



United States Environmental Protection Agency  
Washington, DC 20460

## ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

<b>Name and Address of Existing Permittee</b> Bear Lake Properties, LLC, 5319 Main Road, PO Box 224, Sweet Valley, PA 18656	<b>Name and Address of Surface Owner</b> Sampsel, 8253 Pangan Rd., Erie, PA 16509
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<b>Locate Well and Outline Unit on Section Plat - 640 Acres</b>  	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">State PA</td> <td style="width: 25%;">County Warren</td> <td style="width: 50%;">Permit Number PAS2D216BWAR</td> </tr> <tr> <td colspan="3">Surface Location Description                  ___ 1/4 of ___ 1/4 of ___ 1/4 of t ___ 1/4 Section ___ Township ___ Range ___             </td> </tr> <tr> <td colspan="3">                 locate well in two directions from nearest lines of quarter section and drilling unit                  Surface <u>2,189 ft south and 9 ft west of NE corner of map section</u>                  Location ___ ft. frm (N/S) ___ Line of quarter section                  and ___ ft from (E/W) ___ Line of quarter section.             </td> </tr> <tr> <td> <b>WELL ACTIVITY</b>  <input checked="" type="checkbox"/> Brine Disposal  <input type="checkbox"/> Enhanced Recovery  <input type="checkbox"/> Hydrocarbon Storage             </td> <td> <b>TYPE OF PERMIT</b>  <input checked="" type="checkbox"/> Individual  <input type="checkbox"/> Area                  Number of Wells ___             </td> <td style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid blue; padding: 5px; color: blue;">                     RECEIVED                      EPA REGION III                      FEB 01 2018                      GROUND WATER &amp; ENFORCEMENT                      (3WP22)                 </div> </td> </tr> <tr> <td colspan="2">Lease Name <u>Bittinger</u></td> <td>Well Number <u>1</u></td> </tr> </table>	State PA	County Warren	Permit Number PAS2D216BWAR	Surface Location Description ___ 1/4 of ___ 1/4 of ___ 1/4 of t ___ 1/4 Section ___ Township ___ Range ___			locate well in two directions from nearest lines of quarter section and drilling unit Surface <u>2,189 ft south and 9 ft west of NE corner of map section</u> Location ___ ft. frm (N/S) ___ Line of quarter section and ___ ft from (E/W) ___ Line of quarter section.			<b>WELL ACTIVITY</b> <input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage	<b>TYPE OF PERMIT</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Area Number of Wells ___	<div style="border: 1px solid blue; padding: 5px; color: blue;">                     RECEIVED                      EPA REGION III                      FEB 01 2018                      GROUND WATER &amp; ENFORCEMENT                      (3WP22)                 </div>	Lease Name <u>Bittinger</u>		Well Number <u>1</u>
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		INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING)	
MONTH	YEAR	AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
January-2017		1600	1630	87	0.048	120	70
February-2017		1590	1660	264	1.485	75	130
March-2017		1600	1650	236	1.327	80	130
April-2017		1610	1650	179	1.005	110	140
May-2017		1630	1660	367	2.060	120	150
June-2017		1620	1650	512	2.874	130	160
July-2017		1620	1650	196	1.104	140	160
August-2017		1620	1645	108	0.607	140	160
September-2017		1600	1630	57	0.320	130	160
October-2017		1610	1640	42	0.260	120	160
November-2017		1590	1620	5	0.029	80	160
December-2017		1590	1620	67	0.378	80	120

**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)

<b>Name and Official Title (Please type or print)</b> John A. Conrad	<b>Signature</b> 	<b>Date Signed</b> 01/31/18
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*Total LBS = 2120*  
*P-Max =*

*Compliance Review completed*  
*WHS updated pm*  
*date 2/19/18*