OMB No. 2040-0042 Approval Expires 12/31/2026

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⊕EPA	ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT									
Name, Address, Phone	and/or Email of Permittee									
Bear Lake Propertie 5459 State Route 29 Springville, PA 188										
State			County	•						
Pennsylvania			Warren							
WELL TYPE	w	Locate we	Locate well in two directions from nearest lines of quarter section and drilling unit							
✓ Brine Disposal		Surface Lo	Surface Location							
Enhanced Recovery			1/4 of 1/4 of Section 3 Township Colum Range							
Hydrocarbon Sto	•									
INJECTATE DESCRIF	TION			ne of quarter section						
			ft from (E/W) Li	ne of quarter section.						
Production flu	uids(brine), salt wa	Latitude 41.9	997336	Longitude -7	9.541092					
Permit or EPA ID Nun	nber PAS2D215BWAR	API Number 3	7 123 39874	Full Well Name Bittin	iger #4					
	INJECTION PR	ESSURE	TOTAL VOLUME INJECTE	D	TUBING — CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)					
MONTH, YEAR	MAXIMUM PSIG	BBL	GALLONS	MCF	MAXIMUM PSIG					
January-2024	1589	2,676			200					
February-2024	1508	1,906			150					
March-2024	1674	2,821			50					
April-2024	1584	1,574			100					
May-2024	1576	2,463			100					
	- 									

MONTH, YEAR	INJECTION PRESSURE		TOTAL VOLUME INJECTED		ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
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March-2024	1674	2,821			50
April-2024	1584	1,574			100
May-2024	1576	2,463			100
June-2024	1592	1,925			80
July-2024	250	83			10
August-2024	1600	1,072			30
September-2024	1680	2,309			0
October-2024	1620	1,617			1490
November-2024	1460	1,006			960
December-2024	1465	1,316			150

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)

Authorized Signatory and Official Title (Please type or print)	Signature	Date Signed
Kenneth Scavone Prosident	Kut Sur	1-28-35