reads 414 psi. Annulus gauge reads 0 psi. |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | Perforations given on-site by field hand:                                                                             |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | 8,600' to 8,660'                                                                                                      |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | 8,730' to 8750'                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      | OH from 8,951' to 9,758'                                                                                              |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| See reverse for additional observations, comments and photo log                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      |                                     |  |                                                                                                                        |  |  |  |  |  |  |  |
| <b>Owner/Operator Representative (Optional)</b>                                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      |                                     |  | <b>UIC Inspector</b>                                                                                                   |  |  |  |  |  |  |  |
| Name:                                                                                                                                                                                                                                |                                                                                                                       |                                             |  |  |                      |                                     |  | Name: Anthony Shelton                                                                                                  |  |  |  |  |  |  |  |
| Signature:                                                                                                                                                                                                                           |                                                                                                                       |                                             |  |  |                      |                                     |  | Signature: ANTHONY SHELTON<br><small>Digitally signed by ANTHONY SHELTON<br/>Date: 2022.01.19 14:23:08 -05'00'</small> |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                      |                                                                                                                       |                                             |  |  |                      |                                     |  | Version 2018-04-18                                                                                                     |  |  |  |  |  |  |  |

Inspector Carl Weller's signature: \_\_\_\_\_ Inspector Carol Chen's signature: CAROL CHEN Digitally signed by CAROL CHEN  
Date: 2022.01.19 11:59:22 -05'00'

**Class I and II Well Inspection Form**  
**US Environmental Protection Agency – Region 4**  
**Underground Injection Control Program**  
61 Forsyth Street SW, MC 9T25, Atlanta, Georgia, 30303  
Phone: (404)562-9424

Inspection ID

|                       |   |   |   |   |   |   |   |   |   |    |  |   |  |
|-----------------------|---|---|---|---|---|---|---|---|---|----|--|---|--|
| EPA Well ID#:         |   |   |   |   |   |   |   |   |   |    |  |   |  |
| Year-Month-Day:       | 2 | 0 | 2 | 1 | – | 1 | 1 | – | 1 | 8  |  |   |  |
| EPA Permit # (or RA): |   |   |   |   |   |   |   |   |   |    |  |   |  |
| Page                  |   |   |   |   |   |   |   |   | 2 | Of |  | 2 |  |

Field Measurements and Observations (Cont.)

(Cont) City of Laurel (COL) 6-5 #2H

Carl Weller's comments on Petro Harvester's on-site operations:

We Inspected 8 wells that day, with a total of 9 people. 4 from Petro Harvester, 2 from MSOGB and 3 from EPA. All inspected wells were located in areas that were fenced and gated. All the pumping units and injection pumps were in good condition and operated almost silently. The facility employees seemed knowledgeable about their responsibilities. Locations seemed to be kept clean and organized.

(TA status: inactive 2 years or more. IN status: inactive less than 2 years. PBTD: Plug back total depth - not total well depth)

Photo Log

Photographer: Carl Weller EPA Camera ID: SX8132

Photo ID: Time: 2:41 pm Lat (°N): Long (°W)

Description: well site Altitude 118

Photo ID: Time: 2:41 pm Lat (°N): Long (°W)

Description: well's tubing gauge

Photo ID: Time: Lat (°N): Long (°W)

Description:

Photo ID: Time: Lat (°N): Long (°W)

Description:

Photo ID: Time: Lat (°N): Long (°W)

Description:

Photo ID: Time: Lat (°N): Long (°W)

Description:

**Owner/Operator Representative (Optional)**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**UIC Inspector**

Name: Anthony Shelton

Signature: ANTHONY SHELTON

Digitally signed by ANTHONY SHELTON  
Date: 2022.01.19 14:23:32 -05'00'

Version 2018-04-18

Inspector Carl Weller's signature: \_\_\_\_\_ Inspector Carol Chen's signature: CAROL CHEN

Digitally signed by CAROL CHEN  
Date: 2022.01.19 11:59:52 -05'00'