

**MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

**OPR STAFF USE ONLY**

|                       |                      |                       |
|-----------------------|----------------------|-----------------------|
| Date Report Received: | OPR Tracking Number: | Date Report Reviewed: |
|-----------------------|----------------------|-----------------------|

**PART I: ENTITY SUBMITTING REPORT**

|   |                           |
|---|---------------------------|
| Is this report being submitted by the Offset Project Operator (OPO) or by the Authorized Project Designee (APD)? <b>NOTE:</b> The person completing this form should be an OPO/APD employee.<br><input type="checkbox"/> OPO <input type="checkbox"/> APD |                           |
| Report Version Number:  | Date Report Completed:    |
| Date Report Submitted:  | Person Completing Report: |
| Telephone Number:   | Email Address:            |

**PART II: OFFSET PROJECT INFORMATION**

|                                    |                                   |
|------------------------------------|-----------------------------------|
| Offset Project Name:               | OPR Project ID Number:            |
| CARB Project ID Number (if known): | Reporting Period Start Date:      |
| Reporting Period End Date:         | Offset Project Commencement Date: |

**PART III: OPO/APD/TC INFORMATION**

**PART III-A: OPO**

|   |                   |   |  |  |  |  |
|---|-------------------|---|--|--|--|--|
| OPO Name:                                   | OPO CITSS ID #:   |   |  |  |  |  |
|   | C                 | A |  |  |  |  |
| Mailing Address:                            | City/State/Zip:   |   |  |  |  |  |
| Physical Address (if different from above): | City/State/Zip:   |   |  |  |  |  |
| Contact Person:                             | Telephone Number: |   |  |  |  |  |
| Email Address:                              |                   |   |  |  |  |  |

**MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

**PART III-B: APD (if applicable)**  No APD/Not Applicable

|   |                   |   |  |  |  |  |
|---|-------------------|---|--|--|--|--|
| APD Name:                                   | APD CITSS ID #:   |   |  |  |  |  |
|   | C                 | A |  |  |  |  |
| Mailing Address:                            | City/State/Zip:   |   |  |  |  |  |
| Physical Address (if different from above): | City/State/Zip:   |   |  |  |  |  |
| Contact Person:                             | Telephone Number: |   |  |  |  |  |
| Email Address:                              |                   |   |  |  |  |  |

**PART III-C.1: TECHNICAL CONSULTANT #1 (if applicable)**  No Technical Consultants

|   |  |
|---|--|
| Technical Consultant Name:                  | Organizational Affiliation, if applicable: |
| Mailing Address:                            | City/State/Zip:                            |
| Physical Address (if different from above): | City/State/Zip:                            |
| Telephone Number:                           | Email Address:                             |

**PART III-C.2: TECHNICAL CONSULTANT #2 (if applicable)**  Only One Technical Consultant

|   |  |
|---|--|
| Technical Consultant Name:                  | Organizational Affiliation, if applicable: |
| Mailing Address:                            | City/State/Zip:                            |
| Physical Address (if different from above): | City/State/Zip:                            |
| Telephone Number:                           | Email Address:                             |

**PART IV: QUESTIONS**

| Questions  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. 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)? (If "no," an explanation of the non-compliance must be provided.)<br>Indicate any excluded time periods below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is all the information in the offset project listing still accurate? If "yes," skip to Part V.  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Does Part II above report an updated Offset Project Commencement Date, Reporting Period Start Date, and/or Reporting Period End Date?   | <input type="checkbox"/> | <input type="checkbox"/> |

**MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

| Questions  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| b. Does Part III above report updated OPO/APD Information?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does Part III above report updated Technical Consultant Information?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are there any other updates about Others Involved in Project, aside from the Technical Consultants, to report? (If “yes,” provide those updates on separate attached paper.)          | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are there any updates about the Offset Project Location to report? If “yes,” provide those updates on separate attached paper.  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does Part V below report updated information about Mining Methods Employed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are there any updates about the Mine Information, aside from Mining Methods Employed and Mineral Production, to report? (If “yes,” provide those updates on separate attached paper.) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Does any other information in the project listing need to be updated? (If “yes,” provide those updates on separate attached paper.)   | <input type="checkbox"/> | <input type="checkbox"/> |

