




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.)

Herriott M08H

37-051-24703

|   |  |  |  |
|---|--|--|--|
| <b>Signature of Applicant</b>   |  | 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<br> |  | (Print or Type)<br>Kenneth D. Martz  |  |
| Name of Signer: Kenneth D. Martz  |  | Date<br>3/11/2020  |  |
| Title: Permitting Team Lead   |  |  |  |

| 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. 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.<br><b>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification</b> |  |   |  | Surface Landowner | Gas Storage Operator | Surface Landowners & Water Purveyors with water supplies <3000' | Municipalities | Notification<br>Note the means and attach proof. |                |                   |                 |
|--|--|---|--|-------------------|----------------------|---|----------------|--|----------------|-------------------|-----------------|
|  |  |   |  |                   |                      |   |                | Certified Mail Dates                             |                | Address Affidavit | Written Consent |
|  |  |   |  |                   |                      |   |                | Sent   | Return Receipt |                   |                 |
| Print Name: Joseph Herriott  | Address: PO Box 62<br>McClellandtown, PA 15458                       | X |  |                   |                      | 2/26/20   | 2/27/20        |  |                |                   |                 |
| Signature  |  |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Dolores Berkshire  | Address: 262 College Avenue<br>McClellandtown, PA 15458              |   |  | X                 |                      | 2/26/20   | 2/27/20        |  |                |                   |                 |
| Signature  |  |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Charles Belch  | Address: PO Box 214<br>College Ave Ext<br>McClellandtown, PA 15458   |   |  | X                 |                      | 2/26/20   | 2/27/20        |  |                |                   |                 |
| Signature  |  |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Gary J. & Patricia Syrek   | Address: 225 Ball Hill Road<br>Adah, PA 15410                        |   |  | X                 |                      | 2/26/20   | 2/28/20        |  |                |                   |                 |
| Signature  |  |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Kari Michelle & Russell Parsons  | Address: 171 McClellandtown-Lambert Road<br>McClellandtown, PA 15458 |   |  | X                 |                      | 2/26/20   | 2/27/20        |  |                |                   |                 |
| Signature  |  |   |  |                   |                      |   |                |  |                |                   |                 |

**Record of Written Consent**

Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.

| Check applicable box |          |      |                          |                            |                          |
|----------------------|----------|------|--------------------------|----------------------------|--------------------------|
| Print and Sign Name: | Address: | Date | Surface Owner            | Water Well within 500 feet | Building within 500 feet |
|                      |          |      | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
|                      |          |      | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
|                      |          |      | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |



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.)

|  |  |                 |      |
|--|--|-----------------|------|
| <b>Signature of Applicant</b>                        | 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 well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. 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.<br><br>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification |  |  | Surface Landowner | Gas Storage Operator | Surface Landowners & Water Purveyors with water supplies <3000' | Municipalities | Notification<br>Note the means and attach proof. |                |                   |                 |
|---|--|--|-------------------|----------------------|---|----------------|--|----------------|-------------------|-----------------|
|   |  |  |                   |                      |   |                | Certified Mail Dates                             |                | Address Affidavit | Written Consent |
|   |  |  |                   |                      |   |                | Sent   | Return Receipt |                   |                 |
| Print Name: James F. & Marlene Winter   | Address: 5138 Frick Drive<br>Pittsburgh, PA 15227                    |  |                   |                      | X   |                | 2/26/20  | 2/29/20        |                   |                 |
| Signature   |  |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Blaine & Anita Homistek   | Address: 171 McClellandtown-Lambert Road<br>McClellandtown, PA 15458 |  |                   |                      | X   |                | 2/26/20  | 2/27/20        |                   |                 |
| Signature   |  |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Jason & Kolleen Dankle  | Address: 278 McClellandtown-Lambert Road<br>McClellandtown, PA 15458 |  |                   |                      | X   |                | 2/26/20  | 2/28/20        |                   |                 |
| Signature   |  |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Luzerne Township  | Address: 415 Hopewell Road<br>Brownsville, PA 15417                  |  |                   |                      |   | X              | 2/26/20  | 2/27/20        |                   |                 |
| Signature   |  |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: German Township   | Address: 2 Long Street<br>McClellandtown, PA 15458                   |  |                   |                      |   | X              | 2/26/20  | 3/4/20         |                   |                 |
| Signature   |  |  |                   |                      |   |                |  |                |                   |                 |

**Record of Written Consent**

Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.

| Check applicable box |          |      |                          |                            |                          |
|----------------------|----------|------|--------------------------|----------------------------|--------------------------|
|                      |          |      | Surface Owner            | Water Well within 500 feet | Building within 500 feet |
| Print and Sign Name: | Address: | Date | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Print and Sign Name: | Address: | Date | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Print and Sign Name: | Address: | Date | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |



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.)

|  |  |                 |      |
|--|--|-----------------|------|
| <b>Signature of Applicant</b>                        | 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 well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. 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.<br><br>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification |   |  | Surface Landowner | Gas Storage Operator | Surface Landowners & Water Purveyors with water supplies <3000' | Municipalities | Notification<br>Note the means and attach proof. |                |                   |                 |
|---|---|--|-------------------|----------------------|---|----------------|--|----------------|-------------------|-----------------|
|   |   |  |                   |                      |   |                | Certified Mail Dates                             |                | Address Affidavit | Written Consent |
|   |   |  |                   |                      |   |                | Sent   | Return Receipt |                   |                 |
| Print Name: Redstone Township   | Address: 225 Twin Hills Road<br>Grindstone, PA 15442        |  |                   |                      | X   | 2/26/20        | 2/27/20  |                |                   |                 |
| Signature   |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Menallen Township   | Address: 427 Searight Herbert Road<br>Uniontown, PA 15401   |  |                   |                      | X   | 2/26/20        | 2/27/20  |                |                   |                 |
| Signature   |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: South Union Township  | Address: 151 Township Drive<br>Uniontown, PA 15401          |  |                   |                      | X   | 2/26/20        | 2/27/20  |                |                   |                 |
| Signature   |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Georges Township  | Address: 1151 Township Drive<br>Uniontown, PA 15401         |  |                   |                      | X   | 2/26/20        | 2/27/20  |                |                   |                 |
| Signature   |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Nicholson Township  | Address: 142 Woodside Old Fram Road<br>Smithfield, PA 15478 |  |                   |                      | X   | 2/26/20        | 2/28/20  |                |                   |                 |
| Signature   |   |  |                   |                      |   |                |  |                |                   |                 |

**Record of Written Consent**

Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.

| Check applicable box |          |      |                          |                            |                          |
|----------------------|----------|------|--------------------------|----------------------------|--------------------------|
|                      |          |      | Surface Owner            | Water Well within 500 feet | Building within 500 feet |
| Print and Sign Name: | Address: | Date | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Print and Sign Name: | Address: | Date | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Print and Sign Name: | Address: | Date | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |



**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.)

|  |  |                 |      |
|--|--|-----------------|------|
| <b>Signature of Applicant</b>                        | 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 well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. 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.<br><br><b>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification</b> |   |  | Surface Landowner | Gas Storage Operator | Surface Landowners & Water Purveyors with water supplies <3000' | Municipalities | Notification<br>Note the means and attach proof. |                |                   |                 |
|--|---|--|-------------------|----------------------|---|----------------|--|----------------|-------------------|-----------------|
|  |   |  |                   |                      |   |                | Certified Mail Dates                             |                | Address Affidavit | Written Consent |
|  |   |  |                   |                      |   |                | Sent   | Return Receipt |                   |                 |
| Print Name: Masontown Borough  | Address: 1 East Church Avenue<br>Masontown, PA 15461  |  |                   |                      | X   | 2/26/20        | 2/27/20  |                |                   |                 |
| Signature  |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Cumberland Township  | Address: 100 Municipal Road<br>Carmichels, PA 15320   |  |                   |                      | X   | 2/26/20        | 2/28/20  |                |                   |                 |
| Signature  |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name: Monongahela Township   | Address: 128 Maple Ridge Road<br>Greensboro, PA 15338 |  |                   |                      | X   | 2/26/20        | 2/27/20  |                |                   |                 |
| Signature  |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name:  | Address:  |  |                   |                      |   |                |  |                |                   |                 |
| Signature  |   |  |                   |                      |   |                |  |                |                   |                 |
| Print Name:  | Address:  |  |                   |                      |   |                |  |                |                   |                 |
| Signature  |   |  |                   |                      |   |                |  |                |                   |                 |

**Record of Written Consent**

|   |          |      |                          |                            |                          |
|---|----------|------|--------------------------|----------------------------|--------------------------|
| Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable. |          |      |                          |                            |                          |
| Check applicable box  |          |      |                          |                            |                          |
|   |          |      | Surface Owner            | Water Well within 500 feet | Building within 500 feet |
| Print and Sign Name:  | Address: | Date | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Print and Sign Name:  | Address: | Date | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Print and Sign Name:  | Address: | Date | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |