



COMMONWEALTH OF PENNSYLVANIA
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 # 1, 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>Donna M. Spychala</u> <u>2732 N. Wyoming Street</u> <u>Fairfax, VA 22031</u>	<u>11/9/17</u>	<u>11/17/17</u>
2. <u>Donna M. Spychala</u> <u>7600 Lakeside Village Apt G</u> <u>Falls Church, VA 22042</u>	<u>11/21/17</u>	<u>11/29/17</u>

Well Operator (signature) [Signature]

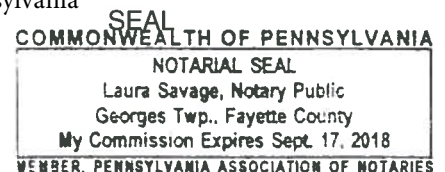
(Print name & title) Branden Weimer Permit Team Lead

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

Commonwealth of Pennsylvania
County of Fayette

Notary Public (signature) [Signature]

My commission expires: September 17, 2018



In recognition hereof, I set my seal and signature this 14th day of December, 2017.

* Photocopies of the green cards are acceptable.



HES Department - Permitting
Appalachia/Mountain Business Unit
Chevron North America Exploratic
Company (a division of Chevron U
700 Cherrington Parkway
Coraopolis, PA 15108



7017 0190 0000 9460 6462



NIXIE

22031-RFS-1N

11/14/17

* R F S *

RETURN TO SENDER
NO SUCH STREET
UNABLE TO FORWARD
RETURN TO SENDER



55



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

Kowaly

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:

Donna M. Spychala
2732 N. Wyoming Street
Fairfax, VA 22031



9590 9402 3273 7196 2089 47

7017 0190 0000 9460 6462

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
X ☐ 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

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail®
 - ☐ Insured Mail Restricted Delivery
 - ☐ Insured Mail Restricted Delivery (over \$500)
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Return Receipt for Merchandise
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



HES Department - Permitting
Appalachia/Mountain Business
Chevron North America Explor
Company (a division of Chevron)
700 Cherrington Parkway
Corapolis, PA 15108



7016 1370 0001 3238 8307

NIXIE

22031-RFS-1N

11/26/17

RETURN TO SENDER
NO SUCH STREET
UNABLE TO FORWARD
RETURN TO SENDER

* R F S *



2168C



PITNEY BOWES

\$ 006.560

02 1P

NOV 21 2017

MAILED FROM ZIP CODE 15108

RECEIVED

NOV 29 2017

RETURN RECEIPT
REQUESTED

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.

Donna M. Spychala
7600 Lakeside Village Dr Apt G
Falls Church, VA 22042



9590 9402 3273 7196 2075 20

Article Number (Transfer from online label)

7016 1370 0001 3238 8307

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Collect on Delivery Restricted Delivery Mail
 - ☐ Collect on Delivery Restricted Delivery (over \$500)
4. Priority Mail Express®
- ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Return Receipt for Merchandise
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt