

**MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ABANDONED
UNDERGROUND MINES FORM**

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OPR STAFF USE ONLY

Data Application Received:	Date Application Reviewed:	OPR Tracking Number:
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PART I: ENTITY SUBMITTING REPORT

Is this form being submitted by the Offset Project Operator (OPO) or by the Authorized Project Designee (APD)? NOTE: The person completing this form should be an OPO/APD employee. <input checked="" type="checkbox"/> OPO <input type="checkbox"/> APD	
Report Version Number: 5	Person Completing Form: Chrys Fisher
Date Report Completed: 02/22/2023	Date Report Submitted: 02/22/2023
Telephone Number: 417-293-1832	Email Address: thefisherfirm@gmail.com

PART II: OFFSET PROJECT INFORMATION

Offset Project Name: Perennial CN9-1 AMM Flare Project	Offset Project Commencement Date: 03/01/2019
CARB Project ID number (if known): CMM5470	OPR Project ID Number: ACR470
Reporting Period Start Date: 09/01/2021	Reporting Period End Date: 08/31/2022

PART III: OPO/APD/TC INFORMATION

PART III-A: OPO

OPO Name: Perennial CMM West Virginia, LLC	OPO's CITSS ID#: C A 2 6 7 0
Mailing Address: 1375 County Road 8690	City/State/Zip Code: West Plains, MO 65775
Physical Address (if different):	City/State/Zip Code:
Contact Person: Chrys Fisher	Telephone Number: 417-293-1832
Email Address: thefisherfirm@gmail.com	

<p>1. How many abandoned mines are included in this offset project? NOTE: Identify each of the abandoned mines immediately below according to its Mine Safety and Health Administration (MSHA) identification number. If there are more than four mines, either expand the section or provide the required information on separate attached paper.</p>	
<p>Number Mines: 1</p>	
<p>MSHA ID# for Mine 1: 4601434</p>	<p>MSHA ID# for Mine 2:</p>

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MSHA ID# for Mine 3:	MSHA ID# for Mine 4:
<p>2. Has the offset project met all local, state, and federal regulatory requirements during the Reporting Period for Mine 1, except for any period being excluded pursuant to section 95973(b)(1)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If answer "no" above provide an explanation of the non-compliance must be provided. Indicate any excluded time periods below:</p>	
<p>Has the offset project met all local, state, and federal regulatory requirements during the Reporting Period for Mine 2, except for any period being excluded pursuant to section 95973(b)(1)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If answer "no" above an explanation of the non-compliance must be provided. Indicate any excluded time periods below:</p>	
<p>Has the offset project met all local, state, and federal regulatory requirements during the Reporting Period for Mine 3, except for any period being excluded pursuant to section 95973(b)(1)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If answer "no" above an explanation of the non-compliance must be provided. Indicate any excluded time periods below:</p>	
<p>Has the offset project met all local, state, and federal regulatory requirements during the Reporting Period for Mine 4, except for any period being excluded pursuant to section 95973(b)(1)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If answer "no" above an explanation of the non-compliance must be provided. Indicate any excluded time periods below:</p>	
<p>3. Is all the information in the offset project listing still accurate? If "yes," skip to Part V.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>a. Does Part II above report an updated Offset Project Commencement Date, Reporting Period Start Date, and/or Reporting Period End Date?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>b. Does Part III above report updated OPO/APD Information?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>c. Does Part III above report updated Technical Consultant Information?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

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<p>d. Are there any other updates about Others Involved in Project, aside from the Technical Consultants, to report?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>If answered "yes" above, provide those updates:</p>
<p>e. Are there any updates about the Offset Project Location to report?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>If answered "yes" above, provide those updates:</p>
<p>f. Does Part V below report updated information about Mining Methods Employed?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>g. Are there any updates about the Mine Information, aside from Mining Methods Employed and Mineral Production, to report?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>If answered "yes" above, provide those updates:</p>
<p>h. Does any other information in the project listing need to be updated?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If answered "yes" above, provide those updates:</p> <p>Crediting period is 3/1/2019 - 8/31/2028</p>

PART V: MINE INFORMATION

Mining Method(s) Employed at Mine 1 while Active (e.g., longwall or room and pillar): room and pillar	
<input checked="" type="checkbox"/> N/A	Mining Method(s) Employed at Mine 2 while Active (e.g., longwall or room and pillar):
<input checked="" type="checkbox"/> N/A	Mining Method(s) Employed at Mine 3 while Active (e.g., longwall or room and pillar) :
<input checked="" type="checkbox"/> N/A	Mining Method(s) Employed at Mine 4 while Active (e.g., longwall or room and pillar):
Mineral Production during Reporting Period (including both mineral produced and quantity with units of measurement):N/A	