**PART V: MINE INFORMATION**

|  |
|--|
| Mining Method(s) Employed (e.g., open pit) during Reporting Period:  |
| Mineral Production during Reporting Period (including both mineral produced and quantity with units of measurement): |

**PART VI: REPORTED GHG EMISSIONS REDUCTION CALCULATIONS**

|   |                            |
|---|----------------------------|
| How many qualifying and non-qualifying destruction devices were used in this reporting period? <b>NOTE:</b> 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. How many methane sources were used in this reporting period? |                            |
| Number Non-Qualifying Devices:  | Number Qualifying Devices: |

|   |  |
|---|--|
| How many methane sources were used in this reporting period? <b>NOTE:</b> 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:   |  |

**MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

How many pre-mining surface wells included in the project were mined through during this reporting period? **NOTE:** If more than two (2) wells included were mined through, either expand this section to report information for those wells or submit the required reporting information for those wells on separate, attached paper.

Number Wells:

How many existing coal bed methane wells that would otherwise be shut-in and abandoned as a result of encroaching mining were included in the project and mined through during this reporting period? **NOTE:** If more than two (2) wells included were mined through, either expand this section to report information for those wells or submit the required reporting information for those wells on separate, attached paper.

Number Wells:

How many abandoned wells that are reactivated were included in the project and mined through during this reporting period? **NOTE:** If more than two (2) wells included were mined through, either expand this section to report information for those wells or submit the required reporting information for those wells on separate, attached paper.

Number Wells:

How many converted dewatering wells that are reactivated included in the project were mined through during this reporting period? **NOTE:** If more than two (2) wells included were mined through, either expand this section to report information for those wells or submit the required reporting information for those wells on separate, attached paper.

Number Wells:

Emissions Reductions (ER):

Baseline Emissions (BE):

Project Emissions (PE):

**PART VI-A-1: BASELINE VALUES FOR FIRST DESTRUCTION DEVICE**

Is this a qualifying or non-qualifying destruction device?

Qualifying     Non-Qualifying

| Source | Baseline<br>C <sub>CH4</sub> | PSW <sub>B,i</sub> | PIB <sub>B,i</sub> | ECW <sub>B,i</sub> | AWR <sub>B,i</sub> | CDW <sub>B,i</sub> |
|--------|------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1      |                              |                    |                    |                    |                    |                    |
| 2      |                              |                    |                    |                    |                    |                    |
| 3      |                              |                    |                    |                    |                    |                    |

**MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

**PART VI-A-2: BASELINE VALUES FOR SECOND DESTRUCTION DEVICE**

|   |
|---|
| Is this a qualifying or non-qualifying destruction device?<br><input type="checkbox"/> Qualifying <input type="checkbox"/> Non-Qualifying |
|---|

| Source | Baseline<br>C <sub>CH4</sub> | PSW <sub>B,i</sub> | PIB <sub>B,i</sub> | ECW <sub>B,i</sub> | AWR <sub>B,i</sub> | CDW <sub>B,i</sub> |
|--------|------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1      |                              |                    |                    |                    |                    |                    |
| 2      |                              |                    |                    |                    |                    |                    |
| 3      |                              |                    |                    |                    |                    |                    |

**PART VI-A-3: PROJECT VALUES FOR FIRST DESTRUCTION DEVICE**

| Source | Baseline<br>C <sub>CH4</sub> | PSW <sub>p,i</sub> | PIB <sub>p,i</sub> | ECW <sub>p,i</sub> | AWR <sub>p,i</sub> | CDW <sub>p,i</sub> |
|--------|------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1      |                              |                    |                    |                    |                    |                    |
| 2      |                              |                    |                    |                    |                    |                    |
| 3      |                              |                    |                    |                    |                    |                    |

**PART VI-A-4: PROJECT VALUES FOR SECOND DESTRUCTION DEVICE**

| Source | Baseline<br>C <sub>CH4</sub> | PSW <sub>p,i</sub> | PIB <sub>p,i</sub> | ECW <sub>p,i</sub> | AWR <sub>p,i</sub> | CDW <sub>p,i</sub> |
|--------|------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1      |                              |                    |                    |                    |                    |                    |
| 2      |                              |                    |                    |                    |                    |                    |
| 3      |                              |                    |                    |                    |                    |                    |

