

#### 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.) |  |
|-----------------------|--|
| Cerullo M11H          |  |
| 37-051-24696          |  |

| 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. |  |   |                             |             |  |                      |   |                          |                          |                               |                      |   |
|--|--|---|-----------------------------|-------------|--|----------------------|---|--------------------------|--------------------------|-------------------------------|----------------------|---|
| Signature of Person Authorized to Subr   |  | . (   | (Print or Type)             | Name o      |  |                      | nneth D.  |                          |                          |                               |                      | Date                                    |
| 2000   | Kenneth D. Martz Title: Permitting Team Lead |   |                             |             |  |                      |   | 3/2                      | 2020                     |                               |                      |   |
| List the following: surface landowner; surface landowners and water purveyors with water supplies within 3,000 feet; municipality where the well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet.  |  |   |                             |             |  | rator                | ers<br>s<br>s   |                          |                          | Note the means and Mail Dates |                      |   |
| Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties.  Notification: Signature below name indicates the party's acknowledgement of receipt of the well location   |  |   |                             |             |  | Gas Storage Operator | Surface Landowners & Water Purveyors with water supplies <a href="#">&lt;3000</a> | alities                  |                          |                               |                      |   |
| plat and serves as proof of notification   | on   |   |                             |             | Surface Landowner                        | Gas St               | Surface<br>& Wate<br>with wa  | <3000°<br>Municipalities | Sent                     | Return Receipt                | Address<br>Affidavit | Written<br>Consent                      |
| Print Name: Mark R. Cerullo Etal   | Address:                                     | 233 Gates I<br>Adah, PA 1                     |                             |             | х  |                      | х   |                          | 1/10/20                  | 1/13/20                       |                      |   |
| Signature  |  |   |                             |             |  | $\square$            | 15 5  |                          |                          |                               |                      |   |
| Print Name: Robin E. & Crystal D. Clar   | k Address:                                   | ess: 168 Shortcut Road<br>Masontown, PA 15461 |                             |             |  |                      | х   |                          | 1/10/20                  | 1/11/20                       |                      |   |
| Signature  |  |   |                             |             |  | $\vdash$             |   |                          |                          |                               | 1                    | *************************************** |
| Print Name: Michael & Charity P. Karl  | owicz Address:                               | dress: 375 Gates Road<br>Adah, PA 15410       |                             |             |  |                      | х   |                          | 1/10/20                  | 1/13/20                       |                      |   |
| Signature  | A -1-1                                       | DO D 0C                                       |                             |             |  | Н                    |   |                          |                          |                               | +                    |   |
| Print Name: Wayne E. Thomas  | Address:                                     | PO Box 96<br>Uniontown                        | n, PA 15401                 |             |  |                      | х   |                          | 1/10/20                  | 1/15/20                       |                      |   |
| Signature  |  | 200.0   |                             |             |  | Н                    |   |                          |                          |                               | +                    |   |
| Print Name: Daniel Vidovich  | Address:                                     | 200 Gates I<br>Adah, PA 1                     |                             |             |  |                      | х   |                          | 1/10/20                  | 1/13/20                       |                      |   |
| Signature  |  |   |                             |             |  | لــِــا              |   |                          |                          |                               | J                    |   |
|  |  |   | Record of Writ              | Ot FU       |  |                      |   |                          |                          |                               |                      |   |
| Written Consent: Signature below in  | dicates the party's a                        | approval of the                               | he well location, or indica | tes written | conse                                    | nt and               | l waives th   | e 15-                    | day objection            | period where                  | applicable.          | i                                       |
|  |  |   |                             |             | Check applicable box                     |                      |   |                          |                          |                               |                      |   |
|  |  |   |                             |             | Surface Owner Water Well within 500 feet |                      |   | 00 feet E                | Building within 500 feet |                               |                      |   |
| Print and Sign Name:   | Address:                                     |   | Date                        |             |  |                      | 1   |                          |                          |                               |                      |   |
| Print and Sign Name:   | Address:                                     |   | Date                        |             |  |                      |   |                          |                          |                               |                      |   |
| Print and Sign Name:   | Address:                                     |   | Date                        |             | [  |                      |   |                          |                          |                               |                      |   |



