

United States Environmental Protection Agency



## ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

**Name, Address, Phone and/or Email of Permittee**

Danken-SamMar, LLC  
 5459 State Route 29  
 Springville, PA 18844

<b>State</b> Pennsylvania	<b>County</b> Clearfield
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<b>WELL TYPE</b>	<b>Locate well in two directions from nearest lines of quarter section and drilling unit</b>		
<input checked="" type="checkbox"/> Brine Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage	<b>Surface Location</b>		
	1/4 of	1/4 of Section 4	Township Housto Range
	ft. from (N/S)	Line of quarter section	
	ft. from (E/W)	Line of quarter section.	
	Latitude 41.182858	Longitude -78.583278	

**Permit or EPA ID Number** PAS2D030BCLE      **API Number** 37 033 27257      **Full Well Name** Povlik No. 1

MONTH, YEAR	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING – CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
	MAXIMUM PSIG	BBL	MCF	MAXIMUM PSIG	
January-2023	1362	87,987		45	
February-2023	1554	83,890.56		45	
March-2023	1595	95,855		200	
April-2023	1830	79,793		177	
May-2023	1790	68,959		177	
June-2023	1952	76,571		201	
July-2023	2054	72,975		275	
August-2023	2061	79,273		124	
September-2023	2124	71,361		158	
October-2023	2153	76,205		84	
November-2023	2107	72,693		48	
December-2023	2299	76,191		38	

### 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</b> <i>(Please type or print)</i>  Kenneth Scavone President/Managing Member	<b>Signature</b>  	<b>Date Signed</b>  1-31-24
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