**PART VI-A-5: VALUES FOR WELLS ASSOCIATED WITH FIRST DESTRUCTION DEVICE**

|  |                              |
|--|------------------------------|
| Identification of 1 <sup>st</sup> pre-mining surface well: | <input type="checkbox"/> N/A |
| PSW <sub>nqdi</sub> :                                      | PSW <sub>epre,i</sub> :      |
|  | PSW <sub>epost,i</sub> :     |
|  | PSW <sub>P,all,i</sub> :     |

|  |                              |
|--|------------------------------|
| Identification of 2 <sup>nd</sup> pre-mining surface well: | <input type="checkbox"/> N/A |
| PSW <sub>nqdi</sub> :                                      | PSW <sub>epre,i</sub> :      |
|  | PSW <sub>epost,i</sub> :     |
|  | PSW <sub>P,all,i</sub> :     |

|   |                              |
|---|------------------------------|
| Identification of 1 <sup>st</sup> existing coal bed methane well: | <input type="checkbox"/> N/A |
| ECW <sub>nqdi</sub> :   | ECW <sub>epre,i</sub> :      |
|   | ECW <sub>epost,i</sub> :     |
|   | ECW <sub>P,all,i</sub> :     |

**MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

|   |                                    |                                     |                              |
|---|------------------------------------|-------------------------------------|------------------------------|
| Identification of 2 <sup>nd</sup> existing coal bed methane well: |                                    |                                     | <input type="checkbox"/> N/A |
| ECW <sub>nqdi</sub> :   | ECW <sub>e<sub>pre,i</sub></sub> : | ECW <sub>e<sub>post,i</sub></sub> : | ECW <sub>p,all,i</sub> :     |

|   |                                    |                                     |                              |
|---|------------------------------------|-------------------------------------|------------------------------|
| Identification of 1st abandoned but reactivated well: |                                    |                                     | <input type="checkbox"/> N/A |
| AWR <sub>nqdi</sub> :                                 | AWR <sub>e<sub>pre,i</sub></sub> : | AWR <sub>e<sub>post,i</sub></sub> : | AWR <sub>P,all,i</sub> :     |

|   |                                    |                                     |                              |
|---|------------------------------------|-------------------------------------|------------------------------|
| Identification of 2 <sup>nd</sup> abandoned but reactivated well: |                                    |                                     | <input type="checkbox"/> N/A |
| AWR <sub>nqdi</sub> :   | AWR <sub>e<sub>pre,i</sub></sub> : | AWR <sub>e<sub>post,i</sub></sub> : | AWR <sub>P,all,i</sub> :     |

|  |                                    |                                     |                              |
|--|------------------------------------|-------------------------------------|------------------------------|
| Identification of 1st converted dewatering well: |                                    |                                     | <input type="checkbox"/> N/A |
| CDW <sub>nqdi</sub> :                            | CDW <sub>e<sub>pre,i</sub></sub> : | CDW <sub>e<sub>post,i</sub></sub> : | CDW <sub>P,all,i</sub> :     |

|  |                                    |                                     |                              |
|--|------------------------------------|-------------------------------------|------------------------------|
| Identification of 2 <sup>nd</sup> converted dewatering well: |                                    |                                     | <input type="checkbox"/> N/A |
| CDW <sub>nqdi</sub> :  | CDW <sub>e<sub>pre,i</sub></sub> : | CDW <sub>e<sub>post,i</sub></sub> : | CDW <sub>P,all,i</sub> :     |

**PART VI-A-6: VALUES FOR WELLS ASSOCIATED WITH SECOND DESTRUCTION DEVICE**

|  |                                    |                                     |                              |
|--|------------------------------------|-------------------------------------|------------------------------|
| Identification of 1 <sup>st</sup> pre-mining surface well: |                                    |                                     | <input type="checkbox"/> N/A |
| PSW <sub>nqdi</sub> :                                      | PSW <sub>e<sub>pre,i</sub></sub> : | PSW <sub>e<sub>post,i</sub></sub> : | PSW <sub>P,all,i</sub> :     |

