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ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

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Ronald M. Tarr 218 Emrick Dr Seneca, PA 16346

LOCATE WELL AND OUTLINE UNIT ON SECTION PLAT — 640 ACRES

NAME AND ADDRESS OF SURFACE OWNER Scalme-COUNTY SURFACE LOCATION DESCRIPTION 14 OF 14 OF 14 SECTION TOWNSHIP RANGE LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT Surface 300 FT From 610 16 P From Harry
Location ft. from (N/S) time of quarter section and _____ft. from (E/W) ____ Line of quarter section WELL ACTIVITY TYPE OF PERMIT ☐ Brine Disposal
☐ Enhanced Recovery
☐ Hydrocarbon Storage ☑ Individual ☐ Area Number of Wells Notation gas Lease Name mandle

Sa, bsono

Luicotion

Montoring

Natural gas

TUBING — CASING ANNULUS PRESSURE

	INJECTION PRESSURE		TOTAL VOLUME INJECTED		(OPTIONAL MONITORING)	
MONTH YEAR	AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
Johns	120	120		864,000		
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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)	SIGNATURE	DATE SIGNED
Royald m Tarr	Rowle molar	01-13-2029

218	ald M. Tarr Emrick Dr eca, PA 16346	0,10	NAME AN	ID ADDRESS OF SURFA	ACE OWNER	
LOCATE WELL AND SECTION PLAT —	OUTLINE UNIT ON 640 ACRES	PA	COUNTY Verenusio		PERMIT NU	MBER R985 Aure
	N	SURFACE LOCA	ATION DESCRIPTION % OF	1/4 SECTION	TOWNSHIP	RANGE
		Surface & C	IN TWO DIRECTIONS OF FROM GOOD ft. from (N/S)	FROM NEAREST LINES	OF QUARTER SECTION A	
w		E Brinanced Hydrocarb	ACTIVITY posal Recovery pon Storage Nu	of querter section TYPE OF PERM Individual Area Imber of Wells	ІІТ	
		Mo	MANdle	well ?	Number 1 NAA	
·	16,6300	HOFING I	DICOTED		patienal Gas	
	INJECTION	PRESSURE TOTAL VOLUME INJECTED		ME INJECTED	TUBING — CASING ANNULUS PRESSUR (OPTIONAL MONITORING)	
MONTH YEAR	AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
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Neco.	1 1	g w		w 19 .		
this documes	r the penalty of law nt and all attachme a information, I beli	that I have person nts and that, base	d on my inquiry	nd am familiar w of those individu	als immediately re	esponsible for

NAME AND OFFICIAL TITLE (Please type or print)

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