



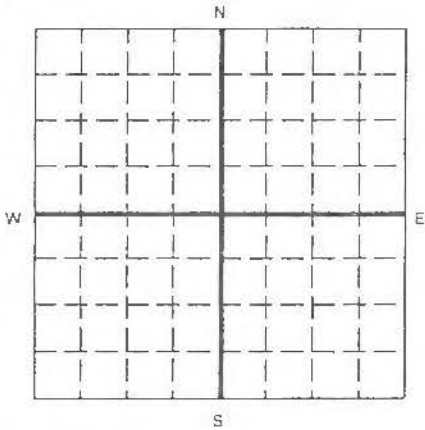
United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee
DEVONIAN RESOURCES, INC.
PO BOX 329, PLEASANTVILLE, PA 16341

Name and Address of Surface Owner
DEVONIAN RESOURCES, INC.
PO BOX 329, PLEASANTVILLE, PA 16341

Locate Well and Outline Unit on Section Plat - 640 Acres



State: PENNSYLVANIA County: FOREST Permit Number: 05322126/PAS2R991BFOR

Surface Location Descriptor: _____
1/4 of 1/4 of 1/4 of 1/4 of Section ___ Township ___ Range ___

Locate well in two directions from nearest lines of quarter section and drilling unit:

Surface Location: _____ ft. from (N/S) _____ Line of quarter section
and _____ ft. from (E/W) _____ Line of quarter section.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Brine Disposal | <input checked="" type="checkbox"/> Individual |
| <input type="checkbox"/> Enhanced Recovery | <input type="checkbox"/> Area |
| <input type="checkbox"/> Hydrocarbon Storage | Number of Wells: _____ |

Lease Name: JOCELYN Well Number: T-263

MONTH	YEAR	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (OPTIONAL MONITORING)	
		AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
January-2018		480	500	709.4			
February-2018		480	500	1990.3			
March-2018		480	500	1990.5			
April-2018		480	500	2232.7			
May-2018		480	500	1874.1			
June-2018		480	500	2025.2			
July-2018		480	500	1935.5			
August-2018		480	500	2121.0			
September-2018		480	500	594.2			
October-2018		480	500	366.8			
November-2018		480	500	1910.6			
December-2018		480	500	2133.0			

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)

Name and Official Title (Please type or print)
S.R. THOMPSON, PRESIDENT

Signature: *[Handwritten Signature]*

Date Signed
12/31/18

Typed
215-814-3327