

| Farm Name - Well No. |               |            |  |  |  |  |  |
|----------------------|---------------|------------|--|--|--|--|--|
| Siegel 1             |               |            |  |  |  |  |  |
| Applicant Nar        | ne            | DEP ID No. |  |  |  |  |  |
| Chevron Ap           | palachia, LLC | 279986     |  |  |  |  |  |
| DEP USE              | APS No.       |            |  |  |  |  |  |
| ONI Y                |               |            |  |  |  |  |  |

|  |                    |   |                                       |                      |  |                | ONLY                                       |               |                        |          |
|--|--------------------|---|---------------------------------------|----------------------|--|----------------|--|---------------|------------------------|----------|
|  |                    |   |                                       |                      |  |                |  |               | cation                 |          |
| List the following: surface landowner; surface lan | ndowners and v     | water purveyors with water supplies within 3,000 feet; municipality wh    | nere                                  | ō                    |  |                | Note the means and attach proof.           |               |                        |          |
|  |                    | n 3,000 feet of the vertical well bore; gas storage operator if within 3, | <u></u> <u></u> <u></u>               | erat                 | ners<br>ors<br>ies   |                | Certified                                  | Mail Dates    |                        |          |
| each of these parties.                             | es' interests.   l | Use additional forms if you need more space. You are required to no       | otify   §                             | 8                    | dow<br>veyc  | S              |  |               |                        |          |
|  | indicates          | the party's acknowledgement of receipt of the w                           | aŭ ا                                  | age                  | -and<br>Pur  | <u>i</u>       |  |               |                        |          |
| location plat and serves as proof of r             |                    | the party's acknowledgement of receipt of the w                           | Se l                                  | Stor                 | ater<br>water<br>0'  | cipa           |  |               | Address                | Written  |
| location plat and serves as proof of t             | iotilication       |   | Well vition (1900) Surface Landowner  | Gas Storage Operator | Surface Landowners<br>& Water Purveyors<br>with water supplies<br><3000' | Municipalities | Sent                                       | Return Receip | Address<br>t Affidavit | Consent  |
| Dist Name Clarkon Clared                           |                    | Address: 118 W 8th Street   |                                       |                      |  |                |  |               | 7                      | 0000     |
| Print Name: Stephen Siegel                         |                    | Aspinwall, PA 15215   | Х                                     |                      | Χ  |                | 1/30/17                                    | 2/1/17        |                        |          |
| Olement  |                    | Aspiriwali, i A 13210   | ^                                     |                      | ^  |                | 1/30/17                                    | 2/1/17        |                        |          |
| Signature  |                    |   |                                       |                      |  |                |  |               |                        |          |
| Print Name: Mark Simon Siegel                      |                    | Address: 439 BB Sams Drive  |                                       |                      |  |                |  |               |                        |          |
| ű  |                    | Saint Helena Island, NC 29920   | Х                                     |                      | X  |                | 1/23/17                                    | 2/9/17        |                        |          |
| Signature  |                    |   |                                       |                      |  |                |  |               |                        |          |
| Print Name: Mark A. & Mariane R. Kara              |                    | Address: 231 Heistersburg Road  | · · · · · · · · · · · · · · · · · · · |                      |  |                |  |               |                        |          |
| Plint Name. Mark A. & Mariane K. Kara              |                    | East Millsboro, PA 15433  |                                       |                      | Χ  |                | 1/23/17                                    | 1/27/17       |                        |          |
| Cianatura  |                    | Edot (111105010, 171 10 100   |                                       |                      |  |                | 1/20/11                                    | 1/21/11       |                        |          |
| Signature  |                    |   |                                       |                      |  |                |  |               |                        |          |
| Print Name: James Jack Conner                      |                    | Address: 104 West Bend Road   |                                       |                      |  |                |  |               |                        |          |
|  |                    | East Millsboro, PA 15433  |                                       |                      | Х  |                | 1/23/17                                    | 1/26/17       |                        |          |
| Signature  |                    |   |                                       |                      |  |                |  |               |                        |          |
| Print Name: Craig S. Christopher                   |                    | Address: 133 West Bend Road   |                                       |                      |  |                |  |               |                        |          |
| · ····································             |                    | East Millsboro, PA 15433  |                                       |                      | Χ  |                | 1/23/17                                    | 2/3/17        |                        |          |
| Signature  |                    |   |                                       |                      |  |                |  |               |                        |          |
| o.g.i.u.u.i  |                    | Record of Written   | Cono                                  |                      | 1  |                |  |               | <u> </u>               | <u> </u> |
|  |                    |   |                                       |                      |  |                |  |               |                        |          |
| Written Consent: Signature below inc               | dicates the        | party's approval of the well location, or indicates wri                   | itten conse                           | ent an               | d waives the   | 15-d           | ay objection p                             | eriod where   | applicable.            |          |
|  |                    |   |                                       |                      |  | Che            | ck applicable bo                           | x             |                        |          |
|  |                    |   | Surf                                  | ace Ov               | wner   |                | Water Well within 500 feet Building within |               |                        |          |
| Print and Sign Name:                               | Address:           | Date  |                                       |                      |  |                |  |               |                        |          |
| Time and orgin rame.                               | Addicasi           | Dute  |                                       |                      |  |                |  |               |                        |          |
| Print and Sign Name:                               | Address:           | Date  |                                       |                      |  |                | —  |               | _                      |          |
| · · · · · · · · · · · · · · · · · · ·              |                    | 24.0  |                                       |                      |  |                |  |               |                        |          |
| Print and Sign Name:                               | Address:           | Date  |                                       |                      |  |                |  |               |                        |          |
| -  |                    |   |                                       |                      |  |                |  |               |                        |          |
| Print and Sign Name:                               | Address:           | Date  |                                       | П                    |  |                |  |               |                        |          |
|  |                    |   |                                       |                      |  |                |  |               |                        |          |
| Print and Sign Name:                               | Address:           | Date  |                                       |                      |  |                |  |               |                        |          |
|  |                    |   |                                       |                      |  |                |  |               |                        |          |



| Farm Name -   | Well No.      |            |
|---------------|---------------|------------|
| Siegel 1      |               |            |
| Applicant Nar | ne            | DEP ID No. |
| Chevron Ap    | palachia, LLC | 279986     |
| DEP USE       | APS No.       |            |
| ONI Y         |               |            |

|  |  |                     |                      |  | L              | ONLY             |                                 |                          |         |
|--|--|---------------------|----------------------|--|----------------|------------------|---------------------------------|--------------------------|---------|
|  |  |                     |                      |  |                |                  | Notific                         | ation                    |         |
| List the following: surface landowner; surface landowners and        | water purveyors with water supplies within 3,000 feet; municipality wh   |                     | ģ                    | S  |                | 0.45             | Note the means and attach proof |                          |         |
| the well will be drilled; adjacent municipality; municipalities with | nin 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet of the vertical well become of the vertical well because of the vertical well become of the vertical well becom | 100   5<br>tify   5 | era                  | ner<br>ors<br>lies   |                | Certified        | Mail Dates                      |                          |         |
