

## PERMIT APPLICATION TO DRILL AND OPERATE A WELL COAL MODULE

Coal module attachment to address coal related issues with drilling, altering or operating wells.		
	Yes	No
1. Will the well penetrate a <b>workable coal seam</b> ?  If "No," attach justification and supporting documentation.  a. Have the coal rights been severed from the surface estate	<input checked="" type="checkbox"/>    <input type="checkbox"/>	<input type="checkbox"/>    <input checked="" type="checkbox"/>
2. If the well will penetrate a <b>workable coal seam</b> , and the well is a "non-conservation" gas well, does the location comply with the distance requirements of Section 7 of the Coal and Gas Resource Coordination Act? (At least 1,000 feet from all existing wells).  a. If "No," is the required exception request attached? (Check N/A if re-working an existing well: <input type="checkbox"/> N/A) b. Will the well be part of a Well Cluster which is an area within a well pad intended to host multiple horizontal wells and which comprises an area no greater than 5,000 square feet? c. Will this well be part of a Well Cluster that already has an approved OG-57 waiver? If Yes, provide a copy of the approved OG-57 form.	<input type="checkbox"/>   <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
3. Will this well be drilled in solid coal or into an open underground void?	solid coal <input checked="" type="checkbox"/>	open void <input checked="" type="checkbox"/>
	Yes	No
4. Will the well be drilled through an <b>operating coal mine</b> , or within 1,000 feet of the boundary?  a) If "Yes," provide the names of: Mine: _____ and Operator: _____ b) If yes, does it meet the Gas Well Pillar Study? c) If yes, provide a copy of the most recent underground mine workings map that shows well location, a map scale, the lease/unit boundary, and a north arrow.	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>
5. If the well will be a Coalbed Methane well is the alternate method request of drilling/completing the well attached (form 5500-PM-OG0024)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. If the well is a CBM well, has the surface landowner been notified and provided a copy of Form 5500-FM-OGO053 Rev. 1/2011?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## COAL MODULE

### Record of Notification / Written Consent

List the following: all coal owners and lessees of all underlying coal seams; operators of operating coal mines at the proposed location; and coal operators with Operating Coal Mine. 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.		Coal Owner	Coal Lessee	Operator of operating Coal Mine	Within 1,000 feet	Notification Note the means and attach proof.			
Certified Mail Dates						Address Affidavit	Written Consent		
Sent	Return Receipt								
Name: William J. & Jill Stewart	Address: 572 Heisterburg Road East Millsboro, PA 15433	X				09/18/17	09/20/17		
Name: Connie Shaffer	Address: 303 National Ave Brownsville, PA 15417	X				09/18/17	09/20/17		
Name: David H. & Kathleen J. Stewart	Address: 2366 River Road Willoughby Hills, OH 44094	X				09/18/17	09/20/17		
Name: Charlotte & Louis Neal	Address: 1428 Cherokee NW Albuquerque, NM 87107	X				09/18/17	09/21/17		
Name: Charles E. II & Janet Stewart	Address: 7131 Burr ridge Ave Mentor, OH 44060	X				09/18/17	09/21/17		
<b>Optional: Signature below indicates the party's approval of the well location, and waives the 15-day objection period. Check applicable box.</b>									
Coal <input type="checkbox"/> Operator, <input checked="" type="checkbox"/> Owner, or <input type="checkbox"/> Lessee									Date
Coal <input type="checkbox"/> Operator, <input checked="" type="checkbox"/> Owner, or <input type="checkbox"/> Lessee									Date
Coal <input type="checkbox"/> Operator, <input checked="" type="checkbox"/> Owner, or <input type="checkbox"/> Lessee									Date
Coal Operator within 1,000 feet of proposed location									Date

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Certified Mail Dates						Address Affidavit	Written Consent		
Sent	Return Receipt								
Name: William & Laura Childs	Address: 7124 Burrige Ave Mentor, OH 44060	X				09/18/17	09/21/17		
Name:	Address:								
Name:	Address:								
Name:	Address:								
Name:	Address:								

<b>Optional: Signature below indicates the party's approval of the well location, and waives the 15-day objection period. Check applicable box.</b>	
Coal <input type="checkbox"/> Operator, <input checked="" type="checkbox"/> Owner, or <input type="checkbox"/> Lessee	Date
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee	Date
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee	Date
Coal Operator within 1,000 feet of proposed location	Date