



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.)

37-051-24672

Kovach B M01H

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 *[Signature]* (Print or Type) **BRANDEN WEIMER** Name of Signer: **BRANDEN WEIMER** Title: **Senior Permitting Advisor** Date **11/12/2020**

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. 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 plat and serves as proof of notification

					Notification Note the means and attach proof.			
					Certified Mail Dates		Address Affidavit	Written Consent
					Sent	Return Receipt		
Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <3000'	Municipalities					
Print Name: Stephen M. & Natalie J. Kovach Signature	Address: 1366 Ralph New Salem Road New Salem, PA 15468	X			10/9/20	10/14/20		
Print Name: Donald E. & Ruth M. Stansick Signature	Address: PO Box 180 McClellandtown, PA 15458			X	10/9/20	10/13/20		
Print Name: Michael A. Sr. & Janet A. Shimko Signature	Address: PO Box 47 Fairbank, PA 15435			X	10/9/20	10/28/20		
Print Name: Alan R. & Constance Hillegass Signature	Address: 187 Mary Hall Road McClellandtown, PA 15458			X	10/9/20	10/20/20		
Print Name: Charles J. & Norma J. Fronczek Signature	Address: 281 Mary Hall Road New Salem, PA 15468			X	10/9/20	10/14/20		

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"/>
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"/>



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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. 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 Note the means and attach proof.			
							Certified Mail Dates		Address Affidavit	Written Consent
							Sent	Return Receipt		
Print Name: Patrick Neil & Bernadette Coffin	Address: 291 Mary Hall Road New Salem, PA 15468				X		10/2/19	10/13/20		
Signature										
Print Name: Jeffrey A. Christopher Etal	Address: 380 Windy Hill Road New Salem, PA 15468				X		10/2/19	10/13/20		
Signature										
Print Name: Doris J. Havlicheck	Address: 208 Shimko Hollow Road New Salem, PA 15468				X		10/2/19	10/14/20		
Signature										
Print Name: Mark A. Prah	Address: PO Box 183 McClellandtown, PA 15458				X		10/2/19		X	
Signature										
Print Name: Wayne Allen Jr. & Linda Shaffer Etal	Address: PO Box 27 McClellandtown, PA 15458				X		10/2/19	10/13/20		
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"/>



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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. 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 Note the means and attach proof.			
							Certified Mail Dates		Address Affidavit	Written Consent
							Sent	Return Receipt		
Print Name: Bernard & Frances M. Shimko	Address: 257 Shimko Hollow Road New Salem, PA 15468				X		10/9/20	10/16/20		
Signature										
Print Name: Homer A. & Marjorie A. Brownfield	Address: 141 Mary Hall Road McClellandtown, PA 15458				X		10/9/20	10/14/20		
Signature										
Print Name: Mark Anthony Prah Jr. Etal	Address: PO Box 183 McClellandtown, PA 15458				X		10/9/20		X	
Signature										
Print Name: Mark A Prah Jr.	Address: 187 Shimko Hollow Road New Salem, PA 15468				X		10/9/20	10/13/20		
Signature										
Print Name: Gary M. & Karen Wycinsky	Address: 289 Lambert Footdale Road McClellandtown, PA 15458				X		10/9/20	10/15/20		
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"/>



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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>Mark A. Prah</u> <u>PO Box 183</u> <u>McClellandtown, PA 15458</u>	<u>10/9/20</u>	<u>11/9/20</u>
2. <u>Mark Antony Prah Jr. Etal</u> <u>PO Box 183</u> <u>McClellandtown, PA 15458</u>	<u>10/9/20</u>	<u>11/4/20</u>

Well Operator (signature) [Signature]

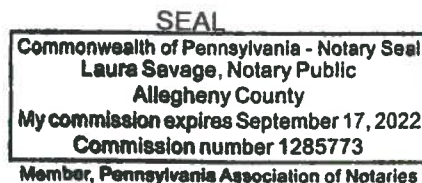
(Print name & title) Branden Weimer

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

Commonwealth of Pennsylvania

County of Allegheny Notary Public (signature) Laura Savage

My commission expires: September 17, 2022



In recognition hereof, I set my seal and signature this 13th day of November, 2020.

* Photocopies of the green cards are acceptable.



HES Department - Permitting
Appalachia/Mountain Business Unit
Chevron North America Exploration and Production
Company (a division of Chevron U.S.A. Inc.)
700 Cherrington Parkway
Coranopolis, PA 15108



7019 1120 0000 5414 4207



10/14
10/19
10/28

27510-52701E6662
0051E478151
RETURN TO SENDER
UNDELIVERABLE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
02/50/1120

NIXIE

MARK A. PRAH
PO BOX 183
MCCLELLANDTOWN, PA 15458

RECEIVED
NOV 9 2020
MCO/100

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

Kouach 2020	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No if YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mark A. Prah PO Box 183 McClellandtown, PA 15458</p>	<p>3. Service Type</p> <p><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</p>
<p>2. PSN 7019 1120 0000 5414 4207</p>	<p>Domestic Return Receipt</p>

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



HES Department - Permitting
Appalachian/Mountain Business Unit
Chevron North America Exploration and Pro-
Company (a division of Chevron U.S.A. Inc.)
700 Cherrington Parkway
Corapolis, PA 15108



7019 1120 0000 5414 4245

65900-142900EN660Z 00515490151 :29

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

02/10/1100 T 1 251 EIXIN

10/14
10/19
10/28

NOV 01 2010
RECEIVED

MARK ANTHONY PRAH JR. ETAL
PO BOX 183
MCCLELLANDTOWN, PA 15458

UNC



02 1P
0000893210
MAILED FROM ZIP CODE 15108

PITNEY BOWES

\$ 008.400

OCT 09 2020

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

Kouach 7070

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:
Mark Anthony Prah Jr. Etal
PO Box 183
McClellandtown, PA 15458



9590 9402 5105 9092 4263 37

2. Article Addressed to:

7019 1120 0000 5414 4245

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

(over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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
If YES, enter delivery address below: ☐ No

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

Domestic Return Receipt



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							Certified Mail Dates		Address Affidavit	Written Consent
							Sent	Return Receipt		
Print Name: Michel J. Berbee	Address: 914 New Salem Road New Salem, PA 15468				X		10/9/20	10/22/20		
Signature										
Print Name: Luzerne Township	Address: 415 Hopewell Road Brownsville, PA 15417					X	10/9/20	10/15/20		
Signature										
Print Name: German Township	Address: 2 Long Street McClellandtown, PA 15458					X	10/9/20	10/13/20		
Signature										
Print Name: Redstone Township	Address: 225 Twin Hills Road Grindstone, PA 15442					X	10/9/20	10/13/20		
Signature										
Print Name: Menallen Township	Address: 427 Searight Herbert Road Uniontown, PA 15401					X	10/9/20	10/14/20		
Signature										

Record of Written Consent

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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"/>



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							Sent	Return Receipt		
Print Name: South Union Township	Address: 151 Township Drive Uniontown, PA 15401				X	10/9/20	10/14/20			
Signature										
Print Name: Georges Township	Address: 1151 Township Drive Uniontown, PA 15401				X	10/9/20	10/13/20			
Signature										
Print Name: Nicholson Township	Address: 142 Woodside Old Frame Road Smithfield, PA 15478				X	10/9/20	10/13/20			
Signature										
Print Name: Masontown Borough	Address: 1 E Church Avenue Masontown, PA 15461				X	10/9/20	10/13/20			
Signature										
Print Name: Cumberland Township	Address: 100 Municipal Road Carmichaels, PA 15320				X	10/9/20	10/13/20			
Signature										

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			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"/>



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							Certified Mail Dates		Address Affidavit	Written Consent
							Sent	Return Receipt		
Print Name: Monongahela Township	Address: 128 Maple Ridge Road Greensboro, PA 15338				X	10/9/20	10/13/20			
Signature										
Print Name:	Address:									
Signature										
Print Name:	Address:									
Signature										
Print Name:	Address:									
Signature										
Print Name:	Address:									
Signature										

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Check applicable box					
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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"/>