

ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

Name, Address, Phone and/or Email of Permittee

W Bucher Producing Corp
1441 River Rd
Wellsville NY 14895

State

PA

County

Butter

WELL TYPE

Brine Disposal

Enhanced Recovery

Hydrocarbon Storage

INJECTATE DESCRIPTION

Inactive
nonendangering

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

Longitude

Permit or EPA ID Number

PAS2R915A001

API Number

See Attached

Full Well Name

Hastings

INJECTION PRESSURE

TOTAL VOLUME INJECTED

TUBING - CASING
ANNULUS PRESSURE
(IF SPECIFIED IN PERMIT)

MONTH, YEAR	MAXIMUM PSIG	BBL	GALLONS	MCF	MAXIMUM PSIG
1-24	0	0			
2-24					
3-24					
4-24					
5-24					
6-24					
7-24					
8-24					
9-24					
10-24					
11-24					
12-24					

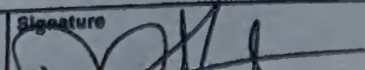
Certification

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)

Daniel Starobn

Signature



Date Signed

2/25/25