SEPA DI ACCULATORINA DE LA CONTROPINA DEL CONTROPINA DE LA CONTROPINA DEL CONTROPINA DE LA CONTROPINA DEL CONTROPINA DE LA CONTROPINA DE LA CONTROPINA DE LA CONTROPIN				
ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT				
Name, Address, Phone and/or En JJ Bucher 1441 River Ri Wellsuille N	17000cmze C	00000	908 -6875	
State	to Her			
WELL TYPE	Locate well in two directions from nearest lines of quarter section and drilling unit			
Brine Disposal  Enhanced Recovery  Hydrocarbon Storage	Surface Location 1/4 of Section Township Range			
nonendangemy	ft. from (N/S) Line of quarter section  ft. from (E/W) Line of quarter section.			
)	Latitude	Longi	tude	504 47 A, 59 CSC 47 L
Permit or EPA ID Number PASAR915 APOTAPI Number See Attached Full Well Name Hastings				
	INJECTION PRESSURE		ME INJECTED	FUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
MONTH, YEAR	MAXIMUM PSIG	BBL	MCF	MAXIMUM PSIG
1-2022	<u> </u>			
2-2022	l l			
3-2022				
4-2022	PERSON DE SE			
5-2022				
6-2022				tio set
7-2022				
8-2022	\$1			
4. 2022	2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	50 50 50 50 50 50 50 50 50 50 50 50 50 5		
10-2022		14 TANAN 82 197		
11- 202á	15 to the 60 60 800 1965	0 08886 K 8 8 8		
12-2022				
Certification				
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 (Pleas	av la Pes.	Signatura		5/10/23