



United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee KCS Energy, Inc. PO Box 87 Warren, PA 16365	Name and Address of Surface Owner USDA Forest Service-Allegheny National Forest-Warren, PA 16365
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Locate Well and Outline Unit on Section Plat - 640 Acres 	State PA	County Warren	Permit Number PA S2R909BWAR
Surface Location Description ___ 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 type="checkbox"/> Brine Disposal <input checked="" 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 <u>Bright-Wolfe, Lot 443</u>		Well Number <u>013</u>	

RECEIVED
EPA REGION III
FEB 05 2018
GROUND WATER & ENFORCEMENT
(3WP22)

LOCATION-N 041° 49' 07.6" W 079° 12' 46.2"

MONTH	YEAR	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING)	
		AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
January-2017		0	0	0			
February-2017		0	0	0			
March-2017		0	0	0			
April-2017		264	410	426			
May-2017		535	575	463			
June-2017		615	640	379			
July-2017		632	640	328			
August-2017		634	640	223			
September-2017		633	640	172			
October-2017		633	640	139			
November-2017		628	640	82			
December-2017		620	640	153			

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) Darryl A. McTavish - VP/General Manager	Signature 	Date Signed 01/31/18
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Total bbls - 2,365
D. May -

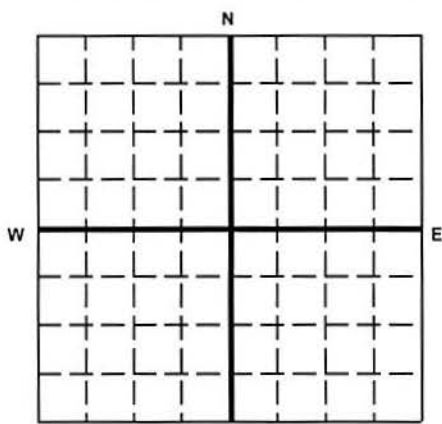
Compliance Review completed
values updated
PDF to G: 1/18 1541 2/1/18



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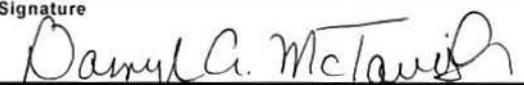
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WELL ACTIVITY <input type="checkbox"/> Brine Disposal <input checked="" type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage		TYPE OF PERMIT <input type="checkbox"/> Individual <input type="checkbox"/> Area Number of Wells ___	
Lease Name Bright-Wolfe, Lot 443		Well Number 09	

LOCATION ^S N 041° 49' 22.1" W 079° 12' 53.8"

		INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING)	
MONTH	YEAR	AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
January-2017		317	340	141			
February-2017		362	400	729			
March-2017		428	520	346			
April-2017		445	570	251			
May-2017		460	540	352			
June-2017		528	600	356			
July-2017		572	600	569			
August-2017		591	610	657			
September-2017		565	620	508			
October-2017		600	620	536			
November-2017		582	600	500			
December-2017		595	620	300			

Certification

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Name and Official Title (Please type or print) Darryl A. McTavish - VP/General Manager	Signature 	Date Signed 01/31/18
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Total bbls = 5,245
P.M.M.

Compliance Review Completed
MMS Updated
PDF to e-Drive on 2/15/18