

United States Environmental Protection Agency

EPA **ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT**

Name, Address, Phone and/or Email of Permittee
 Bull Run Resources LLC
 200 Liberty St, STE 20
 Warren, PA 16365
 Justin@bullrunenergy.com

State Pennsylvania **County** McKean

WELL TYPE
 Brine Disposal
 Enhanced Recovery
 Hydrocarbon Storage

INJECTATE DESCRIPTION
 Conventional Brine, No additives

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 41.838731 Longitude 78.718667

Permit or EPA ID Number PAS2R450BMCK **API Number** 37-083-55309 **Full Well Name** Curtis Lot 2 L2 #12

| MONTH, YEAR | INJECTION PRESSURE | | TOTAL VOLUME INJECTED | | TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT) |
|----------------|--------------------|------|-----------------------|-----|--|
| | MAXIMUM PSIG | BBL | GALLONS | MCF | MAXIMUM PSIG |
| January-2024 | 1500 | 2000 | 84017 | N/A | 0 |
| February-2024 | 1600 | 2467 | 103606 | N/A | 0 |
| March-2024 | 1550 | 2815 | 118240 | N/A | 0 |
| April-2024 | 1600 | 3339 | 140232 | N/A | 0 |
| May-2024 | 1550 | 2757 | 115800 | N/A | 0 |
| June-2024 | 1550 | 3240 | 136100 | N/A | 0 |
| July-2024 | 1600 | 1757 | 73800 | N/A | 0 |
| August-2024 | 1500 | 2069 | 86900 | N/A | 0 |
| September-2024 | 1475 | 3321 | 139500 | N/A | 0 |
| October-2024 | 1500 | 3674 | 154300 | N/A | 0 |
| November-2024 | 1450 | 2231 | 93700 | N/A | 0 |
| December-2024 | 1400 | 2927 | 122922 | N/A | 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) Justin Hansen VP-Operations **Signature**  **Date Signed** 01/29/26

| United States Environmental Protection Agency ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name, Address, Phone and/or Email of Permittee Bull Run Resources LLC 200 Liberty St, STE 20 Warren, PA 16365 Justin@bullrunenergy.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Pennsylvania | | | County McKean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WELL TYPE <input type="checkbox"/> Brine Disposal <input checked="" type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage INJECTATE DESCRIPTION Conventional Brine, No additives | | 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 <input type="text" value="41.838772"/> | | Longitude <input type="text" value="78.716258"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permit or EPA ID Number <input type="text" value="PAS2R450BMCK"/> | | API Number <input type="text" value="37-083-55310"/> | | Full Well Name <input type="text" value="Curtis Lot 2 L2 #13"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">MONTH, YEAR</th> <th rowspan="2">INJECTION PRESSURE MAXIMUM PSIG</th> <th rowspan="2">TOTAL VOLUME INJECTED BBL</th> <th rowspan="2">TOTAL VOLUME INJECTED GALLONS</th> <th rowspan="2">TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT) MCF</th> <th rowspan="2">TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT) MAXIMUM PSIG</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>January-2025</td><td>1625</td><td>175</td><td>7336</td><td>N/A</td><td>0</td></tr> <tr><td>February-2025</td><td>1475</td><td>19</td><td>803</td><td>N/A</td><td>0</td></tr> <tr><td>March-2025</td><td>1675</td><td>705</td><td>29596</td><td>N/A</td><td>0</td></tr> <tr><td>April-2025</td><td>1700</td><td>840</td><td>35268</td><td>N/A</td><td>0</td></tr> <tr><td>May-2025</td><td>1700</td><td>509</td><td>21378</td><td>N/A</td><td>0</td></tr> <tr><td>June-2025</td><td>1725</td><td>1239</td><td>52024</td><td>N/A</td><td>0</td></tr> <tr><td>July-2025</td><td>1725</td><td>1479</td><td>62135</td><td>N/A</td><td>0</td></tr> <tr><td>August-2025</td><td>1750</td><td>1289</td><td>54136</td><td>N/A</td><td>0</td></tr> <tr><td>September-2025</td><td>1750</td><td>1597</td><td>67056</td><td>N/A</td><td>0</td></tr> <tr><td>October-2025</td><td>1750</td><td>1221</td><td>51275</td><td>N/A</td><td>0</td></tr> <tr><td>November-2025</td><td>1750</td><td>1120</td><td>47054</td><td>N/A</td><td>0</td></tr> <tr><td>December-2025</td><td>1700</td><td>317</td><td>13312</td><td>N/A</td><td>0</td></tr> </tbody> </table> | | | | | | MONTH, YEAR | INJECTION PRESSURE MAXIMUM PSIG | TOTAL VOLUME INJECTED BBL | TOTAL VOLUME INJECTED GALLONS | TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT) MCF | TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT) MAXIMUM PSIG | | | | | January-2025 | 1625 | 175 | 7336 | N/A | 0 | February-2025 | 1475 | 19 | 803 | N/A | 0 | March-2025 | 1675 | 705 | 29596 | N/A | 0 | April-2025 | 1700 | 840 | 35268 | N/A | 0 | May-2025 | 1700 | 509 | 21378 | N/A | 0 | June-2025 | 1725 | 1239 | 52024 | N/A | 0 | July-2025 | 1725 | 1479 | 62135 | N/A | 0 | August-2025 | 1750 | 1289 | 54136 | N/A | 0 | September-2025 | 1750 | 1597 | 67056 | N/A | 0 | October-2025 | 1750 | 1221 | 51275 | N/A | 0 | November-2025 | 1750 | 1120 | 47054 | N/A | 0 | December-2025 | 1700 | 317 | 13312 | N/A | 0 |
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| April-2025 | 1700 | 840 | 35268 | N/A | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-2025 | 1700 | 509 | 21378 | N/A | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June-2025 | 1725 | 1239 | 52024 | N/A | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July-2025 | 1725 | 1479 | 62135 | N/A | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August-2025 | 1750 | 1289 | 54136 | N/A | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September-2025 | 1750 | 1597 | 67056 | N/A | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| December-2025 | 1700 | 317 | 13312 | N/A | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Authorized Signatory and Official Title <i>(Please type or print)</i> Justin Hansen VP-Operations | | | Signature | | Date Signed <input type="text" value="01/29/26"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |