					OMB No. 2040-0	042 Approva	al Expires 12	2/31/2018	
<b>≎EPA</b>	ANNUAL DI			n, DC 20460		ING REP	ORT		
Name and Address of E	xisting Permittee				Idress of Surface				
Kcs Energy Inc. P.O. Box 187 Warren	n Pa, 16365			U. S. Forest Warren Pa,	Service-Alleg 16365	heny National	Forest		
Locate Well and Outline Unit on			State County				Permit Number		
Section Plat - 640 Acres			Pennsylvania Warren Surface Location Description				PAS2R90	09BWAR	
N			1/4 of 1/4 of 1/4 of 1/4 of Section Township Range						
Li_Li	_Li_Li.	_   -			om nearest lines				
			urface	o un ections ii	om nearest mies	or quarter sec	tion and un	ining unit	
		-1 1	Location ft. frm (N/S) Line of quarter section and ft. from (E/W) Line of quarter section.						
<b></b>	<b></b>	_ a							
w <del>         </del>	<del>           </del>	- E	WELL ACTIV	TITY	TYPE OF P	ERMIT			
<b>-</b> + - <b>-</b> +		-	Brine Dis	•	Individu	ıal			
F-++		_		d Recovery rbon Storage	Area Number of	Wells			
<u> </u>	_	_					. 12		
			Lease Name	Bright Wolfe	, Lot 443	Well Nu	imber 13	- Variation of the state of the	
	S								
INJECTION PRESSURE			TOTAL VOLUME INJECTED			TUBING CASING ANNULUS PRESSURE (OPTIONAL MONITORING)			
MONTH YEAR	AVERAGE PSIG	MAXIMUM PS	SIG	BBL	MCF	MINIMU	JM PSIG	MAXIMUM PSIG	
January-2023	0	0	0						
February-2023	0	0	0						
March-2023	0	0	0						
April-2023	508	545	39						
May-2023	593	625	93						
June-2023	603	615	50						
July-2023	596	615	62						
August-2023	596	610	54						
September-2023	599	615	30						
October-2023	595	595	4						
November-2023	521	545	38						
December-2023	587	620	56						
			Certif	ication					
attachments and	he penalty of law that I d that, based on my in rue, accurate, and com	quiry of those inc	examined and a dividuals immed	ım familiar witl diately respons	sible for obtaining	g the informati	on, I believe	e that the	
	ne and imprisonment.					_			

Signature

EPA Form 7520-11 (Rev. 12-11)

Casey J. Moyer VP.

Name and Official Title (Please type or print)

1/12/24

United States Environmental Protection Agency Washington, DC 20460

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<b>⇔EPA</b>	ANNUAL DI	SPOSAL/INJ		N WELL	MONITORI	NG REP	ORT	
Name and Address of E Kcs Energy Inc. P.O. Box 187 Warren	Name and Address of Surface Owner U. S. Forest Service-Allegheny National Forest Warren Pa, 16365							
Locate Well and Outline Unit on Section Plat - 640 Acres			sylvania		County Warren		Permit Number PAS2R909BWAR	
:	Surfac	Surface Location Description						
	N I I I	7 4	1/4 of1/4 of1/4 ofTownship Range					
		Locate Surfac Locate and	ce ionft.	frm (N/S)	om nearest lines of Line of quarter se	ction	tion and d	rilling unit
w <del>  i i i</del>	<del>-                                      </del>	- E V	VELL ACTIV	ITY	TYPE OF PER	RMIT		, , , , , , , , , , , , , , , , , , ,
	- <b> </b> -   -   -   -   -   -   -   -   -   -	-     <u> </u>		posal d Recovery rbon Storage	Individua Area Number of W			
	_	-    ,	ease Name	Bright Wolfe	Lot 443	Well Nu	mber 09	
			ease Name	Digit Wolfe	, 200 113	Well No.	mber [52	
	s							
	INJECTION	I PRESSURE	Ą	TOTAL VOLUM	E INJECTED			ANNULUS PRESSURE MONITORING)
MONTH YEAR	AVERAGE PSIG	MAXIMUM PSIG		BBL	MCF	MINIMU	JM PSIG	MAXIMUM PSIG
January-2023	579	620	53					
February-2023	584	605	34					
March-2023	600	625	61					
April-2023	587	620	48					
May-2023	489	540	11					
June-2023	600	610	37					
July-2023	605	630	53					
August-2023	613	620	48					
September-2023	609	630	49					
October-2023	602	615	42					
November-2023	601	620	35					
December-2023	600	620	44					
attachments and information is tr	e penalty of law that I I that, based on my ind ue, accurate, and com e and imprisonment.	uiry of those individ plete. I am aware tha	nined and a uals immed	liately respons	sible for obtaining	the informati	on, I belie	ve that the
Name and Official Title Casey J. Moyer VP.	(Please type or print)		Signature					Date Signed