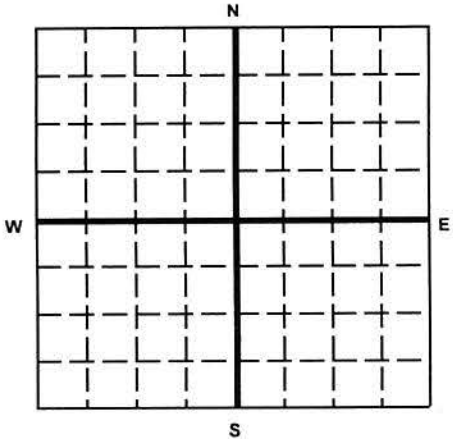


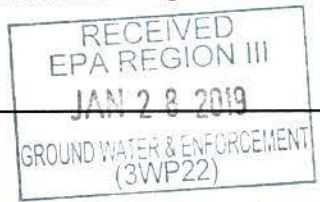


United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee Bear Lake Properties, LLC, 5319 Main Rd., PO Box 224, Sweet Valley, PA 18656	Name and Address of Surface Owner Sampsel, 8253 Pangan Rd., Erie, PA 16509
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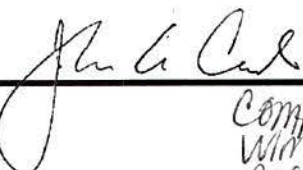
Locate Well and Outline Unit on Section Plat - 640 Acres 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">State PA</td> <td style="width: 20%;">County Warren</td> <td style="width: 60%;">Permit Number PAS2D216BWAR</td> </tr> <tr> <td colspan="3">Surface Location Description ____ 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 style="width: 50%;"> WELL ACTIVITY <input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage </td> <td style="width: 50%;"> TYPE OF PERMIT <input type="checkbox"/> Individual <input type="checkbox"/> Area Number of Wells _____ </td> </tr> <tr> <td colspan="2">Lease Name Bittinger</td> <td>Well Number 1</td> </tr> </table>	State PA	County Warren	Permit Number PAS2D216BWAR	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 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 Bittinger		Well Number 1
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Lease Name Bittinger		Well Number 1																



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	1580	1630	20	0.111	70	110
February	2018	1590	1640	60	0.338	80	130
March	2018	1610	1650	195	1.094	80	120
April	2019	1620	1660	216	1.216	85	130
May	2018	1630	1660	1008	5.659	100	140
June	2018	1600	1660	20	0.113	110	140
July	2018	1380	1460	6	0.128	130	175
August	2018	1300	1400	16	0.087	140	175
September	2018	1200	1500	0	0.001	80	180
October	2018	1000	1370	0	0	40	90
November	2018	1400	1640	1718	9.646	40	100
December	2018	1640	1650	49	0.275	100	120

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) John A. Conrad	Signature 	Date Signed January 30, 2019
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Total bbls = 3308
Max pressure = 1696

Compliance Review Completed
Wells updated
Pdf to G.Dme - pm 2/6/19