

United States Environmental Protection Agency



ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

Name, Address, Phone and/or Email of Permittee

Bear Lake Properties, LLC
 5459 State Route 29 Springville, PA 18844
 570-737-3075
 Kenneths@kendra2.com

State Pennsylvania	County Warren
----------------------------------	-----------------------------

WELL TYPE <input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage	Locate well in two directions from nearest lines of quarter section and drilling unit Surface Location [] 1/4 of [] 1/4 of Section 3 Township Columb Range [] [] ft. from (N/S) [] Line of quarter section [] ft. from (E/W) [] Line of quarter section. Latitude 41.997282 Longitude -79.535427
--	---

Permit or EPA ID Number PAS2D217BWAR API Number 37 123 33944 Full Well Name Bittinger #2

MONTH, YEAR	INJECTION PRESSURE	TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
	MAXIMUM PSIG	BBL	MCF	MAXIMUM PSIG
JAN-2021	1650	4,120	[]	600
FEB-2021	1640	8,850	[]	20
MAR-2021	1620	6,355	[]	200
APR-2021	1440	4,500	[]	200
MAY-2021	1520	4,787	[]	200
JUN-2021	1580	5,702	[]	400
JUL-2021	1600	1,317	[]	380
AUG-2021	1656	3,046	[]	50
SEP-2021	1650	1,767	[]	50
OCT-2021	1600	0	[]	200
NOV-2021	1400	0	[]	100
DEC-2021	1640	2,860	[]	50

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)

Name and Official Title (Please type or print) Kenneth Scavone Managing Member	Signature 	Date Signed 1/13/2022
---	----------------------	---------------------------------