PART VI: REPORTED GHG EMISSION REDUCTION CALCULATIONS

<p>How many qualifying and non-qualifying destruction devices were used in this reporting period? NOTE: If there are more than two (2) destruction devices, either expand this section to report information for those destruction devices or submit the required reporting information for those devices on separate, attached paper.</p>

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Number Non-Qualifying Devices: 0	Number Qualifying Devices: 2
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How many methane sources were used in this reporting period? **NOTE:** If there are more than three (3) methane sources associated with any destruction device, either expand this section to report information for those methane sources or submit the required reporting information for those sources on separate, attached paper.

Number Sources 1

Emission Reductions (ER): 13254

Baseline Emissions (BE): 15536

Project Emissions (PE): 2283

Optional: For the baseline emission calculation, what are the methane emissions derived from the hyperbolic emission rate decline curve (i.e., AMM_{DC})?

AMM_{DC} : 4724.395

PART VI-D-1: BASELINE VALUES FOR FIRST DESTRUCTION DEVICE

Is this a qualifying or non-qualifying destruction device? <input checked="" type="checkbox"/> Qualifying <input type="checkbox"/> Non-Qualifying
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Source	Baseline C_{CH_4}	$PSW_{B,i}$	$PIB_{B,i}$	$PGW_{B,i}$	$NSW_{B,i}$
1.	n/a	0 scf	0 scf	0 scf	0 scf
2.					
3.					

PART VI-D-2: BASELINE VALUES FOR SECOND DESTRUCTION DEVICE ☐ Not Applicable

Is this a qualifying or non-qualifying destruction device? <input checked="" type="checkbox"/> Qualifying <input type="checkbox"/> Non-Qualifying
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Source	Baseline C_{CH_4}	$PSW_{B,i}$	$PIB_{B,i}$	$PGW_{B,i}$	$NSW_{B,i}$
1.	n/a	0 scf	0 scf	0 scf	0 scf
2.					
3.					

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PART VI-D-3: PROJECT VALUES FOR FIRST DESTRUCTION DEVICE

Source	Project C_{CH_4}	$PSW_{P,i}$	$PIB_{P,i}$	$PGW_{P,i}$	$NSW_{P,i}$
1.	22.64%				51,159,750
2.					
3.					

PART VI-D-4: PROJECT VALUES FOR SECOND DESTRUCTION DEVICE ☐ Not Applicable
(Only one Destructive Device)

Source	Project C_{CH_4}	$PSW_{P,i}$	$PIB_{P,i}$	$PGW_{P,i}$	$NSW_{P,i}$
1.	21.22%				97,906,375
2.					
3.					

PART VI-A-5: OTHER VALUES

CON _{ELEC} : 34.7273 MWH	CON _{HEAT} : N/A	CON _{FF} : 36.4 gallon propane
CE _{ELEC} : 0.69 kg per MWH	CE _{HEAT} : N/A	CE _{FF} : Propane 5.593 kg/CO ₂ gal


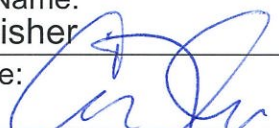
<input checked="" type="checkbox"/> N/A	Site-specific Methane Destruction Efficiency for First Device:
	Third Parties Involved:
	Description of Process:

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	Third Parties Involved:
	Description of Process:

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PART VII: ATTESTATIONS AND OPO SIGNATURE

	Initial: I certify under penalty of perjury under the laws of the State of California the GHG reductions and/or GHG removal enhancements for		
	Project Name: Perennial CN9-1 AMM Flare Project	from Reporting Period State Date: 09/01/2021	to Reporting Period End Date: 08/31/2022
	are measured in accordance with the Compliance Offset Protocol Methane Capture Projects, April 25, 2014, and all information required to be submitted to ARB in the Offset Project Data Report is true, accurate, and complete.		
In signing this form, I certify under penalty of perjury of the laws of California that the information contained in this form is true, accurate, and complete. I further certify that I am an Account Representative of the Offset Project Operator (OPO).			
Printed Name: Chrys Fisher		Title: Manager	
Signature: 		Date: 2/22/2023	