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OMB No. 2040-0042 Approval Expires 12/31/2018



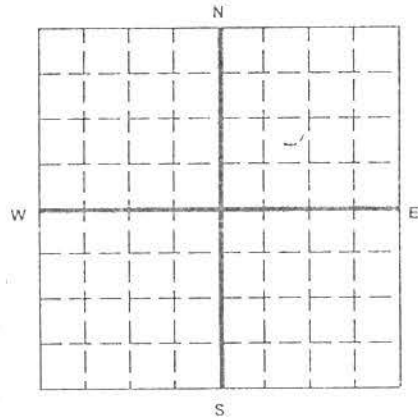
United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee
DEVONIAN RESOURCES, INC
PO BOX 329, PLEASANTVILLE, PA 16341

Name and Address of Surface Owner
DEVONIAN RESOURCES, INC
PO BOX 329, PLEASANTVILLE, PA 16341

Locate Well and Outline Unit on
Section Plat - 640 Acres



State PENNSYLVANIA County FOREST Permit Number 05322126/PAS2R991BFOR

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
Location ft. frm (N/S) ___ Line of quarter section
and ft. frm (E/W) ___ Line of quarter section.

WELL ACTIVITY TYPE OF PERMIT
 Brine Disposal Individual
 Enhanced Recovery Area
 Hydrocarbon Storage Number of Wells

Lease Name JOCELYN Well Number T-263

| MONTH | YEAR | INJECTION PRESSURE | | TOTAL VOLUME INJECTED | | TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING) | |
|----------------|------|--------------------|--------------|-----------------------|-----|---|--------------|
| | | AVERAGE PSIG | MAXIMUM PSIG | BBL | MCF | MINIMUM PSIG | MAXIMUM PSIG |
| January-2019 | | 480 | 500 | 915.8 | | | |
| February-2019 | | 480 | 500 | 1057.4 | | | |
| March-2019 | | 480 | 500 | 1965.4 | | | |
| April-2019 | | 480 | 500 | 2660.9 | | | |
| May-2019 | | 480 | 500 | 1580.3 | | | |
| June-2019 | | 480 | 500 | 2516.0 | | | |
| July-2019 | | 480 | 500 | 1940.5 | | | |
| August-2019 | | 480 | 500 | 843.2 | | | |
| September-2019 | | 480 | 500 | 2752.3 | | | |
| October-2019 | | 480 | 500 | 3122.4 | | | |
| November-2019 | | 480 | 500 | 1802.8 | | | |
| December-2019 | | 480 | 500 | 1673.3 | | | |

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)
S.R. THOMPSON, PRESIDENT

Signature
S.R. Thompson by JSP

Date Signed
01/06/20