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

| US Well No. (API No.) |  |  |
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| 00 Wom (var 1110.)    |  |  |
|                       |  |  |
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|                       |  |  |
|                       |  |  |

| 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. |  |                             |   |  |  |                      |                      |  |                          |               |                                  |               |            |
|--|--|-----------------------------|---|--|--|----------------------|----------------------|--|--------------------------|---------------|----------------------------------|---------------|------------|
| Signature of Person Authorized to Submit Application (Print or Type) Name of   |  |                             |   |  | me of Signer:                            |                      |                      |  |                          |               |                                  | Date          |            |
|  | Title:   |                             |   |  |  |                      |                      |  |                          |               |                                  |               |            |
|  |  |                             |   | II. III. 0.000 f   |  |                      |                      |  |                          |               | Notific                          |               | of.        |
| List the following: surface landowner; surface well will be drilled; adjacent municipality; r  | ace landowners and w<br>municipalities within 3, | ater purvey<br>,000 feet of | ors with water su<br>the vertical well      | ipplies within 3,000 feet; municipalit<br>bore; gas storage operator if withir | y where the 3,000 feet.                  | <u></u>              | ator                 | S S S  |                          | Certified     | Note the means a<br>I Mail Dates | id allach pro | 001.       |
| Mark the boxes, "X," which show the part these parties.  | ties' interests. Use ad                          | dditional for               | ms if you need m                            | nore space. You are required to no   | otify each of                            | lowne                | Орег                 | lowne<br>/eyor<br>pplie  | ,,                       |               |                                  | 7             |            |
| Notification: Signature below na   | ame indicates the                                | e party's                   | acknowledge                                 | ement of receipt of the well   | location                                 | Lanc                 | rage                 | Lanc<br>Purv<br>er su  | alities                  |               |                                  |               |            |
| plat and serves as proof of noti   |  | , ,                         | J   | ,  |  | Surface Landowner    | Gas Storage Operator | Surface Landowners<br>& Water Purveyors<br>with water supplies | Municipalities           |               |                                  | Addres        |            |
|  | Т  |                             | 445 11                                      | - II DI  |  | Su                   | Ga                   | Su<br>Wit  | M                        | Sent          | Return Receipt                   | Affida        | it Consent |
| Print Name: Luzerne Township   |  | Address:                    | 415 Hopew                                   | veii koad<br>e, PA 15417   |  |                      |                      |  | х                        | 1/10/20       | 1/13/20                          |               |            |
| Signature  |  |                             | Brownsviiic                                 | , , , , , , , , , , , , , , , , , , ,  |  |                      |                      |  | ^                        | 1/10/20       | 1/13/20                          |               |            |
| Print Name: German Township  |  | Address:                    | 2 Long Stre                                 |  |  |                      |                      |  |                          |               |                                  |               |            |
|  |  |                             | McClelland                                  | ltown, PA 15458  |  |                      |                      |  | Х                        | 1/10/20       | 1/13/20                          |               |            |
| Signature  | +  | A dalan a a                 |   |  |  |                      |                      |  |                          |               |                                  | +             | -          |
| Print Name: Redstone Township  | )  | Address:                    | 225 Twin Hills Road<br>Grindstone, PA 15442 |  |  |                      |                      |  | х                        | 1/10/20       | 1/13/20                          |               |            |
| Signature  |  |                             | Grindstone                                  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |                      |                      |  |                          | _, _, _,      | _,,                              |               |            |
| Print Name: Menallen Township  | ,  | Address:                    | _   | ht Herbert Road  |  |                      |                      |  |                          |               |                                  |               |            |
| Cionatura  |  |                             | Uniontown                                   | n, PA 15401  |  |                      |                      |  | Х                        | 1/10/20       | 1/13/20                          |               |            |
| Signature  | la tra   | Address:                    | 151 Towns                                   | hin Drive  |  |                      |                      |  |                          |               |                                  |               |            |
| Print Name: South Union Towns  | nip  | Audiess.                    | Uniontown                                   | •  |  |                      |                      |  | Х                        | 1/10/20       | 1/13/20                          |               |            |
| Signature  |  |                             |   |  |  |                      |                      |  |                          |               |                                  |               |            |
|  |  |                             |   | <b>Record of Writt</b>   | en Co                                    | nse                  | nt                   |  |                          |               |                                  |               |            |
| Written Consent: Signature belo  | ow indicates the                                 | party's a                   | approval of th                              | he well location, or indicate  | es written                               | conse                | nt and               | d waives th  | e 15-                    | day objectior | period where                     | applicab      | le.        |
|  |  |                             |   |  |  | Check applicable box |                      |  |                          |               |                                  |               |            |
|  |  |                             |   |  | Surface Owner Water Well within 500 feet |                      |                      | 00 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  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   |                           |                     | 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  |                           |                     |                                      |              |                      |                      |  |                            |           | Notifica<br>Note the means ar |                          |                    |
| well will be drilled; adjacent municipality; municipali  | ities within 3,000 feet o | f the vertical well | bore; gas storage operator if within | 3,000 feet.  | ъ                    | rator                | ers<br>S<br>S  |                            | Certified | Mail Dates                    | u attacii piooi.         |                    |
| Mark the boxes, "X," which show the parties' interesthese parties.   | ests. Use additional fo   | ms if you need m    | nore space. You are required to not  | tify each of | down                 | Оре                  | down<br>veyor  | S                          |           |                               |                          |                    |
| Notification: Signature below name ind   | dicates the party's       | acknowledge         | ement of receipt of the well         | location     | Lan                  | orage                | Lan<br>r Pur<br>iter si  | alitie                     |           |                               |                          |                    |
| plat and serves as proof of notification   | า                         |                     |                                      |              | Surface Landowner    | Gas Storage Operator | Surface Landowners<br>& Water Purveyors<br>with water supplies | Municipalities             | Sent      | Return Receipt                | Address<br>Affidavit     | Written<br>Consent |
| Print Name: Georges Township   | Address:                  | 1151 Town           | •                                    |              |                      |                      |  |                            |           |                               |                          |                    |
|  |                           | Uniontown           | , PA 15401                           |              |                      |                      |  | Х                          | 1/10/20   | 1/13/20                       |                          |                    |
| Signature  |                           | 442.14              |                                      |              |                      |                      |  |                            |           |                               |                          |                    |
| Print Name: Nicholson Township   | Address:                  | Smithfield,         | side Old Frame Road<br>PA 15478      |              |                      |                      |  | Х                          | 1/10/20   | 1/13/20                       |                          |                    |
| Signature  |                           | Jimerineta,         | 17(15476                             |              |                      |                      |  |                            | 1, 10, 20 | 1, 10, 20                     |                          |                    |
| Print Name: Masontown Borough  | Address:                  | 1 East Church Ave   |                                      |              |                      |                      |  |                            |           |                               |                          |                    |
| Clamatana  |                           | Masontown, PA 15461 |                                      |              |                      |                      |  | Х                          | 1/10/20   | 1/13/20                       |                          |                    |
| Signature Print Name: Cumberland Township  | Address:                  | 100 Munici          | inal Poad                            |              |                      |                      |  |                            |           |                               |                          |                    |
| Print Name: Cumberland Township  | Address.                  |                     | ls, PA 15320                         |              |                      |                      |  | Х                          | 1/10/20   | 1/13/20                       |                          |                    |
| Signature  |                           |                     | ,                                    |              |                      |                      |  |                            |           |                               |                          |                    |
| Print Name: Monongahela Township   | Address:                  |                     | Ridge Road                           |              |                      |                      |  |                            |           |                               |                          |                    |
|  |                           | Greensbor           | o, PA 15338                          |              |                      |                      |  | Х                          | 1/10/20   | 1/11/20                       |                          |                    |
| Signature  | <u> </u>                  |                     | Record of Writte                     | on Co        | 200                  |                      |  |                            |           |                               |                          |                    |
| Maille Consent Cinnet as below in the  | anton the monte of        |                     |                                      |              |                      | _                    | J  | . 15                       |           |                               |                          |                    |
| Written Consent: Signature below indi  | cates the party's         | approvai oi tr      | ne well location, or indicate        | s written    | conse                | nt and               | ı waives tn  |                            |           | •                             | applicable.              |                    |
|  |                           |                     |                                      |              | Check applicable box |                      |  |                            |           | a EOO foot                    |                          |                    |
| Print and Sign Name:   | Address:                  | Date                |                                      |              | Surface Owner        |                      | #  | Water Well within 500 feet |           | oo ieet - E                   | Building within 500 feet |                    |
| -  | riuui 633.                |                     | Date                                 |              |                      |                      |  |                            |           |                               |                          |                    |
| Print and Sign Name:   | Address:                  |                     | Date                                 |              |                      |                      |  |                            |           |                               |                          |                    |
| Print and Sign Name:   | Address:                  |                     | Date                                 |              |                      |                      |  |                            |           |                               |                          |                    |