| each of these parties.   | ose additional forms if you need more space. Tou are required to no  | wy   Sp             | Q                    | ndow<br>rvey<br>upp  | Se             |                  |                                 |                          |         |
|  | the party's acknowledgement of receipt of the w  | ell 🚊               | orag                 | r Pu<br>ters   | aliţi          |                  |                                 |                          |         |
| location plat and serves as proof of notification                    | 1  | Surface Landowner   | Gas Storage Operator | Surface Landowners<br>& Water Purveyors<br>with water supplies<br><3000' | Municipalities |                  |                                 | Address                  | Written |
|  | :  | Sur                 | Ğä                   | Sur<br>with  | M              | Sent             | Return Receipt                  | Affidavit                | Consent |
| Print Name: Trever L. Bookhardt                                      | Address: 141 West Bend Road  |                     |                      |  |                |                  |                                 |                          |         |
|  | East Millsboro, PA 15433   |                     |                      | Х  |                | 1/23/17          | 1/25/17                         |                          |         |
| Signature  |  |                     |                      |  |                |                  |                                 |                          |         |
| Print Name: Brent G. & Wanda Y. Broadwater                           | Address: 254 Cemetery Road   |                     |                      |  |                |                  |                                 |                          |         |
| Time Hame. Storik of a Trainad 1. Stodaward                          | East Millsboro, PA 15433   |                     |                      | Χ  |                | 1/23/17          | 1/26/17                         |                          |         |
| Signature  |  |                     |                      |  |                |                  |                                 |                          |         |
| Print Name: Russell W. Jr. & Charlene D. Franks                      | Address: 372 Heistersburg Road   |                     |                      |  |                |                  |                                 |                          |         |
| Thirt Name. Nassen W. Gr. & Shahone B. Franks                        | East Millsboro, PA 15433   |                     |                      | Χ  |                | 1/23/17          | 1/27/17                         |                          |         |
| Signature  | ,  |                     |                      |  |                |                  |                                 |                          |         |
| Print Name: Walter B. & Phyllis M. Palmer                            | Address: 575 Palmer Lane   |                     |                      |  |                |                  |                                 |                          |         |
| Print Name: Waiter B. & Phyllis W. Paimer                            | East Millsboro, PA 15433   |                     |                      | Χ  |                | 1/23/17          | 1/26/17                         |                          |         |
| Signature  |  |                     |                      |  |                | 1/20/11          | 1/20/11                         |                          |         |
| X  | Address 502 N.L. owio Pup Bood Apt 106   |                     |                      |  |                |                  |                                 |                          |         |
| Print Name: Nellie P. Foster   | Address: 502 N Lewis Run Road Apt 106<br>West Mifflin, PA 15122  |                     |                      | Χ  |                | 1/23/17          | 1/24/17                         |                          |         |
| Signature  | 7700(1711111111, 177, 10122  |                     |                      | ^  |                | 1/23/11          | 1/24/11                         |                          |         |
| Signature  | Daniel La CMC'44 a s   |                     | 4                    |  |                |                  |                                 |                          |         |
|  | Record of Written  |                     |                      |  |                |                  |                                 |                          |         |
| Written Consent: Signature below indicates the                       | party's approval of the well location, or indicates wri  | tten conse          | ent and              | d waives the   | 15-da          | ay objection p   | eriod where a                   | pplicable.               |         |
|  |  |                     |                      |  | Che            | ck applicable bo | x                               |                          |         |
|  |  |                     |                      |  |                | ter Well within  |                                 | Building within 500 feet |         |
| Print and Sign Name: Address:  | Date   |                     |                      |  |                |                  |                                 |                          |         |
|  |  |                     |                      |  |                |                  |                                 |                          |         |
| Print and Sign Name: Address:  | Date   |                     |                      |  |                |                  |                                 |                          |         |
