| <b>≎EPA</b>  | ANNUAL D   | United State   | Washingto                      | nental Protecti<br>on, DC 20460 |                                     | RING REF          | PORT                          |                  |  |
|--|--|--|--------------------------------|---------------------------------|-------------------------------------|-------------------|-------------------------------|------------------|--|
| Name and Address of E<br>Kes Energy Inc.<br>P.O. Box 187 Warre | Existing Permittee   |  |                                | Name and A                      | ddress of Surfac<br>st Service-Alle | e Owner           | Carefication                  |                  |  |
| Locate Well and Outline Unit on<br>Section Plat - 640 Acres    |  |  | State<br>Pennsylvania          |                                 | County<br>Warren                    |                   | Permit Number<br>PAS2R909BWAR |                  |  |
|  | _ Locat  | 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 TYPE OF PERMIT  |                                |                                 |                                     |                   |                               |                  |  |
|  | Locat<br>and   |  |                                |                                 |                                     |                   |                               |                  |  |
| - <del> </del>   |  |  | Brine Dis                      | sposal                          | ☐ Individ☐ Area                     | lual<br>f Wells   | umber 13                      |                  |  |
|  | s i  |  |                                |                                 |                                     |                   |                               | ANNULUS PRESSURE |  |
| MONTH YEAR   | INJECTION  AVERAGE PSIG  | N PRESSURE   |                                | TOTAL VOLUM                     |                                     | (0                | (OPTIONAL MONITORING)         |                  |  |
| January-2022   | 605  | MAXIMUM PSIG   | 16                             | BBL                             | MCF                                 | MINIMO            | UM PSIG                       | MAXIMUM PSIG     |  |
| February-2022  | 0  | 0  | 0                              |                                 |                                     |                   |                               |                  |  |
| March-2022   | 533  | 565  | 30                             |                                 |                                     |                   |                               |                  |  |
| April-2022   | 560  | 570  | 26                             |                                 |                                     |                   |                               |                  |  |
| May-2022   | 595  | 620  | 115                            |                                 |                                     |                   |                               |                  |  |
| June-2022  | 601  | 610  | 69                             |                                 |                                     |                   |                               |                  |  |
| July-2022  | 598  | 615  | 77                             |                                 |                                     |                   |                               |                  |  |
| August-2022  | 605  | 620  | 72                             |                                 |                                     |                   |                               |                  |  |
| September-2022   | 601  | 610  | 67                             |                                 |                                     |                   |                               |                  |  |
| October-2022   | 607  | 620  | 30                             |                                 |                                     |                   |                               |                  |  |
| November-2022  | 587  | 600  | 54                             |                                 |                                     |                   |                               |                  |  |
| December-2022  | 595  | 600  | 28                             |                                 |                                     |                   |                               |                  |  |
| attachments and<br>information is tru<br>possibility of find   | he penalty of law that I I<br>d that, based on my inq<br>rue, accurate, and comp<br>ne and imprisonment. ( | quiry of those individed in the place of the | duals immedi<br>at there are s | m familiar with                 | sible for obtainin                  | g the information | on. I believe                 | e that the       |  |
| Name and Official Title<br>Casev J. Mover VP.                  |  |  | Signature                      | ×                               |                                     | 2                 | Dr                            | ate Signed       |  |

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

| <b>≎EPA</b>  | ANNUAL DI  |  | ates Environmental Pr<br>Washington, DC 2<br>JECTION WE      |   | NG REPORT  |                               |  |  |  |
|--|--|--|--|---|--|-------------------------------|--|--|--|
| Name and Address of E<br>Kcs Energy Inc.<br>P.O. Box 187 Warren    |  |  | U.S.   | Name and Address of Surface Owner U. S. Forest Service-Allegheny National Forest Warren Pa, 16365 |  |                               |  |  |  |
| Locate Well and (<br>Section Plat - 640                            | Acres  |  | e<br>nnsylvania<br>face Location Descri                      | County<br>Warren  | The state of the s | Permit Number<br>PAS2R909BWAR |  |  |  |
| w  | N  | Loc<br>Sur   | 1/4 of 1/4 of ate well in two direct face ation ft. frm (N/5 | 1/4 of1/4 of Sections from nearest lines of   | ction<br>on.<br>RMIT   | Range drilling unit           |  |  |  |
|  | INJECTION  | I PRESSURE   | TOTAL \  | OLUME INJECTED  | TUBING CASING ANNULUS PRESSURE<br>(OPTIONAL MONITORING)  |                               |  |  |  |
| MONTH YEAR   | AVERAGE PSIG   | MAXIMUM PSIG   | 7                      | MCF   | MINIMUM PSIG   | MAXIMUM PSIG                  |  |  |  |
| January-2022   | 596  | 620  | 25   |   |  |                               |  |  |  |
| February-2022  | 527  | 560  | 45   |   |  |                               |  |  |  |
| March-2022   | 580  | 615  | 104  |   |  |                               |  |  |  |
| April-2022   | 612  | 625  | 118  |   |  |                               |  |  |  |
| May-2022   | 609  | 630  | 84   |   |  |                               |  |  |  |
| June-2022  | 607  | 630  | 87   |   |  |                               |  |  |  |
| July-2022  | 606  | 620  | 84   |   |  |                               |  |  |  |
| August-2022  | 599  | 615  | 84   |   |  |                               |  |  |  |
| September-2022   | 604  | 620  | 94   |   |  |                               |  |  |  |
| October-2022   | 605  | 615  | 75   |   |  |                               |  |  |  |
| November-2022  | 593  | 615  | 75   |   |  |                               |  |  |  |
| December-2022  | 593  | 640  | 68   |   |  |                               |  |  |  |
| attachments and<br>information is tru<br>possibility of find       | that, based on my inc<br>ue, accurate, and comp<br>e and imprisonment. | uiry of those indivi-<br>plete. I am aware t<br>Ref. 40 CFR 144.32 | duals immediately re<br>hat there are significa<br>)         | 1<br>ar with the information s<br>sponsible for obtaining<br>ant penalties for submitti           | the information, I belie<br>ng false information, i  | ve that the<br>ncluding the   |  |  |  |
| Name and Official Title (Please type or print)  Casey J. Moyer VP. |  |  | Signature Date Signed 1-30-                                  |   |  |                               |  |  |  |