|  |                                    |                                     |                              |
|--|------------------------------------|-------------------------------------|------------------------------|
| Identification of 2 <sup>nd</sup> pre-mining surface well: |                                    |                                     | <input type="checkbox"/> N/A |
| PSW <sub>nqdi</sub> :                                      | PSW <sub>e<sub>pre,i</sub></sub> : | PSW <sub>e<sub>post,i</sub></sub> : | PSW <sub>P,all,i</sub> :     |

|   |                                    |                                     |                              |
|---|------------------------------------|-------------------------------------|------------------------------|
| Identification of 1st existing coal bed methane well: |                                    |                                     | <input type="checkbox"/> N/A |
| ECW <sub>nqdi</sub> :                                 | ECW <sub>e<sub>pre,i</sub></sub> : | ECW <sub>e<sub>post,i</sub></sub> : | ECW <sub>p,all,i</sub> :     |

|   |                                    |                                     |                              |
|---|------------------------------------|-------------------------------------|------------------------------|
| Identification of 2 <sup>nd</sup> existing coal bed methane well: |                                    |                                     | <input type="checkbox"/> N/A |
| ECW <sub>nqdi</sub> :   | ECW <sub>e<sub>pre,i</sub></sub> : | ECW <sub>e<sub>post,i</sub></sub> : | ECW <sub>p,all,i</sub> :     |

**MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

|   |                                    |                                     |                                     |
|---|------------------------------------|-------------------------------------|-------------------------------------|
| Identification of 1st abandoned but reactivated well: |                                    |                                     | <input type="checkbox"/> N/A        |
| AWR <sub>nqdi</sub> :                                 | AWR <sub>e<sub>pre,i</sub></sub> : | AWR <sub>e<sub>post,i</sub></sub> : | AWR <sub>P,<sub>all,i</sub></sub> : |

|   |                                    |                                     |                                     |
|---|------------------------------------|-------------------------------------|-------------------------------------|
| Identification of 2 <sup>nd</sup> abandoned but reactivated well: |                                    |                                     | <input type="checkbox"/> N/A        |
| AWR <sub>nqdi</sub> :   | AWR <sub>e<sub>pre,i</sub></sub> : | AWR <sub>e<sub>post,i</sub></sub> : | AWR <sub>P,<sub>all,i</sub></sub> : |

|  |                                    |                                     |                                     |
|--|------------------------------------|-------------------------------------|-------------------------------------|
| Identification of 1st converted dewatering well: |                                    |                                     | <input type="checkbox"/> N/A        |
| CDW <sub>nqdi</sub> :                            | CDW <sub>e<sub>pre,i</sub></sub> : | CDW <sub>e<sub>post,i</sub></sub> : | CDW <sub>P,<sub>all,i</sub></sub> : |

|  |                                    |                                     |                                     |
|--|------------------------------------|-------------------------------------|-------------------------------------|
| Identification of 2 <sup>nd</sup> converted dewatering well: |                                    |                                     | <input type="checkbox"/> N/A        |
| CDW <sub>nqdi</sub> :  | CDW <sub>e<sub>pre,i</sub></sub> : | CDW <sub>e<sub>post,i</sub></sub> : | CDW <sub>P,<sub>all,i</sub></sub> : |

**PART VI-A-7: OTHER VALUES**

|                      |                       |                     |
|----------------------|-----------------------|---------------------|
| CON <sub>ELEC</sub>  | CON <sub>HEAT</sub> : | CON <sub>FF</sub> : |
| CE <sub>ELEC</sub> : | CE <sub>HEAT</sub> :  | CE <sub>FF</sub> :  |

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

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

**MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

**PART VII: ATTESTATION 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:  | from Reporting Period State Date: | to Reporting Period End Date: |
|   | 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 Project 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:   |  | Title:                            |                               |
| Signature:  |  | Date:                             |                               |



## **MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

ISD/CCPEB-012 (REV. 09/2020) PAGE 9 OF 12

### **BACKGROUND**

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Section 95976(d) of the Cap-and-Trade Regulation specifies reporting requirements for offset projects participating in the Compliance Offset Program. Offset Project Operators (OPO) or Authorized Project Designees (APD) are required to submit an Offset Project Data Report (OPDR) within four months of the end of each (annual) Reporting Period. This form is designed to help OPOs and APDs provide the information required for offset projects using Compliance Offset Protocol Mine Methane Capture Projects April 25, 2014. This form is submitted to the approved Offset Project Registry that is listing the offset project and should also be provided to the CARB-accredited verification body that will be verifying the Offset Project Data Report.

