UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 **Ş**EPA ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT NAME AND ADDRESS OF SURFACE OWNER NAME AND ADDRESS OF EXISTING PERMITTEE TARRATARA OIL PRODUCTION 218 EMRICK PRIVE Seneca, PA 16346 SAME COUNTY PERMIT NUMBER STATE LOCATE WELL AND OUTLINE UNIT ON VeNAN60 SECTION PLAT -- 640 ACRES SURFACE LOCATION DESCRIPTION **4 SECTION** LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT Surface 300 FT FROM 6, 65000 (80 FT FROM HORN Location ____ tt. from (N/S) ___ Line of quarter section Line of quarter section ft. from (E/W) _ TYPE OF PERMIT WELL ACTIVITY ☐ Brine Disposal ☑ Individual Area
Number of Wells ☐ Enhanced Recovery ☐ Hydrocarbon Storage NATURAL GAS Lease Name MANDLe 2 HORA NATURAL GAS TUBING - CASING ANNULUS PRESSURE TOTAL VOLUME INJECTED (OPTIONAL MONITORING) INJECTION PRESSURE MINIMUM PSIG MAXIMUM PSIG MONTH YEAR AVERAGE PSIG MAXIMUM PSIG BBL 11 [[11 11 // 11 11 11 11 11 // // II **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) 406-11-10

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **\$**EPA WASHINGTON, DC 20460 ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT NAME AND ADDRESS OF EXISTING PERMITTEE

TARR & TARR OIL PRODUCTION

218 EMRICIS DR. NAME AND ADDRESS OF SURFACE OWNER SENECA, PA 16346 STATE COUNTY PERMIT NUMBER LOCATE WELL AND OUTLINE UNIT ON PA 52R 985AU EN SECTION PLAT - 640 ACRES SURFACE LOCATION DESCRIPTION 14 SECTION LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT Surface 600 FT FROM 616500 200 FT. FROM HORNO Location ______ th. from (N/S) ____ Line of quarter section ft. from (E/W) ____ Line of quarter section WELL ACTIVITY TYPE OF PERMIT ☐ Brine Disposal ☐ Enhanced Recovery Individual Ε □ Area Number of Wells 2 ☐ Hydrocarbon Storage Lease Name MONITURING INJECTION 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 000 11 11 11 11 11 [[11 11 // 11 11 Π 11 11 11 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) DATE SIGNED Ron NO M tary