0.584		United S	tates Environmental Prot	ection Agency	
SEPA <sup>A</sup>	NNUAL CLASS	II DISPOSAL	/INJECTION W		NG REPORT
Name, Address, Phone ar Red Jacket Energy, LL 7793 Pittsburg Ave. N North Canton, Ohio 44 O: 330-494-1221 C: 330-506-2513	.C W				
State			County		
Pennsylvania			McKean		
WELL TYPE		Locate w	ell in two directions from	n nearest lines of quarter s	ection and drilling unit
Brine Disposal		Surface	ocation		
Enhanced Recovery		Gundou	1/4 of 1/4 of S	ection Township	Otto Range
Hydrocarbon Storag				· · · · ·	land the second s
INJECTATE DESCRIPTION	ИС		ft. from (N/S) ft. from (E/W)	Line of quarter section	
		Latitude		Longitude	
Permit or EPA ID Numbe	r	API Number	083-24929	Full Well Name Bro	wn #1
	INJECTION PRE	SSURE	TOTAL VOLUME IN.	JECTED	TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
MONTH, YEAR	MAXIMUM PSIG	BBL	GALLONS	MCF	MAXIMUM PSIG
January-2024	750	630			
February-2024	750	630			
March-2024	750	630			
April-2024	750	630		L	
Мау-2024	750	630			
June-2024	750	630			
July-2024	750	630			
August-2024	750	630			
September-2024	750	630			
October-2024	750	630			
November-2024	750	630		1	
December-2024	750	630			
attachments and th information is true, the possibility of flu	at, based on my inquiry of accurate, and complete. ne and imprisonment. (Re	ersonally examined a 7 those individuals im I am aware that there f. 40 CFR § 144.32)	mediately responsible fo are significant penalties	formation submitted in thi or obtaining the information for submitting false inform	n, I believe that the nation, including
at the second states and the second states and	d Official Title (Please typ	e or print) Signate	ire		Date Signed
Todd Suckow Authorized Agent					01/30/25

EPA Form 7520-11 (Rev. 12-23)

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

United States Environmental Protection Agency

## ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

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Name, Address, Phone ar Red Jacket Energy, LL 7793 Pittsburg Ave. N North Canton, Ohio 44 O: 330-494-1221 C: 330-506-2513	C W								
State County									
Pennsylvania									
WELL TYPE Locate well in two directions from nearest lines of quarter section and drilling unit									
Brine Disposal Surface Location									
Image: Contract of the section     I/4 of the section     Township Otto     Range									
INJECTATE DESCRIPTION  ft. from (N/S) Line of quarter section  ft. from (E/W) Line of quarter section.									
Latitude									
Permit or EPA ID Numbe	r		API Number 083-	24294	Full Well Name Brow	n 3			
	INJECTION PRI	ESSURI	E	TOTAL VOLUME INJEC	ſED	TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)			
MONTH, YEAR	MAXIMUM PSIG		BBL	GALLONS	MCF	MAXIMUM PSIG			
January-2024	0	0	al the sector of the sector of the sector of the						
February-2024	0	0							
March-2024		0	an (al 1819), ann an Aonaichtean an Ann ann a						
April-2024	0	0							
May-2024		0							
June-2024		0							
July-2024	0	0							
August-2024	0	0	in di cana ana ana ang ang ang ang ang ang ang						
September-2024	0	0							
October-2024	0	0	ny a dife ying an AS 332 dia many - 1 - 1 ying a papa gina gina gina gina gina gina gina gin						
November-2024	0	0							
December-2024		0	2 2 2 . 7 . 7 . 9 . 9						
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	d Official Title (Please ty	pe or p	rint) Signature	0		Date Signed			
Todd Suckow Authorized Agent						01/30/24			
EPA Form 7520-11 (Rev. 1)	0.001	-							

