SEPA AN	NUAL CLASS II D	ISPOSAL/IN	JECTION WELL	MONITOR	RING REPORT	
Name, Address, Phone and A Snyder Brothers Inc. PO Box 1022, 1 Glade Pa Kittanning, Pa.16201						
State			County			
Penna.			McKean			
WELL TYPE Brine Disposal ✓ Enhanced Recovery Hydrocarbon Storage	Surface Location Recovery 1/4 of 1/4 of Section Township Range					
000 90 BEDSTEPS 34 940	Latitude 41.85417		Longitude 78.666			
Permit or EPA ID Number	AS2R301AMCK	API Number 37-08	3-26675 F	ull Well Name	Big Shanty #8	
	INJECTION PRESSURE	B##	TOTAL VOLUME INJECTED	6 6 8 8 8 8 8	TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)	
MONTH, YEAR	MAXIMUM PSIG	BE	L	MCF	MAXIMUM PSIG	
January-2019	850	30				
February-2019	560	8				
March-2019	520	25				
April-2019	640	25				
May-2019	700	44				
June-2019	680	64				
July-2019	550	70				
August-2019	500	7				
September-2019	750	61				
October-2019	850	42				
November-2019	880	63				
December-2019	850	shut in				
information is true, acc	ity of law that I have persona pased on my inquiry of those urate, and complete. I am a mprisonment. (Ref. 40 CFR	individuals immedia ware that there are s	familiar with the informati	ing the informa	tion. I believe that the	
Name and Official Title (Plea	se type or print)	Signature	1227 9		Date Signed	
Bryan K. Snyder Vice president			Syl		1/21/20	

United States Environmental Protection Agency **⊕EPA** ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT Name, Address, Phone and/or Email of Permittee Snyder Brothers Inc. PO Box 1022, 1 Glade Park East Kittanning, Pa.16201 State County Penna. McKean **WELL TYPE** Locate well in two directions from nearest lines of quarter section and drilling unit Brine Disposal Surface Location ✓ Enhanced Recovery 1/4 of 1/4 of Section Township Range Hydrocarbon Storage ft. from (N/S) Line of quarter section ft. from (E/W) Line of quarter section. Latitude 41.85611 Longitude 78.66694 Permit or EPA ID Number PAS2R301AMCK API Number 37-083-27715 Full Well Name Big Shanty #11 TUBING -- CASING ANNULUS PRESSURE TOTAL VOLUME INJECTED INJECTION PRESSURE (IF SPECIFIED IN PERMIT) MONTH, YEAR MAXIMUM PSIG BBL MCF MAXIMUM PSIG January-2019 850 33 February-2019 560 9 March-2019 520 28 April-2019 640 28 May-2019 700 51 June-2019 680 74 July-2019 550 80 August-2019 500 8 September-2019 750 70 October-2019 850 49 November-2019 880 72 December-2019 850 87 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 possibliity of fine and imprisonment. (Ref. 40 CFR § 144.32) Name and Official Title (Please type or print) Signature Bryan K. Snyder Vice president 1/21/20

United States Environmental Protection Agency **ŞEPA** ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT Name, Address, Phone and/or Email of Permittee Snyder Brothers Inc. PO Box 1022, 1 Glade Park East Kittanning, Pa.16201 State County Penna. McKean WELL TYPE Locate well in two directions from nearest lines of quarter section and drilling unit Brine Disposal Surface Location ✓ Enhanced Recovery 1/4 of 1/4 of Section Township Range Hydrocarbon Storage ft. from (N/S) Line of quarter section ft. from (E/W) Line of quarter section. Latitude 41.85611 Longitude 78.66361 Permit or EPA ID Number PAS2R301AMCK API Number 37-083-27727 Full Well Name Big Shanty W-12 TUBING -- CASING ANNULUS PRESSURE INJECTION PRESSURE TOTAL VOLUME INJECTED (IF SPECIFIED IN PERMIT) MONTH, YEAR MAXIMUM PSIG BBL MCF MAXIMUM PSIG January-2019 850 41 February-2019 560 12 March-2019 520 35 April-2019 640 36 May-2019 700 64 June-2019 680 92 July-2019 550 100 August-2019 500 10 September-2019 750 88 October-2019 850 61 November-2019 880 90 December-2019 850 108 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 possibliity of fine and imprisonment. (Ref. 40 CFR § 144.32) Name and Official Title (Please type or print) Signature 1/21/20 Bryan K. Snyder Vice president

