

|                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------|---------------|------|---|-----------------------------------------------------------|---|---|----|---|---|---|---|
| <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 |                                                                                                                                                                                                                                       |  |  | Inspection ID | EPA Well ID#: | F    | L | S                                                         | 1 | 1 | 3  | 0 | 0 | 0 | 5 |
| Year-Month-Day:                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |  |               | 2             | 0    | 2 | 2                                                         | – | 0 | 9  | – | 1 | 3 |   |
| EPA Permit # (or RA):                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |  |  |               |               |      |   |                                                           |   |   | 5  | 7 | 8 |   |   |
|                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |  |               |               | Page |   | 1                                                         |   |   | Of | 2 |   |   |   |
| Inspector(s): Jason Rose _____ (lead), Page Cirillo _____ Start Time: 10:25 AM _____<br>_____, _____ End Time: 10:35 AM _____                                                                                                        |                                                                                                                                                                                                                                       |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
| Facility Contact Information                                                                                                                                                                                                         | Facility Name: <i>Blackjack Plant</i> _____                                                                                                                                                                                           |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Street Address: <i>4940 Blackjack Plant Road</i> _____                                                                                                                                                                                |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | City: <i>Jay</i> _____ County: <i>Santa Rosa</i> _____ State: <i>FL</i> _____ Zip: <i>32535</i> _____                                                                                                                                 |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Nature of Business: <i>Oil and gas production</i> _____                                                                                                                                                                               |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Facility Owner/Operator: <i>Black Creek Energy, LLC</i> _____ Phone: <i>(601) 431-5386</i> _____                                                                                                                                      |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Email: <i>harris.butler@butlerroyals.com</i> _____                                                                                                                                                                                    |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Facility Contact (if different): <i>Michael Wetzel</i> _____ Phone: <i>(850) 324-6271</i> _____                                                                                                                                       |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | O/O Mailing Address: <i>140 Virginia Street, Suite 402</i> _____                                                                                                                                                                      |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
| City: <i>Richmond</i> _____ County: <i>NA</i> _____ State: <i>VA</i> _____ Zip: <i>23209</i> _____                                                                                                                                   |                                                                                                                                                                                                                                       |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
| Well Data from File                                                                                                                                                                                                                  | Well Name & #: <i>Albert Rosasco Etal #19_4</i>                                                                                                                                                                                       |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Well Type (see table): <i>Enhanced Recovery (EOR)</i> _____ State Permit: API # <i>0911320068</i> _____                                                                                                                               |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Latitude (°N): <i>30.837948°N</i> _____ Longitude (°W): <i>-87.07942°W</i> _____ Elevation (ft): <i>NA</i> _____                                                                                                                      |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Injection Method (check applicable): <input type="checkbox"/> Casing Injector; <input checked="" type="checkbox"/> Tubing & Packer; <input type="checkbox"/> Cemented Injection Tubing                                                |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | <div>PBTD - NA</div> <input type="checkbox"/> Other: _____                                                                                                                                                                            |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
| Total Depth (ft): <i>16,250'</i> _____ Inner Casing Size (in): <i>7"</i> _____ Tubing Size (in): <i>2.875"</i> _____ Packer Depth (ft): <i>15,660'</i> _____                                                                         |                                                                                                                                                                                                                                       |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
| Inj. Zone: <input type="checkbox"/> Open Hole; <input checked="" type="checkbox"/> Perforated; Top(ft): <i>15,828'</i> Bottom(ft): <i>15,877'</i> _____ Max. Injection Pressure (psig): <i>2,500 psi</i>                             |                                                                                                                                                                                                                                       |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
| Field Measurements and Observations                                                                                                                                                                                                  | Latitude (°N): <i>30.838016° N</i> _____ Longitude (°W): <i>-87.079294° W</i> _____ Elevation (ft): <i>NA</i> _____                                                                                                                   |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | EPA GPS ID: PG No. <i>3358766066</i> Well Status (see table): <i>AC</i> _____ If not Active, Reported Date Last Active: _____                                                                                                         |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Nature of Injected Fluid(s) if any: _____                                                                                                                                                                                             |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | General Condition of the Well Site: _____                                                                                                                                                                                             |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Notes & Comments (include discrepancies from database values): <i>The pressure readings on all the gauges at this site read 0 psi. The site was clean and well-maintained. There was no evidence of leaks or excessive corrosion.</i> |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Perfs (see well schematics):                                                                                                                                                                                                          |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Original Perfs: <i>15828' - 15842' GPN July-72</i>                                                                                                                                                                                    |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | Additional Perfs: <i>15841' - 15877' GRN Aug-76</i>                                                                                                                                                                                   |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | _____                                                                                                                                                                                                                                 |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
|                                                                                                                                                                                                                                      | _____                                                                                                                                                                                                                                 |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
| See reverse for additional observations, comments and photo log                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |
| <b>Owner/Operator Representative (Optional)</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |  |               |               |      |   | <b>UIC Inspector</b>                                      |   |   |    |   |   |   |   |
| Name: <i>Cliff Emmons</i> _____                                                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |  |               |               |      |   | Name: <i>Jason Rose</i> _____                             |   |   |    |   |   |   |   |
| Signature & Date: <i>see attached field notes</i> _____                                                                                                                                                                              |                                                                                                                                                                                                                                       |  |  |               |               |      |   | Signature & Date: <i>Jason Rose</i> _____ <i>10/26/22</i> |   |   |    |   |   |   |   |
| Version 2018-04-18                                                                                                                                                                                                                   |                                                                                                                                                                                                                                       |  |  |               |               |      |   |                                                           |   |   |    |   |   |   |   |

