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| | | eve that the inform ting false informati | | | | | |
| NAME AND OFFICIAL TO | ITLE (Please type or print) | SIGNATUR | A O | D | DATE SIGNED | 2470 | |
| Royald | m Tarr | Kos | rale m | Van | 01-14 | ,2020 | |

Form Approved. OMB No. 2000-0042. Approval expires 9-30-8 UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT NAME AND ADDRESS OF EXISTING PERMITTEE NAME AND ADDRESS OF SURFACE OWNER Tarra Turr O. 1 Production 218 Emrich Driv SAMY-Seneca, PA 16346 STATE COUNTY PERMIT NUMBER LOCATE WELL AND OUTLINE UNIT ON LEPOUNG SECTION PLAT - 640 ACRES SURFACE LOCATION DESCRIPTION 14 OF 14 OF 1/4 SECTION TOWNSHIP LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT Surface & CO FT from Control GOOF From HORN Location ____ ft. from (N/S) ___ Line of quarter section _ ft. from (E/W) __ Line of quarter section WELL ACTIVITY TYPE OF PERMIT ☐ Individual ☐ Area ☐ Brine Disposal W ε ☐ Enhanced Recovery ☐ Hydrocarbon Storage Number of Wells willural a 12 7/1 Lease Name M Aud Well Number ENSTINC! 6,6300 TUBING - CASING ANNULUS PRESSURE INJECTION PRESSURE TOTAL VOLUME INJECTED (OPTIONAL MONITORING) MONTH YEAR AVERAGE PSIG MAXIMUM PSIG BBL MCF MINIMUM PSIG MAXIMUM PSIG 1 1 1 1 1 1 4) h 1 2

CERTIFICATION

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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) | SIGNATURE | DATE SIGNED |
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| Rowald Marr | Konele m/lan | 01-14-2020 |

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