

PERMIT APPLICATION TO DRILL AND OPERATE A WELL COAL MODULE

Coal module attachment to address coal related issues with drilling, altering, or operating wells.		
	Yes	No
1. Will the well penetrate a workable coal seam ? If "No," attach justification and supporting documentation a. Have the coal rights been severed from the surface estate	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. If the well will penetrate a workable coal seam and the well is a "non-conservation" gas well, does the location comply with the distance requirements of section 7 of the Coal and Gas Resource Coordination Act? (At least 1,000 feet from all existing wells). 58 P.S. §§ 501 - 518. a. If "No," is the required exception request attached? (Check N/A if re-working an existing well. <input type="checkbox"/> N/A) b. Will the well be part of a Well Cluster that is an area within a well pad intended to host multiple horizontal wells and which comprises an area no greater than 5,000 square feet?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Will this well be drilled in solid coal or into an open underground void?	solid coal <input checked="" type="checkbox"/>	open void <input checked="" type="checkbox"/>
	Yes	No
4. Will the well be drilled through an operating coal mine , or within 1,000 feet of the boundary? a. If "Yes," provide the names of: Mine _____ and Operator _____ b. If yes, does it meet the Gas Well Pillar Study? 58 P.S. § 512.1. c. If yes, provide a copy of the most recent underground mine workings map that shows well location, a map scale, the lease/unit boundary, and a north arrow.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. If the well will be a Coal Bed Methane (CMB) well is the alternate method request of drilling/completing the well attached <i>Proposed Alternate Method or Material for Casing, Plugging, Venting or Equipping a Well</i> form 8000-PM-OOGM0024?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. If the well is a CBM well, has the surface landowner been notified and provided a copy of <i>Landowner Notification of Right to Participate in Alternate Dispute Resolution to Coal Bed Methane Wells</i> , form 8000-FM-OOGM0052?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

COAL MODULE

RECORD OF NOTIFICATION / WRITTEN CONSENT

List the following: all coal owners and lessees of all underlying coal seams; operators of operating coal mines at the proposed location; and coal operators with Operating Coal Mine. Mark the boxes "X" that show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties.		Coal Owner	Coal Lessee	Operator of Operating Coal Mine	Within 1,000 ft. Coal Mine Operator	Notification Note the Means and Attach Proof			
						Certified Mail Dates		Address Affidavit	Written Consent
						Sent	Return Receipt		
Name Sofia Berdar	Address 62 Mill Street New Salem, PA 15468	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/4/19	<input type="checkbox"/>	<input type="checkbox"/>
Name Mar aret Kanar	Address 211 Johnston Road Pittsburgh, PA 15241	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/19/19	<input type="checkbox"/>	<input type="checkbox"/>
Name Franklin Dzurbala	Address: 12297 Jackson Road SE Laconia, IN 47135	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/5/19	<input type="checkbox"/>	<input type="checkbox"/>
Name Ollie C. Babinetz	Address 28 Devinshire Drive Caledonia, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/7/19	<input type="checkbox"/>	<input type="checkbox"/>
Name Rebecca Ann Hall	Address 3110 Altama Avenue Brunswick, GA 31520	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/7/19	<input type="checkbox"/>	<input type="checkbox"/>
Optional: Signature below indicates the party's approval of the well location and waives the 15-day objection period. Check applicable box.									
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal Operator within 1,000 feet of proposed location								Date	

COAL MODULE

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Certified Mail Dates						Address Affidavit	Written Consent		
Sent	Return Receipt								
Name Charles E. Kovach	Address 333 Quail Run Road Venetia, PA 15367	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/30/19	11/2/19	<input type="checkbox"/>	<input type="checkbox"/>
Name Pamela Kovach	Address 201 Grant Ave Apt 2 Millvale, PA 15209	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name James Kirkpatrick Sr.	Address 17506 East Park Street Cleveland, OH 44121	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name James Kirkpatrick Jr.	Address 17506 East Park Street Cleveland, OH 44121	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name Marianne Kirkpatrick Venere	Address 4226 Bluestone Road South Euclid, OH 44121	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Optional: Signature below indicates the party's approval of the well location and waives the 15-day objection period. Check applicable box.									
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal Operator within 1,000 feet of proposed location								Date	



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

**AFFIDAVIT OF NON-DELIVERY OF CERTIFIED MAIL
FOR UNCONVENTIONAL WELL**

I hereby certify that I have sent, by certified mail, a COMPLETE copy of my permit application, including location plat and all attachments thereto, for well # M01H, on (farm name) Kovach B, (serial no.) MCLS 37-051-0045, in (municipality name and type) German Township, (county) Fayette.

I have sent the copy of the application by certified mail to each of these parties listed, as required depending on the relationship to the proposed well location:

- the surface landowner,
- the municipality in which the tract of land upon which the well to be drilled is located,
- each municipality within 3,000 feet of the proposed vertical well bore,
- the municipalities adjacent to the well,
- all surface landowners and water supply purveyors whose water supplies are within 3,000 feet of the proposed vertical well bore,
- storage operators within 3,000 feet of the proposed vertical well bore,
- the owners and lessees of any coal seams in areas of underlying workable coal,
- every coal operator identified on the well permit application?