### **WHERE TO SUBMIT INFORMATION CONTAINED IN THIS FORM**

Complete the information on the form using your computer. Then either add an electronic signature to the form or print, sign, and scan the form. The completed and signed information and all supporting documentation should be submitted to the appropriate Offset Project Registry.

This form is also available from the CARB website at:

<https://ww2.arb.ca.gov/our-work/programs/compliance-offset-program/offset-program-forms>

### **INSTRUCTIONS**

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#### **PART I: ENTITY SUBMITTING REPORT**

- Indicate whether the Offset Project Operator (OPO) or Authorized Project Designee (APD) is submitting the Offset Project Data Report (OPDR).
- Regulatory amendment in section 95976(d)(10) requires that each version of the OPDR specifies the version number and the date submitted. Moreover, the protocol requires that each OPDR include the date of completion. Include the OPDR version number, the date of OPDR completion, and the date of OPDR submission to the Offset Project Registry.
- The person submitting the information should indicate the date the form is completed.
- List the name, phone, and email address of the person submitting the information. This person should be an employee of the OPO or APD. The person submitting the information need not be the contact person listed for the OPO or APD in Part III and also need not be the OPO's CITSS account representative signing the OPDR in Part VII.

#### **PART II: OFFSET PROJECT INFORMATION**

- Provide the name for the offset project and its Offset Project Registry ID number, as provided by the Offset Project Registry listing the project. Also include the CARB project ID number, if known.
- (For active underground mines, specify whether the project type includes either or both of the ventilation air methane and mine methane drainage types. Check the appropriate box(es).)
- Indicate the Offset Project Commencement Date and the start and end date of the Reporting Period covered in this Offset Project Data Report.

#### **PART III: OPO/APD/TC INFORMATION**

- Enter contact information for the Offset Project Operator (OPO) and Authorized Project Designee (APD) for the offset project. Every project will have an OPO. If a project does not have an APD, mark the box indicating the project does not have an APD and leave the remaining fields blank.
- For both the OPO and, if applicable, the APD, enter the entity's name, its CITSS ID number, its mailing address, its physical address (if different than mailing address), and the name, phone

## **MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

ISD/CCPEB-012 (REV. 09/2020) PAGE 10 OF 12

number, and e-mail address of a contact person for the entity. The CITSS ID is six characters in length, with two letters followed by four numbers (e.g., "CA1234"). DO NOT PROVIDE THE OPO's or APD's CONFIDENTIAL CITSS ACCOUNT NUMBER, which begins with the CITSS ID number followed by a hyphen and more numbers.

- Provide the same information for any technical consultants to the OPO or APD for this project. Provide the entity's name, its mailing address, its physical address (if different than mailing address), and the name, phone number, and e-mail address of a contact person for the entity.
- If there are no technical consultants or just one technical consultant, the appropriate check boxes may be marked to indicate that required information is not being omitted. If there are more than two technical consultants, either expand this section of the OPDR or provide the required information on separate, attached paper.

### **PART IV: QUESTIONS**

- This part includes two questions required in Compliance Offset Protocol Mine Methane Projects, April 25, 2014.
- First, the OPO or APD must respond whether the offset project has met all local, state, and federal regulatory requirements during the Reporting Period. Local regulatory requirements include those by any air quality, water quality, zoning, or other agency with jurisdiction over any aspect of the offset project. (For abandoned underground mine methane recovery activities, the OPO or APD must respond about regulatory requirements separately for each mine involved in the project.)
- Regulatory amendments in section 95973(b)(1), effective October 1, 2017, allow an OPO or APD to effectively exclude a time period during which a project is out of regulatory compliance and receive CARB or registry offset credits for the remainder of the reporting period. If an OPO or APD is excluding some dates, the OPO or APD should provide the excluded dates.
- Second, the OPO or APD must answer whether information submitted in the offset project listing remains accurate. If the listing information remains accurate, skip to Part V. For information which is no longer accurate, answer questions 2a through 2h to indicate which portions of the listing information is being updated in this report.

### **PART V: MINE INFORMATION**

- Specify the mining method(s) (e.g., longwall, room and pillar, or open-pit) employed during reporting period. (For abandoned underground mine methane recovery activities, specify the mining method(s) employed for each mine while it was active.)
- Report the Mineral Production during the Reporting Period. Include both the mineral(s) produced and the amount produced of each mineral (specifying the units).

### **PART VI: REPORTED GHG EMISSION REDUCTION CALCULATIONS**

- Specify the number of both qualifying and non-qualifying destruction devices used in this reporting period. If there are more than two destruction devices, required reporting information for the additional destruction devices should be provided by either expanding the section or by providing the information on separate, attached paper.
- Similarly, specify the number of each of the following:
  - Methane sources used during the reporting period
  - Pre-mining surface wells included in the projected mined through during the reporting period
  - Existing coal bed methane wells that would otherwise be shut-in and abandoned as a result of encroaching mining included in the projected and mined through during the reporting period.

## **MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

ISD/CCPEB-012 (REV. 09/2020) PAGE 11 OF 12

- Abandoned wells that are reactivated included in the project and mined through during the reporting period
- Converted dewatering wells that are reactivated included in the project and mined through during the reporting period
- If there are more than three sources and/or more than two of any of the four types of wells, required reporting information for the additional sources and/or wells should be provided by either expanding the section or by providing the information on separate, attached paper.
- Within the first two subsections of this part, provide the required baseline parameters. Within the next two subsections, provide the required project parameters. For descriptions of each variable, see the Compliance Offset Protocol Mine Methane Capture Projects, April 25, 2014, including subchapter 7.2 (beginning on page 129) for reporting requirements. Report the volume of mine gas in standard cubic feet (scf).
- It may be appropriate to report values for only some of the following terms. As appropriate, fields for the other terms may be left blank.
- Volume of mine gas calculations (including PSW, PIB, ECW, AWR, CDW)
- Terms for pre-mining surface wells (including PSWnqd, PSEepre, PSEepost, PSWP,all)
- Terms for existing coal bed methane wells (including ECWnqd, ECWepre, ECWepost, ECWP,all)
- Terms for abandoned wells (including AWRnqd, AWRepre, AWRepost, AWRP,all)
- Terms for converted dewatering wells (including CDWnqd, CDWepre, CDWepost, CDWP,all)
- If there is only one destruction device, you may check the “not applicable” boxes for the second destruction device indicating these subparts of the MMC OPDR form are being purposely left blank.
- Within the fifth and sixth subsections of this part, provide any required values for wells. If well information is not required, the “N/A” boxes in these subsections may be checked to indicate are being purposely left blank.
- Identify each well with its associated calculated values.
- Within the seventh and final subsection of this part, provide the other required reporting information.
- If site-specific methane destruction deficiency is use for any destruction device, provide the destruction efficiency, a description of the process of establishing the methane destruction efficiency, and the identity of any third parties involved. If a site-specific methane destruction deficiency is not used, the “N/A” box may be checked to indicate are being purposely left blank.

### **PART VII: ATTESTATION AND OPO SIGNATURE**

- Section 95975(d)(5) of the Cap-and-Trade Regulation requires an attestation for Offset Project Data Reports. The person signing the form should initial each attestation (no typed or printed initials).
- The attestation requires the applicant to provide some information to complete the statement. The project name should match the name entered in Part II. The dates covering the project Reporting Period must also be provided. Note that the dates provided in the attestation should be the same dates provided in Part II.
- Amendments adopted in April 2014 to section 95976(d)(6) require the attestation “be provided to an Offset Project Registry with the Offset Project Data Report if the offset project is listed with an Offset Project Registry.”

**MINE METHANE CAPTURE OFFSET PROJECT DATA REPORT FOR ACTIVE SURFACE MINES**

ISD/CCPEB-012 (REV. 09/2020) PAGE 12 OF 12

- The individual signing the document must be registered in CITSS as the OPO's Primary Account Representative or Alternate Account Representative. The individual signing the document may be an APD employee and/or representative; but to sign the document, the individual must be an Account Representative on the OPO's CITSS account.
- Provide the individual's signature, printed name, corporate title, and date signed.