|  |  |                     | Ш                    |  |                | Ц                |                                 | Ц                        |         |
| Print and Sign Name: Address:  | Date   |                     |                      |  |                |                  |                                 |                          |         |
| Print and Sign Name: Address:  | Date   |                     |                      |  |                | _                |                                 | <u> </u>                 |         |
| Address:   | Date   |                     |                      |  |                |                  |                                 |                          |         |
| Print and Sign Name: Address:  | Date   |                     |                      |  |                |                  |                                 |                          |         |
|  |  |                     |                      |  |                |                  |                                 |                          |         |



| Farm Name - Well No. |               |            |  |  |  |  |  |
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| Siegel 1             |               |            |  |  |  |  |  |
| Applicant Nar        | ne            | DEP ID No. |  |  |  |  |  |
| Chevron Ap           | palachia, LLC | 279986     |  |  |  |  |  |
| DEP USE              | APS No.       |            |  |  |  |  |  |

|   |                                  |  |          |   |  | L              | ONLI   |  |                      |                    |  |
|---|----------------------------------|--|----------|---|--|----------------|--|--|----------------------|--------------------|--|
| List the following: surface landowner; surface lan  | idowners and w                   | ater purveyors with water supplies within 3,000 feet; municipality whe 3,000 feet of the vertical well bore; gas storage operator if within 3,00 | •        | Sas Storage Operator Surface Landowners Water Purveyors with water supplies | ars<br>s<br>s  |                | Notification Note the means and attach proof. Certified Mail Dates |  |                      |                    |  |
| feet. Mark the boxes, "X," which show the partie each of these parties.  Notification: Signature below name | es' interests. Us<br>indicates t | se additional forms if you need more space. You are required to noti<br>the party's acknowledgement of receipt of the we                         | y wobn   |   | Surface Landowners<br>& Water Purveyors<br>with water supplies<br><3000' | Municipalities | 001,00   | The state of the s |                      |                    |  |
| location plat and serves as proof of r  |                                  |  | Surfac   | Gas S   | Surfac<br>& Wat<br>with w<br><3000                                       | Munic          | Sent   | Return Receip  | Address<br>Affidavit | Written<br>Consent |  |
| Print Name: Luzerne Township  |                                  | Address: 415 Hopewell Road<br>Brownsville, PA 15417  |          |   |  | Χ              | 1/23/17  | 1/24/17  |                      |                    |  |
| Signature   |                                  |  |          |   |  |                |  |  |                      |                    |  |
| Print Name: German Township Signature   |                                  | Address: 2 Long Street<br>McClellandtown, PA 15458   |          |   |  | χ              | 1/23/17  | 1/25/17  |                      |                    |  |
|   |                                  |  |          |   |  |                |  |  |                      |                    |  |
| Print Name: Redstone Township Signature   |                                  | Address: 225 Twin Hills Road<br>Grindstone, PA 15442   |          |   |  | X              | 1/23/17  | 1/25/17  |                      |                    |  |
|   | <u> </u>                         |  |          | ļ   |  |                |  |  |                      |                    |  |
| Print Name: Brownsville Township  |                                  | Address: 232 Brown Street<br>Brownsville, PA 15417   |          |   |  | Χ              | 1/23/17  | 1/30/17  |                      |                    |  |
| Signature   |                                  |  |          |   |  |                |  |  |                      |                    |  |
| Print Name: Borough of Brownsville  |                                  | Address: 200 Second Street<br>Brownsville, PA 15417  |          |   |  | Χ              | 1/23/17  | 1/25/17  |                      |                    |  |
| Signature   |                                  |  |          |   |  |                |  |  |                      |                    |  |
|   | -                                | Record of Written  | Cons     | ent   | :  |                |  |  |                      | :                  |  |
| Written Consent: Signature below inc  | dicates the p                    | party's approval of the well location, or indicates write  | en conse | nt and  | d waives the   | 15-d           | ay objection p   | eriod where a  | pplicable.           |                    |  |
|   |                                  |  |          | _   |  |                | ck applicable bo   |  |                      |                    |  |
|   |                                  |  | Surf     | ace Ov  | /ner   | Wa             | ter Well within  | 500 feet   | Building within      | 1 500 feet         |  |
| Print and Sign Name:  | Address:                         | Date   |          |   |  |                |  |  |                      |                    |  |
| Print and Sign Name:  | Address:                         | Date   |          |   |  |                |  |  |                      |                    |  |