I have also sent a copy of "Landowner Notification of Well Drilling or Alterations", DEP form 8000-FM-OOGM0052, to every surface landowner or water purveyor whose water supplies are within 3,000 feet of the proposed well location.

I have sent notice as described above to the following persons at the addresses shown below, and I was unable to obtain a receipt of delivery signed by the addressee or a member of his family residing at that address. Enclosed are copies of the white certified mail slip, and / or the green certified mail return-receipt card*, showing that delivery was not possible.

I certify that a copy of the complete permit application including location plat and all attachments thereto, and the "Landowner Notification of Well Drilling or Alterations", if applicable, was sent to the persons and addresses to whom tax notices for the property are sent.

Person & Address where certified mail was sent	Date Sent	Date mailing was returned as undeliverable.
1. <u>Pamela Kovach</u> <u>201 Grant Ave Apt 2</u> <u>Millvale, PA 15209</u>	<u>10/2/19</u>	<u>10/24/19</u>
2. <u>James Kirkpatrick Sr.</u> <u>17506 East Park Street</u> <u>Cleveland, OH 44121</u>	<u>10/2/19</u>	<u>10/28/19</u>

Well Operator (signature) [Signature]

(Print name & title) Kenneth D. Martz Permitting Team Lead

In Witness Whereof, I have hereunto set my hand and official seal.

Commonwealth of Pennsylvania

County of Allegheny

Notary Public (signature)

[Signature: Laura Savage]

My commission expires:

September 17, 2022

SEAL

Commonwealth of Pennsylvania - Notary Seal
Laura Savage, Notary Public
Allegheny County
My commission expires September 17, 2022
Commission number 1285773
Member, Pennsylvania Association of Notaries

In recognition hereof, I set my seal and signature this 7th day of November, 2019.

* Photocopies of the green cards are acceptable.

Regulatory Compliance & Permitting
Chevron North America Exploration
and Production Company (a Chevron U.S.A. Inc. division)
700 Cherrington Parkway
Corapolis, PA 15108



7018 0040 0000 1276 9267



71014

RECEIVED
OCT 2 4 2019
MOTOR

 RETURN TO SENDER

<input type="checkbox"/> UNDELIVERABLE AS ADDRESSED	<input type="checkbox"/> VACANT
<input type="checkbox"/> ATTEMPTED NOT KNOWN	<input type="checkbox"/> REFUSED
<input type="checkbox"/> INSUFFICIENT ADDRESS	<input type="checkbox"/> DECEASED
<input type="checkbox"/> NO MAIL RECEIPTABLE	<input checked="" type="checkbox"/> ILLEGIBLE
<input type="checkbox"/> TEMPORARILY AWAY	<input type="checkbox"/> UNCLAIMED
<input type="checkbox"/> NO SUCH NUMBER	<input type="checkbox"/> MLNA - UNABLE TO FORWARD
<input type="checkbox"/> NO SUCH STREET	
<input type="checkbox"/> IN DISPUTE	
<input type="checkbox"/> BOX CLOSED	



Kovach B

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pamela Kovach
201 Grant Ave Apt 2
Millvale, PA 15209



9590 9402 2937 7094 0789 36

7018 0040 0000 1276 9267

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
X		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt

Regulatory Compliance & Permitting
Chevron North America Exploration
and Production Company (a Chevron U.S.A. Inc. division)
700 Cherrington Parkway
Coraopolis, PA 15108



7018 0040 0000 1276 9274

RECEIVED

OCT 28 2019

W00700

Deceased

JAMES KIRKPATRICK SR.
17506 EAST PARK STREET
CLEVELAND, OH 44121

-R-T-S- 441215226-1N 10/17/19

RETURN TO SENDER
DECEASED
UNABLE TO FORWARD
RETURN TO SENDER



2168
28912

Kovach R

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Kirkpatrick Sr.
17506 East Park Street
Cleveland, OH 44121



9590 9402 2937 7094 0789 29

7016 0040 0000 1276 9274

(over \$500)

PS Form 3811, July 2013 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
X		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type		<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery for Merchandise
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

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Person & Address where certified mail was sent	Date Sent	Date mailing was returned as undeliverable.
1. <u>Marianne Kirkpatrick Venere</u> <u>4226 Bluestone Road</u> <u>South Euclid, OH 44121</u>	<u>10/2/19</u>	<u>10/23/19</u>
2. <u>James Kirkpatrick Jr.</u> <u>17506 East Park Street</u> <u>Cleveland, OH 44121</u>	<u>10/2/19</u>	<u>10/28/19</u>

Well Operator (signature) [Signature]

(Print name & title) Kenneth D. Martz Permitting Team Lead

In Witness Whereof, I have hereunto set my hand and official seal.

