8000-PM-OOGM0001bU Rev. 5/2017 Record of Notification / Written Consent

Pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

### PERMIT APPLICATION TO DRILL AND OPERATE AN UNCONVENTIONAL WELL Record of Notification

| US Wel  | I No. (API No.) |
|---------|-----------------|
| Cerullo | M03H            |
| 37-05   | 51-24692        |

| Signature of Applicant I hereby certify that, for all interested parties identified on the plat of this application for which written consent or an "Affidavit of Non-Delivery of Certified Mail" has not been uploaded, copies of the well plat have been sent via certified mail and I have received a return receipt verifying delivery. |                                 |                      |                                 |                      |                   |                      |  |                            |               |             |                          |                    |  |  |
|---|---------------------------------|----------------------|---------------------------------|----------------------|-------------------|----------------------|--|----------------------------|---------------|-------------|--------------------------|--------------------|--|--|
|   |                                 |                      |                                 |                      |                   |                      | of Signer: Kenneth D. Martz                                    |                            |               |             |                          |                    |  |  |
| The S.  | A                               | Kennet               | R D. Martz                      | Permitting Team Lead |                   |                      |  |                            |               | 3/2/2020    |                          |                    |  |  |
| List the following: surface landowner; surface la   |                                 | or                   | wners<br>yors<br>plies          |                      | - N.              | Note the means       | fication<br>s and attach proof.                                |                            |               |             |                          |                    |  |  |
| well will be drilled; adjacent municipality; munic<br>Mark the boxes, "X," which show the parties' in   | wner                            | Gas Storage Operator |                                 |                      | Certifie          | Certified Mail Dates |  |                            |               |             |                          |                    |  |  |
| these parties.  | indicates the narty's           | acknowledge          | ement of receipt of the well lr | cation               | Surface Landowner | age C                | Jurve<br>Surve   | lities                     |               |             |                          |                    |  |  |
| Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification   |                                 |                      |                                 |                      |                   |                      | Surface Landowners<br>& Water Purveyors<br>with water supplies | Aunicipalities             | Sent          | Return Rece | Address<br>ipt Affidavit | Written<br>Consent |  |  |
| Print Name: Mark R. Cerulio Etal  | Address:                        | 233 Gates            | Road                            |                      |                   |                      |  |                            |               |             |                          |                    |  |  |
|   |                                 | Adah, PA 1           | 5410                            |                      | x                 |                      | x  |                            | 1/10/20       | 1/13/20     |                          |                    |  |  |
| Signature   |                                 |                      |                                 |                      |                   |                      |  | <u> </u>                   |               | 7           |                          |                    |  |  |
| Print Name: Robin E. & Crystal D. Cla   | ut Road                         |                      |                                 |                      | x                 |                      | 1/10/20  | 1/11/20                    |               |             |                          |                    |  |  |
| Signature   |                                 | Masontown, PA 15461  |                                 |                      |                   |                      |  |                            | 1, 10, 20     | 1/11/20     |                          |                    |  |  |
| Print Name: Michael & Charity P. Ka   | Road                            |                      |                                 |                      |                   |                      |  |                            |               |             |                          |                    |  |  |
| Ada   |                                 |                      | Adah, PA 15410                  |                      |                   |                      | х  |                            | 1/10/20       | 1/13/20     |                          |                    |  |  |
| Signature   | Address:                        |                      |                                 |                      |                   |                      |  | ┢╼──                       |               |             |                          |                    |  |  |
| Print Name: Wayne E. Thomas   | O Box 96<br>Iniontown, PA 15401 |                      |                                 |                      | х                 |                      | 1/10/20  | 1/15/20                    |               |             |                          |                    |  |  |
| Signature   |                                 |                      | ,                               |                      |                   |                      |  |                            |               |             |                          |                    |  |  |
| Print Name: Daniel Vidovich   | Address:                        | 200 Gates            |                                 |                      |                   |                      |  |                            |               |             |                          |                    |  |  |
| Pignoturo   |                                 | Adah, PA 1           | 5410                            |                      |                   |                      | X  |                            | 1/10/20       | 1/13/20     |                          |                    |  |  |
| Signature   | <b>I</b>                        |                      | Record of Writte                | n Co                 | nse               | nt                   |  |                            |               |             |                          |                    |  |  |
| Written Consent: Signature below in   | dicates the party's             |                      |                                 |                      |                   |                      | l waives th  | ne 15-                     | day objectior | period whe  | re applicable.           |                    |  |  |
| _   | Check applicable box            |                      |                                 |                      |                   |                      |  |                            |               |             |                          |                    |  |  |
|   |                                 |                      |                                 |                      |                   |                      | er   | Water Well within 500 feet |               |             | Building within 500 feet |                    |  |  |
| Print and Sign Name:  | Address:                        |                      | Date                            |                      |                   |                      |  |                            |               |             |                          |                    |  |  |
| Print and Sign Name:  | Address:                        |                      | Date                            |                      |                   |                      |  |                            |               |             |                          |                    |  |  |
| Print and Sign Name:  | Address:                        |                      | Date                            |                      |                   |                      |  |                            |               |             |                          |                    |  |  |

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

# PERMIT APPLICATION TO DRILL AND OPERATE AN UNCONVENTIONAL WELL Record of Notification

US Well No. (API No.)

| Signature of Applicant  | e of Applicant I hereby certify that, for all interested parties identified on the plat of this application for which written consent or an "Affidavit of Non-Delivery of Certified Mail" has not been uploaded, copies of the well plat have been sent via certified mail and I have received a return receipt verifying delivery. |                |                 |                |                             |                      |                   |                      |   |                            |               |                           |                          |                    |  |  |  |
|---|---|----------------|-----------------|----------------|-----------------------------|----------------------|-------------------|----------------------|---|----------------------------|---------------|---------------------------|--------------------------|--------------------|--|--|--|
| Signature of Person Authorized to Submit Application (Print or Type)  |   |                |                 |                |                             | Name of Signer: Date |                   |                      |   |                            |               |                           |                          |                    |  |  |  |
|   |   |                |                 |                |                             |                      | Title:            |                      |   |                            |               |                           |                          |                    |  |  |  |
| List the following: surface landowner; surface landowners and water purveyors with water supplies within 3,000 feet; municipality where the   |   |                |                 |                |                             |                      |                   | _                    |   |                            |               | Notifie<br>Note the means |                          |                    |  |  |  |
| well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify a |   |                |                 |                |                             |                      | ner               | Gas Storage Operator | ners<br>ors<br>lies   |                            | Certified     | Mail Dates                | _                        |                    |  |  |  |
| these parties.  |   |                |                 |                |                             |                      | andow             |                      | andow<br>urvey<br>supp  | ties                       |               |                           |                          |                    |  |  |  |
| Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification   |   |                |                 |                |                             |                      | Surface Landowner | ias Stora            | Surface Landowners<br>& Water Purveyors<br>with water supplies<br><3000 | Municipalities             | Sent          | Return Receip             | Address<br>Affidavit     | Written<br>Consent |  |  |  |
| Print Name: Luzerne Towr  | nship   | Add            | ress:           | 415 Hopew      | vell Road                   |                      | S                 | 0                    | <u> </u>  | 2                          | Jent          | Return Receip             | ι Απαανιί                | Consent            |  |  |  |
| Signature   |   |                |                 | Brownsville    | e, PA 15417                 |                      |                   |                      |   | х                          | 1/10/20       | 1/13/20                   |                          |                    |  |  |  |
| Print Name: German Towr   | nship   | Add            | ress:           | 2 Long Stre    |                             |                      |                   |                      |   |                            |               |                           |                          |                    |  |  |  |
| Signature   |   |                |                 | McClelland     | town, PA 15458              |                      |                   |                      |   | Х                          | 1/10/20       | 1/13/20                   |                          |                    |  |  |  |
| Print Name: Redstone Township Address: 225 Twin H   |   |                |                 |                |                             |                      |                   | х                    | 1/10/20   | 1/13/20                    |               |                           |                          |                    |  |  |  |
| Signature   |   |                |                 | Grindstone     | , PA 15442                  |                      |                   |                      |   | ^                          | 1/10/20       | 1/15/20                   |                          |                    |  |  |  |
| Print Name: Menallen Township Address: 427 Searigh  |   |                | nt Herbert Road |                |                             |                      |                   | v                    | 4/40/20   | 4/42/20                    |               |                           |                          |                    |  |  |  |
| Signature   |   |                | Uniontown       | , PA 15401     |                             |                      |                   |                      | Х   | 1/10/20                    | 1/13/20       |                           |                          |                    |  |  |  |
| Print Name: South Union   | Print Name: South Union Township Address: 151 Township  |                |                 |                | •                           |                      |                   |                      |   |                            |               |                           |                          |                    |  |  |  |
| Signature   |   |                |                 | Uniontown      | , PA 15401                  |                      |                   |                      |   | Х                          | 1/10/20       | 1/13/20                   |                          |                    |  |  |  |
|   |   |                |                 |                | Record of Writ              | tten Co              | nse               | nt                   |   |                            |               |                           | •                        |                    |  |  |  |
| Written Consent: Signatu  | ire below in  | dicates the pa | ty's a          | approval of th | ne well location, or indica | ates written         | conse             | nt and               | d waives th   | e 15-                      | day objection | period wher               | e applicable.            |                    |  |  |  |
|   |   |                |                 |                |                             |                      |                   | Check applicable box |   |                            |               |                           |                          |                    |  |  |  |
| Drint and Sign Name   |   |                |                 |                | Data                        |                      | Surface Owner     |                      |   | Water Well within 500 feet |               |                           | Building within 500 feet |                    |  |  |  |
| Print and Sign Name:  |   | Address:       |                 |                | Date                        |                      | [                 |                      |   |                            |               |                           |                          |                    |  |  |  |
| Print and Sign Name:  |   | Address:       |                 |                | Date                        |                      | [                 |                      |   |                            |               |                           |                          |                    |  |  |  |
| Print and Sign Name:  |   | Address:       |                 |                | Date                        |                      |                   |                      |   |                            |               |                           |                          |                    |  |  |  |

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| Signature of Applicant  | of Applicant I hereby certify that, for all interested parties identified on the plat of this application for which written consent or an "Affidavit of Non-Delivery of Certified Mail" has not been uploaded, copies of the well plat have been sent via certified mail and I have received a return receipt verifying delivery. |                            |                       |                  |                             |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
|---|---|----------------------------|-----------------------|------------------|-----------------------------|------------|----------------|------------------------|----------------------|--|----------------------------|---------------|--------------|--------------------------|----------|----------|--|--|
|   |   |                            |                       |                  |                             |            | Name of Signer |                        |                      |  |                            |               |              |                          |          | Data     |  |  |
|   |   |                            |                       |                  |                             |            | Title:         |                        |                      |  |                            |               |              | Date                     |          |          |  |  |
| The.  |   |                            |                       |                  |                             |            |                |                        | Notification         |  |                            |               |              |                          |          |          |  |  |
| List the following: surface landowner; surface landowners and water purveyors with water supplies within 3,000 feet; municipality where the |   |                            |                       |                  |                             |            |                |                        |                      |  |                            |               | ich proof.   |                          |          |          |  |  |
| well will be drilled; adjacent mun  | f the vertical well   | bore; gas storage operator | er                    | rator            | ers<br>S<br>SS              |            | Certified      | Mail Dates             |                      |  |                            |               |              |                          |          |          |  |  |
| Mark the boxes, "X," which show   | v the parties' inte   | erests. Use addi           | tional for            | ms if you need m | nore space. You are require | Jown       | Ope            | lown<br>(eyor<br>pplie |                      |  |                            |               |              |                          |          |          |  |  |
| these parties.<br>Notification: Signature b   | elow name ir  | ndicates the r             | hartv's               | acknowledge      | ement of receipt of th      | ne well lo | cation         | Lanc                   | rage                 | Lanc<br>Purv<br>er su  | alities                    |               |              |                          |          |          |  |  |
| plat and serves as proof  |   |                            | Juity S               | uonanomouga      |                             |            | oution         | Surface Landowner      | Gas Storage Operator | Surface Landowners<br>& Water Purveyors<br>with water supplies | Municipalities             |               |              | А                        | ddress   | Written  |  |  |
|   |   |                            |                       |                  |                             |            |                | Surf                   | Gas                  | Surf<br>& W<br>with  | Mur                        | Sent          | Return Recei |                          | ffidavit | Consent  |  |  |
| Print Name: Georges Tow   | nship   | A                          | ddress:               | 1151 Town        |                             |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
|   | -   |                            |                       | Uniontown        | , PA 15401                  |            |                |                        |                      |  | х                          | 1/10/20       | 1/13/20      |                          |          |          |  |  |
| Signature   |   |                            |                       |                  |                             |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
| Print Name: Nicholson To  | wnship  | A                          | ddress:               | 142 Woods        | side Old Frame Road         | ł          |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