| Print and Sign Name:  | Address:                         | Date   |          |   |  |                |  |  |                      |                    |  |
| Print and Sign Name:  | Address:                         | Date   |          |   |  |                |  |  |                      |                    |  |
| Print and Sign Name:  | Address:                         | Date   |          |   |  |                |  |  |                      |                    |  |



| Farm Name - Well No. |               |            |  |  |  |  |  |
|----------------------|---------------|------------|--|--|--|--|--|
| Siegel 1             |               |            |  |  |  |  |  |
| Applicant Nar        | ne            | DEP ID No. |  |  |  |  |  |
| Chevron Ap           | palachia, LLC | 279986     |  |  |  |  |  |
| DEP USE              | APS No.       |            |  |  |  |  |  |
| ONI Y                |               |            |  |  |  |  |  |

|  |               |   |  |                      |  | Į              | UNLT   |                |                      |                    |  |
|--|---------------|---|--|----------------------|--|----------------|--|----------------|----------------------|--------------------|--|
| List the following: surface landowner; surface lar   | downers and v | vater purveyors with water supplies within 3,000 feet; municipality wh  | ere  | j                    |  |                | Notification  Note the means and attach proof. |                |                      |                    |  |
|  |               | n 3,000 feet of the vertical well bore; gas storage operator if within 3,0<br>Jse additional forms if you need more space. You are required to no | 000 ja | Operate              | wners<br>yors<br>plies   |                | Certified                                      | Mail Dates     |                      |                    |  |
| each of these parties.  Notification: Signature below name indicates the party's acknowledgement of receipt of the v |               |   | ell landc                                  | rage (               | Lando<br>Purve<br>er sup   | alities        |  |                |                      |                    |  |
| location plat and serves as proof of r   |               | <b>,</b>  | Surface Landowner                          | Sas Storage Operator | Surface Landowners<br>& Water Purveyors<br>with water supplies<br><3000' | Municipalities | Sent   | Return Receipt | Address<br>Affidavit | Written<br>Consent |  |
| Print Name: Cumberland Township  |               | Address: 100 Municipal Road<br>Carmichaels, PA 15320  |  |                      |  | Х              | 1/23/17  | 1/26/17        |                      |                    |  |
| Signature  |               |   |  |                      |  | ^              | 1/20/11  | 1/20/11        |                      |                    |  |
| Print Name: Jefferson Township   |               | Address: 173 Goslin Road<br>Rices Landing, PA 15357   |  |                      |  | Χ              | 1/23/17  | 1/25/17        |                      |                    |  |
| Signature  Print Name: Borough of Rices Landing  |               | Address: 137 Main Street  |  |                      |  |                |  |                |                      |                    |  |
| Signature  |               | PO Box 185<br>Rices Landing, PA 15357   |  |                      |  | X              | 1/23/17  | 1/30/17        |                      |                    |  |
| Print Name: East Bethlehem Township Signature  |               | Address: 36 Water Street PO Box 687 Fredericktown, PA 15333   |  |                      |  | X              | 1/23/17  | 1/27/17        |                      |                    |  |
| Print Name: Centerville Borough  |               | Address: 100 East End Road<br>Brownsville, PA 15417   |  |                      |  | Х              | 1/23/17  | 1/25/17        |                      |                    |  |
| Signature  |               |   |  |                      |  |                |  |                |                      |                    |  |
|  |               | Record of Written   | Cons                                       | ent                  |  |                |  |                |                      |                    |  |
| Written Consent: Signature below inc   | dicates the   | party's approval of the well location, or indicates wri   | tten conse                                 | ent and              | d waives the   | 15-d           | ay objection p                                 | eriod where a  | pplicable.           |                    |  |
|  |               |   | Surf                                       | ace Ov               | /ner   |                | ck applicable bo                               |                | Building within      | n 500 feet         |  |
| Print and Sign Name:   | Address:      | Date  |  |                      |  |                |  |                |                      |                    |  |
| Print and Sign Name:   | Address:      | Date  |  |                      |  |                |  |                |                      |                    |  |
| Print and Sign Name:   | Address:      | Date  |  |                      |  |                |  |                |                      |                    |  |
| Print and Sign Name:   | Address:      | Date  |  |                      |  |                |  |                |                      |                    |  |
| Print and Sign Name:   | Address:      | Date  |  |                      |  |                |  |                |                      |                    |  |