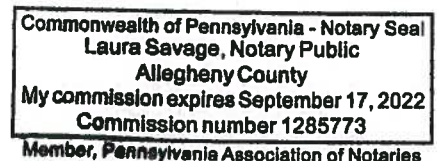
Commonwealth of Pennsylvania

County of Allegheny

Notary Public (signature) [Signature]

My commission expires: September 17, 2022

SEAL



In recognition hereof, I set my seal and signature this 7th day of November, 2019.

* Photocopies of the green cards are acceptable.

USPS Tracking®

Tracking

FAQs

Track Another Package +

Track Packages
Anytime, Anywhere

Get the free Informed Delivery® feature to receive automated notifications on your packages

Learn More

Tracking Number: 70180040000012769298

Your item could not be delivered on October 23, 2019 at 10:33 am in CLEVELAND, OH 44121. It was held for the required number of days and is being returned to the sender.

Status

Alert

October 23, 2019 at 10:33 am
Unclaimed/Being Returned to Sender
CLEVELAND, OH 44121

Get Updates



Alert

Text & Email Updates

Tracking History

October 23, 2019, 10:33 am
Unclaimed/Being Returned to Sender
CLEVELAND, OH 44121
Your item could not be delivered on October 23, 2019 at 10:33 am in CLEVELAND, OH 44121. It was held for the required number of days and is being returned to the sender.

October 5, 2019, 12:42 pm
Notice Left (No Authorized Recipient Available)
CLEVELAND, OH 44121

October 5, 2019, 2:12 am
Departed USPS Regional Facility
CLEVELAND OH DISTRIBUTION CENTER

October 3, 2019, 6:46 pm
Arrived at USPS Regional Facility
CLEVELAND OH DISTRIBUTION CENTER

October 3, 2019, 6:43 am
Departed USPS Regional Facility
PITTSBURGH PA DISTRIBUTION CENTER

October 2, 2019, 10:09 pm
Arrived at USPS Regional Facility
PITTSBURGH PA DISTRIBUTION CENTER

Product Information



Regulatory Compliance & Permitting
Chevron North America Exploration
and Production Company (a Chevron U.S.A. Inc. division)
700 Cherrington Parkway
Coraopolis, PA 15108



7018 0040 0000 1276 9281



28912

RECEIVED
OCT 28 2019
100700

Deceased

JAMES KIRKPATRICK JR.
17506 EAST PARK STREET
CLEVELAND, OH 44121

-R-T-S- 441215226-1N 10/17/19
RETURN TO SENDER
DECEASED
UNABLE TO FORWARD
RETURN TO SENDER



PLACE STICKER HERE AT TOP OF ENVELOPE TO THE RIGHT

Kovach R

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Kirkpatrick Jr.
17506 East Park Street
Cleveland, OH 44121



9590 9402 2937 7094 0789 12

7018 0040 0000 1276 9281

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> All Restricted Delivery	

Domestic Return Receipt

COAL MODULE

RECORD OF NOTIFICATION / WRITTEN CONSENT

List the following: all coal owners and lessees of all underlying coal seams; operators of operating coal mines at the proposed location; and coal operators with Operating Coal Mine. Mark the boxes "X" that show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties.		Coal Owner	Coal Lessee	Operator of Operating Coal Miner	Within 1,000 ft. Coal Mine Operator	Notification Note the Means and Attach Proof			
Certified Mail Dates						Address Affidavit	Written Consent		
Sent	Return Receipt								
Name Darlene P. Coble & Clyde C. Coble	Address 21022 Rocky Knoll Square #406 Ashburn, VA 20147	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/12/19	<input type="checkbox"/>	<input type="checkbox"/>
Name Mary Catherine Silvius	Address PO Box 335 Summerton, SC 29148	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/10/19	<input type="checkbox"/>	<input type="checkbox"/>
Name: Reverend Daniel S. Spychala c/o St. Lawrence the Martyr Catholic Church	Address 6222 Franciona Road Alexandria, VA 22310	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/4/19	<input type="checkbox"/>	<input type="checkbox"/>
Name Deborah K McFarland & Robert McFarland	Address 993 N. Quintana Street Arlington, VA 22205	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/4/19	<input type="checkbox"/>	<input type="checkbox"/>
Name Donna M. Spychala	Address 2732 N. Wyoming Street Arlington, VA 22213	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/17/19	<input type="checkbox"/>	<input type="checkbox"/>
Optional: Signature below indicates the party's approval of the well location and waives the 15-day objection period. Check applicable box.									
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal Operator within 1,000 feet of proposed location								Date	

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Certified Mail Dates						Address Affidavit	Written Consent		
Sent	Return Receipt								
Name Joseph Stromick & Karen Stromick	Address 13364 Beach Boulevard #919 Jacksonville, FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/5/19	<input type="checkbox"/>	<input type="checkbox"/>
Name Patrick Stromick & Goldie Stromick	Address 126 Duall Drive Hopwood, PA 15445	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/2/19	10/4/19	<input type="checkbox"/>	<input type="checkbox"/>
Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee								Date	
Coal Operator within 1,000 feet of proposed location								Date	