|                      |                       |        |   |   |   |   |   |      |   |   |   |
|----------------------|-----------------------|--------|---|---|---|---|---|------|---|---|---|
| <b>Inspection ID</b> | EPA Well ID#:         | F      | L | S | 1 | 1 | 3 | 0    | 0 | 0 | 5 |
|                      | Year-Month-Day:       | 2      | 0 | 2 | 2 | - | 0 | 9    | - | 1 | 3 |
|                      | EPA Permit # (or RA): |        |   |   |   |   |   |      | 5 | 7 | 8 |
|                      |                       | Page 2 |   |   |   |   |   | Of 2 |   |   |   |

[illegible]

Photographer: Jason Rose \_\_\_\_\_ EPA Camera ID: PG camera ID no. 14 S/N:31029537 \_\_\_\_\_

Photo ID: 1 \_\_\_\_\_ Time: 10:27 AM \_\_\_\_ Lat (°N): NA \_\_\_\_\_ Long (°W): NA \_\_\_\_\_

Description: *Looking north, Albert L. Rosasco Et al #19-4 sign alongside access road.* \_\_\_\_\_

Photo ID: 2 \_\_\_\_\_ Time: 10:29 AM \_\_\_\_ Lat (°N): NA \_\_\_\_\_ Long (°W): NA \_\_\_\_\_

Description: *Looking west, site overview, including well head, pressure gauges, valves, and access stairs.* \_\_\_\_\_

Photo ID: 3 \_\_\_\_\_ Time: 10:30 AM \_\_\_\_ Lat (°N): NA \_\_\_\_\_ Long (°W): NA \_\_\_\_\_

Description: *Looking north, closeup view of surface casing pressure gauge. Pressure reading is 0 psi.* \_\_\_\_\_

Photo ID: 4 \_\_\_\_\_ Time: 10:30 AM \_\_\_\_ Lat (°N): NA \_\_\_\_\_ Long (°W): NA \_\_\_\_\_

Description: *Looking north, closeup view of production casing pressure gauge reading 0 psi.* \_\_\_\_\_

Photo ID: 5 \_\_\_\_\_ Time: 10:31 AM \_\_\_\_ Lat (°N): NA \_\_\_\_\_ Long (°W): NA \_\_\_\_\_

Description: *Looking north, closeup view of internal pressure gauge reading 0 psi.* \_\_\_\_\_

**UIC Inspector**

Name: Jason Rose \_\_\_\_\_

Signature & Date: Jason Rose 10/26/22

Site Photographs  
Albert L. Rosasco #19-4:  
September 13, 2022



**Photograph 1:** Looking north, Albert L. Rosasco Et al #19-4 sign alongside access road.



**Photograph 2:** Looking west, site overview, including well head, pressure gauges, valves, and access stairs.



**Photograph 3:** Looking north, closeup view of surface casing pressure gauge. Pressure reading is 0 psi.



**Photograph 4:** Looking north, closeup view of production casing pressure gauge reading 0 psi.



**Photograph 5:** Looking north, closeup view of internal pressure gauge reading 0 psi.