EPA ANI	NUAL CLASS II D	ISPOSAL/IN	JECTION V	WELL MONITOR	RING REPORT	
Name, Address, Phone and/o Snyder Brothers Inc. PO Box 1022, 1 Glade Pa Kittanning, Pa.16201						
State			County			
Penna.			McKean			
WELL TYPE Brine Disposal ✓ Enhanced Recovery Hydrocarbon Storage	Surface Location Recovery 1/4 of 1/4 of Section Township Range					
Dormit or EDA ID Number	Latitude 41.85611	nern a f	12000/2000/00	78.66000		
Permit or EPA ID Number p	INJECTION PRESSURI	API Number 37-08	TOTAL VOLUME I		Sig Shanty W-16 TUBING CASING ANNULUS PRESSURE	
MONTH, YEAR	MAXIMUM PSIG	ВЕ	BBL		(IF SPECIFIED IN PERMIT) MAXIMUM PSIG	
January-2019	850	83	83			
February-2019	560	23				
March-2019	520	70	70			
April-2019	640	72				
May-2019	700	128				
June-2019	680	184				
July-2019	550	201				
August-2019	500	20				
September-2019	750		176			
October-2019	850	122	122			
November-2019	880	180	180			
December-2019	aber-2019 850		217			
information is true, acc	ity of law that I have persona pased on my inquiry of those urate, and complete. I am a mprisonment. (Ref. 40 CFR	individuals immedia ware that there are s	n familiar with the	for obtaining the informat	ion I believe that the	
Name and Official Title (Please type or print) Bryan K. Snyder Vice president		Signature B, K	Sm/L	<i>J</i> 2	Date Signed	

EPA Form 7520-11 (Rev. 4-19)

	NUAL CLASS II DI	SPUSALIN	JECTION 1	WELL WONTO	KING REPORT
Name, Address, Phone and/o Snyder Brothers Inc. PO Box 1022, 1 Glade Pa Kittanning, Pa.16201					
State			County		
Penna.			McKean		
WELL TYPE Brine Disposal ✓ Enhanced Recovery Hydrocarbon Storage	Surface Location 1/4 of ft. from (N/	1/4 of Section	Township f quarter section f quarter section.	Range	
	Latitude 41.85333		Longitud	78.65944	
Permit or EPA ID Number P	AS2R301AMCK	API Number 37-08	33-26684	Full Well Name	Big Shanty W-35
	INJECTION PRESSURE		TOTAL VOLUME	INJECTED	TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
MONTH, YEAR	MAXIMUM PSIG	BE	BL	MCF	MAXIMUM PSIG
January-2019	850	50			
February-2019	560	14			
March-2019	520	42			
April-2019	640	43			
May-2019	700	77			
June-2019	680	110			
July-2019	550	121			
August-2019	500	12			
September-2019	750	105			
October-2019	850	74			
November-2019	880	108			
December-2019	850	131			
information is true, acc	Ity of law that I have personal based on my inquiry of those urate, and complete. I am aw mprisonment. (Ref. 40 CFR §	individuals immedia vare that there are s	n familiar with the	for obtaining the informa-	tion. I helieve that the
Name and Official Title <i>(Plea</i>	0.0000 - 0.000	Signature			Date Signed
Bryan K. Snyder Vice president		R	v Q 1		1/21/20

