OMB No. 2040-0042

Approval Expires 4/30/2022

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United States Environmental Protection Agency

≎EPA ANN	IUAL CLASS II DISI	POSAL/IN.	JECTION	WELL MONITORIN	NG REPORT
Name, Address, Phone and/or Kcs Energy Inc. P.O. Box 187 Warren (814)723-4672	Email of Permittee				
State Pennsylvania			County Warren		
WELL TYPE	Locate well in two direction	is from nearest li	nes of quarter s	ection and drilling unit	
Brine Disposal ★ Enhanced Recovery Hydrocarbon Storage	Surface Location 1/4 of 1/4	4 of Section	Township	Range	
	ft. from (N/S) ft. from (E/W)		f quarter section f quarter section		
	Latitude		Longitud	le	
Permit or EPA ID Number PA	S2R909BWAR AP	l Number		Full Well Name Brig	ht Wolfe lot 443 #13
	INJECTION PRESSURE		TOTAL VOLUME	INJECTED	TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
MONTH, YEAR	MAXIMUM PSIG	ВВІ	L	MCF	MAXIMUM PSIG
January 2024	0	0			P
February 2024	0	0			
March 2024	537	18			
April 2024	425	2			
May 2024	569	86			
June 2024	607	52			
July 2024	605	49			
August 2024	606	49			
September 2024	605	46			
October 2024	599	21			
November 2024	588	42			
December 2024	585	2			
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 <i>(Please</i> Casey J. Moyer Vice President	e type or print)	Signature		7	Date Signed

OMB No. 2040-0042

Approval Expires 4/30/2022

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United States Environmental Protection Agency

ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

Name, Address, Phone and/or Email of	Permittee
Kcs Energy Inc.	
P.O. Box 187 Warren	
(814)723-4672	

State Pennsylvania		County Warren	
WELL TYPE Brine Disposal Enhanced Recovery Hydrocarbon Storage		et lines of quarter section and drilling unit Township Range of quarter section of quarter section.	
	Latitude	Longitude	

Permit or EPA ID Number PAS2R909BWAR

API Number

Full Well Name Bright Wolfe lot 443 #09

	INJECTION PRESSURE	TOTAL VOLUM	E INJECTED	TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
MONTH, YEAR	MAXIMUM PSIG	BBL	MCF	MAXIMUM PSIG
January 2024	615	32		
February 2024	610	21		
March 2024	630	55		
April 2024	620	48		
May 2024	620	66		
June 2024	610	68		
July 2024	605	62		
August 2024	605	66		
September 2024	610	65		
October 2024	600	27		
November 2024	630	59		
December 2024	620	40		

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
Casey J. Moyer Vice President		1-13-25