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

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\$€PA	ANNUAL CLASS	S II DISP		Environmental Protec		ORING	REPORT
Name, Address, Phon Red Jacket Energy, 7793 Pittsburg Ave North Canton, Ohio O: 330-494-1221 C: 330-506-2513	. NW						
State				County			
Pennsylvania				McKean			
WELL TYPE		1	Locate well in	two directions from (	nearest lines of o	uarter sectio	n and drilling unit
Brine Disposal			Surface Locati				-
Enhanced Recov	-				tion To	wnship Otto	Range
Hydrocarbon Sto	-		<u> </u>	ft. from (N/S)	Line of quarter		
		La	litude		Long	ltude	
Permit or EPA ID Nun	nber	API	Number 083-2	24930	Full Well Na	me Brown W	/ 2
	INJECTION PR	ESSURE		TOTAL VOLUME INJE	CTED		TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
MONTH, YEAR	MAXIMUM PSIG		BBL	GALLONS	M	ICF	MAXIMUM PSIG
January-2024		630	יינער ענוני איז איז איז אראנער בי אבריאר אלאט ארא				
February-2024	700	630					
March-2024	700	630	an anna an an ann an an an an an an an a				
April-2024	700	630					
May-2024	700	630					
June-2024	700	630					
July-2024	700	630					
August-2024	700	630		· · · · · · · · · · · · · · · · · · ·			
September-2024	700	630					
October-2024	700	630				a anna a' san tanta an an Araba an Araba an Anna An	
November-2024	700	630					
December-2024	700	630					
attachments and information is tr	he penalty of law that I have d that, based on my inquiry rue, accurate, and complete if fine and imprisonment. (I	of those indi	viduals immedi that there are s	n familiar with the infe ately responsible for	obtaining the Inf	ormation, I be	lieve that the
Authorized Signatory	and Official Title (Please t)	ype or print)	Signature				Date Signed
Todd Suckow			1	~			01/30/24

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

United States Environmental Protection Agenc		United	States	Environmental	Protection	Agency	1
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## ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

Name, Address, Phone ar Red Jacket Energy, LL 7793 Pittsburg Ave. N North Canton, Ohio 44 O: 330-494-1221 C: 330-506-2513	C W	-		_				
State County								
Pennsylvania McKean								
WELL TYPE         Locate well in two directions from nearest lines of quarter section and drilling unit								
Brine Disposal Surface Location								
Image: Provide the section     Image: Provide the section     Image: Provide the section     Image: Provide the section       Image: Provide the section     Image: Provide the section     Image: Provide the section     Image: Provide the section								
INJECTATE DESCRIPTION ft. from (N/S) Line of quarter section								
ft. from (N/S) Line of quarter section								
Latitude								
Permit or EPA ID Numbe	r	API	Number 083	6-08	3654	F	ull Well Name Brown	W 4
	INJECTION PRI	ESSURE			TOTAL VOLUME INJE	CTED		TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
MONTH, YEAR	MAXIMUM PSIG	E	BL		GALLONS		MCF	MAXIMUM PSIG
January-2024	650	630	an a					
February-2024	650	630						
March-2024	larch-2024 650 630							
April-2024	650	630						
May-2024	650	630	2.44.155 ···································					
June-2024	650	630						
July-2024	650	630	anti, ao amin' na minina					
August-2024	650	630						
September-2024	650	630						
October-2024	650	630						putter for second
November-2024	650	630			stanisticature concentrations		وروبين المعروبين	P 2010 1 41 5 10 10 10 10 10 10
December-2024	650	630						
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 Todd Suckow Authorized Agent	the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)           Authorized Signatory and Official Title (Please type or print)         Signature         Date Signed           Todd Suckow         01/30/24         01/30/24         01/30/24							

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			OMB No	. 2040-0042 Approval E	<b>Expires 12/31/2026</b>
≎epa	ANNUAL CLAS		ates Environmental Protecti		G REPORT
Name, Address, Phon. Red Jacket Energy, 7793 Pittsburg Ave North Canton, Ohio O: 330-494-1221 C: 330-506-2513	. NW				
State			County		
Pennsylvania			McKean		
WELL TYPE		Locate we	Il in two directions from ne	arest lines of quarter sec	tion and drilling unit
🔲 Brine Disposal		Surface Lo	ocation		
Enhanced Recov			1/4 of Sect	ion Township Of	tto Range
Hydrocarbon Sto	-			Research an "Income	
INJECTATE DESCRI	FILON		ft. from (N/S)	Line of quarter section	
		Latitude		Longitude	
Permit or EPA ID Num	nber	API Number 08	83-27643	Full Well Name Brown	1 W 9
	INJECTION PR	ESSURE	TOTAL VOLUME INJEC	TED	TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT
MONTH, YEAR	MAXIMUM PSIG	BBL	GALLONS	MCF	MAXIMUM PSIG
January-2024	0		Studio .		
February-2024	0	0			
March-2024	0	0			
April-2024	0	0			
May-2024	0				
June-2024					
July-2024	0	0			

