

United States Environmental Protection Agency

ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT									
Name, Address, Phone and/o Rocksauce Operating 1851 North Rd McDonald, PA 15057 724-693-9266	r Email of Permittee								
State		County							
Pennsylvania Allegheny									
WELL TYPE  □ Brine Disposal  ✓ Enhanced Recovery  □ Hydrocarbon Storage	Surface Location  1/4 of 1/4  ft. from (N/S)  ft. from (E/W)	1/4 of 1/4 of Section Township Range  ft. from (N/S) Line of quarter section							
	Latitude 40.401910 Longitude -80.212930								
Permit or EPA ID Number	AS2R308AALL AP	3700320036	Full Well Name	B Herron 10					
	INJECTION PRESSURE	TOTAL VOLUI	ME INJECTED	TUBING CASING ANNULUS PRESSURE IF SPECIFIED IN PERMIT					
MONTH, YEAR	MAXIMUM PSIG	BBL	MCF	MAXIMUM PSIG					
January-2023	24	0	6510						
February-2023	25	0	5880						
March-2023	26	0	6510						
April-2023	28	0	6300						
May-2023	28	0	5460						
June-2023	30	0	6090						
July-2023	30	0	5670						
August-2023	26	0	6510						
September-2023	26	0	6300						
October-2023	26	0	6510						
November-2023	24	0	6300						
December-2023	23	0	6405						
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)  Matthew Warner									
COO		Mak	-Wa	33.37.2					



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State			County						
Pennsylvania			Allegheny						
WELL TYPE  □ Brine Disposal  ✓ Enhanced Recovery  □ Hydrocarbon Storage	Locate well in two directions from nearest lines of quarter section and drilling unit  Surface Location  1/4 of 1/4 of Section Township Range  ft. from (N/S) Line of quarter section  ft. from (E/W) Line of quarter section.								
	Latitude 40.404520		Longitue	de 80.2	11980				
Permit or EPA ID Number	AS2R308AALL AP	Number 37003	300900		Full Well Name J J M	atthews 3			
	INJECTION PRESSURE		TOTAL VOLUM	E INJECT	ED	TUBING CASING ANNULUS PRESSURE IF SPECIFIED IN PERMIT			
MONTH, YEAR	MAXIMUM PSIG	BE	BL		MCF	MAXIMUM PSIG			
January-2023	18	0		2790					
February-2023	18	0		2520					
March-2023	19	0		2790					
April-2023	20	0		2700					
May-2023	20	0		2610					
June-2023	20	0		2340					
July-2023	20	0		2610					
August-2023	20	0		2790					
September-2023	20	0		2700					
October-2023	19	0		2790					
November-2023	18	0		2700					
December-2023	18	0		2745					
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 (Plea	se type or print)	Signature			1	Date Signed			
Matthew Warner COO			fat-	-W		01/09/24			