|   |   |                            | Smithfield, PA 15478  |                  |                             |            |                |                        |                      | х  | 1/10/20                    | 1/13/20       |              |                          |          |          |  |  |
| Signature   |   |                            |                       |                  |                             |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
| Print Name: Masontown   | Borough   | h Address: 1 East Chu      |                       |                  | rch Ave                     |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
|   |   |                            | Masontown, PA 15461   |                  |                             |            |                |                        |                      | х  | 1/10/20                    | 1/13/20       |              |                          |          |          |  |  |
| Signature   |   |                            |                       |                  |                             |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
| Print Name: Cumberland Township Address: 100 Munici   |   |                            | •                     |                  |                             |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
|   |   |                            | Carmichaels, PA 15320 |                  |                             |            |                |                        |                      | х  | 1/10/20                    | 1/13/20       |              |                          |          |          |  |  |
| Signature   |   |                            |                       |                  |                             |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
| Print Name: Monongahel  | a Township  | A                          | ddress:               |                  | Ridge Road                  |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
|   |   |                            |                       | Greensbord       | o, PA 15338                 |            |                |                        |                      |  | Х                          | 1/10/20       | 1/11/20      |                          |          |          |  |  |
| Signature   |   |                            |                       |                  |                             |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
|   |   |                            |                       |                  | Record of W                 | /ritte     | n Co           | nse                    | nt                   |  |                            |               |              |                          |          |          |  |  |
| Written Consent: Signate  | ure below in  | dicates the p              | arty's                | approval of th   | ne well location, or ir     | ndicates   | written        | conse                  | nt and               | d waives th  | ie 15-                     | day objectior | period whe   | e appli                  | icable.  |          |  |  |
| Check applicable box  |   |                            |                       |                  |                             |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
|   |   |                            |                       |                  |                             |            |                | Surface                | owne                 | er   | Water Well within 500 feet |               |              | Building within 500 feet |          | 500 feet |  |  |
| Print and Sign Name:  | ame: Address:   |                            |                       |                  | Date                        |            |                |                        |                      |  |                            |               |              | Π                        |          |          |  |  |
| Print and Sign Name:  | and Cian Name.  |                            |                       |                  | Data                        |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
| Frint and Sign Name:  |   | Address:                   |                       |                  | Date                        |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |
| Print and Sign Name:  |   | Address:                   |                       |                  | Date                        |            |                |                        |                      |  |                            |               |              |                          |          |          |  |  |