SEPA ANI	NUAL CLASS II DI	SPOSAL/IN	JECTION WEL	L MONITOR	RING REPORT	
Name, Address, Phone and/o Snyder Brothers Inc. PO Box 1022, I Glade Pa Kittanning, Pa.16201						
State			County			
Penna.			McKean			
WELL TYPE Brine Disposal ✓ Enhanced Recovery Hydrocarbon Storage	1/4 of 1/4 of Section Township Range					
	Latitude 41.85694		Longitude 78.6	6056		
Permit or EPA ID Number	AS2R301AMCK	API Number 37-08	3-28130	Full Well Name B	Big Shanty #76	
	INJECTION PRESSURE	3	TOTAL VOLUME INJECT	TED	TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)	
MONTH, YEAR	MAXIMUM PSIG	BE	BL	MCF	MAXIMUM PSIG	
January-2019	850	82				
February-2019	560	23				
March-2019	520	70				
April-2019	640	71				
May-2019	700	128				
June-2019	680	184	= #			
July-2019	550	201				
August-2019	500	20				
September-2019	750	176				
October-2019	850	122				
November-2019	880	180				
December-2019	850	217				
information is true, acc	Ity of law that I have personal based on my inquiry of those is urate, and complete. I am aw mprisonment. (Ref. 40 CFR §	individuals immedia are that there are s	n familiar with the inform	taining the informat	tion. I believe that the	
Name and Official Title (Plea	se type or print)	Signature			Date Signed	
Bryan K. Snyder Vice pres	BK	21	p.I	1/21/20		
PA Form 7520-11 (Rev. 4-19)			1			

SEPA ANI	NUAL CLASS II D	ISPOSAL/	NJECTION	WELL MONITOR	RING REPORT		
Name, Address, Phone and/o Snyder Brothers Inc. PO Box 1022, 1 Glade Pa Kittanning, Pa.16201							
State	State County						
Penna.			McKean				
WELL TYPE Brine Disposal ✓ Enhanced Recovery Hydrocarbon Storage	Brine Disposal ✓ Enhanced Recovery 1/4 of 1/4 of Section Township Range						
	Latitude 41.85500		Longitud	78.65583			
Permit or EPA ID Number	AS2R301AMCK	API Number 37	-083-26682	Full Well Name	Big Shanty #91		
	INJECTION PRESSUR	E	TOTAL VOLUME	INJECTED	TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)		
MONTH, YEAR	MAXIMUM PSIG		BBL	MCF	MAXIMUM PSIG		
January-2019	850	41					
February-2019	560	11					
March-2019	520	35					
April-2019	640	35					
May-2019	700	64					
June-2019	680	92		-			
July-2019	550	101					
August-2019	500	10					
September-2019	750 88						
October-2019	850 61						
November-2019	880	90					
December-2019	850 109						
information is true, acc	Ity of law that I have person assed on my inquiry of thos urate, and complete. I am a mprisonment. (Ref. 40 CFR	ally examined and e individuals imme ware that there ar	ediately responsible	for obtaining the informat	tion. I believe that the		
Name and Official Title (Please type or print) Bryan K. Snyder Vice president Signature Date Signed 1/21/20					Date Signed 1/21/20		

AN	NUAL CLASS II I	DISPOSAL/II	NJECTION V	VELL MONITOR	RING REPORT			
Name, Address, Phone and/ Snyder Brothers Inc.	or Email of Permittee							
PO Box 1022, 1 Glade P. Kittanning, Pa.16201	ark East							
State			County					
Penna.			McKean					
WELL TYPE	Locate well in two directions from nearest lines of quarter section and drilling unit							
Brine Disposal ✓ Enhanced Recovery	Surface Location							
Hydrocarbon Storage	1/4 of	1/4 of 1/4 of Section Township Range						
	1,70702-070703	ft. from (N/S) Line of quarter section ft. from (E/W) Line of quarter section.						
	Latitude 41.85389		Longitude	78.65583				
Permit or EPA ID Number	PAS2R301AMCK	API Number 37-	083-26683	Full Well Name	Big Shanty #93			
	INJECTION PRESSUR	RE	TOTAL VOLUME II	NJECTED	TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)			
MONTH, YEAR	MAXIMUM PSIG		BBL	MCF	MAXIMUM PSIG			
January-2019	850	54						
February-2019	560	Shut in	Shut in					
March-2019	520	46	46					
April-2019	640	47						
May-2019	700	83	83					
June-2019	680	119	119					
July-2019	550	131	131					
August-2019	500	13	13					
September-2019	750		114					
October-2019	850	80	80		¢ = -			
November-2019	880 117							
December-2019	per-2019 850 141							
information is true, acc	alty of law that I have persor based on my inquiry of thos curate, and complete. I am imprisonment. (Ref. 40 CFF	nally examined and a se individuals immed aware that there are	fiately responsible f	or obtaining the informat	ion. I believe that the			
Name and Official Title <i>(Plea</i>	ase type or print)	Signature			Date Signed			
Bryan K. Snyder Vice president		B	K Sny	(_	1/21/20			