## 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
Todd Suckow		01/30/24
Authorized Agent	19	L

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August-2024

September-2024

November-2024

December-2024

October-2024

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United States Environmental Protection Agency

## ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

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Name, Address, Phone au Red Jacket Energy, LL 7793 Pittsburg Ave. N North Canton, Ohio 44 O: 330-494-1221 C: 330-506-2513	.C W						
State				County			
Pennsylvania				McKean			
WELL TYPE			Locate well in	two directions from n	earest lines of	quarter sectio	on and drilling unit
Brine Disposal			Surface Locati	on			
Enhanced Recovery			1/4 0	f 1/4 of Sec	tion T	ownship Otto	Range
INJECTATE DESCRIPTION	ИС			t. from (N/S)	Line of quarte Line of quarte		
		Lat	itude		Lon	gitude	
Permit or EPA ID Numbe	r	API	Number 083-2	9145	Full Well Na	me Brown V	V 13
	INJECTION PR	ESSURE		TOTAL VOLUME INJEC	TED		TUBING - CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
MONTH, YEAR	MAXIMUM PSIG	6	3BL	GALLONS	N	NCF	
January-2024	850	630					
February-2024	850	630					
March-2024	850	630					
April-2024	850	630					
May-2024	850	630					
June-2024	850	630				*	
July-2024	,850	630					
August-2024	850	630					
September-2024	850	630					
October-2024	850	630				- 185 - yn 185 in - en after de yfdel Miller) af a'	
November-2024	850	630					
December-2024	850	630	CONTRACTOR AND	775-8444 PEAK BER A.K. MARKEN AND AND AND AND AND AND AND AND AND AN			
attachments and th information is true,	enalty of law that I have at, based on my inquiry accurate, and complete. le and imprisonment. (F	of those indiv I am aware	viduals immedia that there are s	familiar with the info itely responsible for o	btaining the ini	formation, I be	elieve that the
Authorized Signatory and	d Official Title (Please ty	pe or print)	Signature				Date Signed
Todd Suckow Authorized Agent			T				01/30/24
EPA Form 7520-11 (Rev. 1	2-23)						

OMB No. 2040-0042	Approval Expires 12/31/2026
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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 Red Jacket Energy, LLC 7793 Pittsburg Ave. NW North Canton, Ohio 44720 O: 330-494-1221 C: 330-506-2513								
State         County           Pennsylvania         McKean								
WELL TYPE       Locate well in two directions from nearest lines of quarter section and drilling unit         Brine Disposal       Surface Location         Enhanced Recovery       1/4 of 1/4 of Section Township Otto Range         Hydrocarbon Storage       1/4 of ft. from (N/S)         INJECTATE DESCRIPTION       ft. from (N/S)         Line of quarter section         ft. from (E/W)								
Latitude Longitude								
Permit or EPA ID Number     API Number     083-29438     Full Well Name     Brown W 14								
						TUBING CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)		
MONTH, YEAR	MAXIMUM PSIG	BI	3L	GALLONS	MCF	MAXIMUM PSIG		
January-2024	800	630						
February-2024	800	630						
March-2024 800 630								
April-2024								
May-2024	800	630						
June-2024	800	530						
July-2024	800	530						
August-2024	800	530						
September-2024	800	530						
October-2024	800	530						
November-2024	800	530						
December-2024								
December-2024       800       630         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		
Todd Suckow Authorized Agent			1	h		01/30/24		
EPA Form 7520-11 (Rev. 12	201		0					