

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION OFFICE OF OIL AND GAS MANAGEMENT

## COORDINATION OF A WELL LOCATION WITH PUBLIC RESOURCES (Unconventional Operations Only)

A. OPERATOR AND	WELL INFORMA	ATION						
Well Operator Chevron Appalachia, LLC		DEP ID / OGO No. 279986/39307		Well Site Name and No. Edenborn/RGGS B M015H				
Address 700 Cherrington Parkwa			ame and No. GGS B 155083					
City Coraopolis	State PA	Zip Code 15108	Latitude 39.8820		Longitude (DD) - 79.896197			
Telephone No. 412-865-2417	Fax No. Email savage1@chevron.co			1@chevron.cor	m			
B. WELL LOCATION PROXIMITY TO PUBLIC RESOURCES								
1) Within 200 feet of a publicly owned park, forest, game land, or wildlife area?  ☑ Yes ☐ No								
In or within the corridor of a state or national scenic river?     ☐ Yes    ☑ No								
3) Within 200 feet of a national natural landmark? ☐ Yes ☑ No								
Location will impact other critical communities?     ☐ Yes								
5) Within 200 feet of a historical or archeological site on a federal/state list of historical places?  ☐ Yes ☑ No								
6) Within Zones 1 or 2 of a wellhead protection area approved under Section 109.713.  ☐ Yes ☑ No								
7) Within 200 feet of common areas on a school's property or playground?  ☐ Yes ☑ No								
8) <b>Wells</b> , within 1000 feet of water wells, surface water intakes, reservoirs, or other water supply extraction points used by a water purveyor?  ☐ Yes ☐ No								
If <u>all</u> the answers to questions 1 thru 8 are "No," proceed to Section C								
C. RESOURCE AGENCY COORDINATION								
List each public resource identified in SECTION B above with its name and location.								
Public Resource 1								
Public Resource Name			Loc	cation German	Township. Fayette County			
Public Resource Agency Name Pennsylvania Game Commission Contact Person Steve Leiendecker								
Contact Address and Telephone No. 4820 Route 711, Bolivar, PA 15923 724-238-9523								
Contact Email sleiendeck@pa.gov								
Describe functions and uses of the public resource.								
State Games Lands 238 existing of 662.70 acres managed and maintained primarily for outdoor recreation in the form of sport-hunting. It is also available for hiking, wildlife photography and bird-watching.								
in the form of oport numering, it is those available for intering, whether photography and one watering.								

Describe the measures proposed to be taken to avoid, minimize or otherwise mitigate impacts.  Chevron will adhere to the lease with the Commonwealth of PA, State Game Lands and work with the Game Commission Officer to ensure the safety of the public and to protect the game lands								
Date of Notification 9/24/18 Attach Proof of Notification								
Did the Public Resource Agency Res If yes, provide the response with this		No						
Public Resource 2								
Public Resource Name					Location			
Public Resource Agency Name					Contact Person			
Contact Address and Telephone No.								
Contact Email								
Describe functions and uses of the pro-	ublic resource.							
				-				
Describe the measures proposed to be	e taken to avoid, min	nimize	or otherw	ise miti	gate impacts.			
Date of Notification Attach Proof of Notification								
Did the Public Resource Agency Respond Yes No If yes, provide the response with this form.								
D. APPLICANT SIGNATURE								
Signature of Applicant / Well Operator			Print or Type Signer's Name and Title Date			Date		
$\mathcal{D}_{1}\mathcal{D}_{2}=$			Branden Weimer, Permit Team Lead					
10000	DI	CO LIC	- ON V				10/25/18	
Approved Denied	Diameter Diameter	1	E ONLY			Street Town		
☐ Approved ☐ Denied  DEP Representative		Con	ditions	☐ NC	S, see below or attached )	Date		
Conditions	7	<u> </u>						
				_8				

Edenborn 1-15							
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery						
Michael DeMatteo Commonwealth of Pennsylvania 2001 Elmerton Ave Harrisburg, PA 17110	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No						
9590 9402 3273 7196 2075 44 7017 0190 0000 9663	3. Service Type  ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Certified Mail® ☐ Certified Mail® ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Restricted Delivery						
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt						