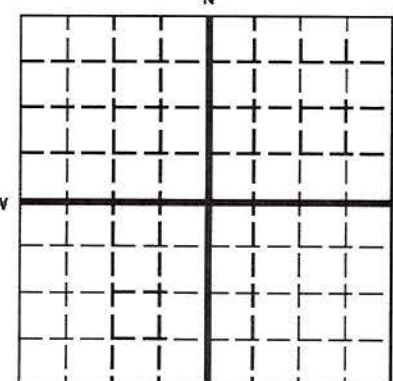




United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT


Name and Address of Existing Permittee EXCO Resources(PA) LLC 13448 State Route 422, Suite 1, Kittanning, Pa 16201	Name and Address of Surface Owner Richard and Mary Lou Humphreys 63 Bridal Path Road, Kirkwood, PA 17536
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Locate Well and Outline Unit on Section Plat - 640 Acres <div style="text-align: center;"> N  </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">State Pennsylvania</td> <td style="width: 33%;">County Clearfield</td> <td style="width: 34%;">Permit Number PAS2D902BCLE</td> </tr> <tr> <td colspan="3">Surface Location Descriptor ___ 1/4 of ___ 1/4 of ___ 1/4 of ___ 1/4 of Section ___ Township ___ Range ___ </td> </tr> <tr> <td colspan="3">Locate well in two directions from nearest lines of quarter section and drilling unit</td> </tr> <tr> <td colspan="3">Surface Location ___ ft. frm (N/S) ___ Line of quarter section and ___ ft. from (E/W) ___ Line of quarter section.</td> </tr> <tr> <td colspan="2"> WELL ACTIVITY <input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage </td> <td> TYPE OF PERMIT <input type="checkbox"/> Individual <input type="checkbox"/> Area Number of Wells: ___ </td> </tr> <tr> <td colspan="3">Lease Name: SPENCER LAND COMPANY Well Number: #2</td> </tr> </table>	State Pennsylvania	County Clearfield	Permit Number PAS2D902BCLE	Surface Location Descriptor ___ 1/4 of ___ 1/4 of ___ 1/4 of ___ 1/4 of Section ___ Township ___ Range ___			Locate well in two directions from nearest lines of quarter section and drilling unit			Surface Location ___ ft. frm (N/S) ___ Line of quarter section and ___ ft. from (E/W) ___ Line of quarter section.			WELL ACTIVITY <input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage		TYPE OF PERMIT <input type="checkbox"/> Individual <input type="checkbox"/> Area Number of Wells: ___	Lease Name: SPENCER LAND COMPANY Well Number: #2		
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MONTH	YEAR	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING)	
		AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
January-2018		0	0	0	0	0	0
February-2018		0	0	0	0	0	0
March-2018		0	0	0	0	0	0
April-2018		0	0	0	0	0	0
May-2018		0	0	0	0	0	0
June-2018		0	0	0	0	0	0
July-2018		0	0	0	0	0	0
August-2018		0	0	0	0	0	0
September-2018		0	0	0	0	0	0
October-2018		0	0	0	0	0	0
November-2018		0	0	0	0	0	0
December-2018		0	0	0	0	0	0

Certification

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

Name and Official Title (Please type or print) Russ Lawrence Environmental Specialist III	Signature 	Date Signed 02/06/19
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Total bbls = 0
 MAX PRESSURE = 1450
 Compliance Review Completed
 WIMS Updated
 Pelf to G: Drive on 2/7/19