



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 workable coal seam ? 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 workable coal seam , 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 operating coal mine , 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: Stephen Siegel	Address: 118 W 8 th Street Aspinwall, PA 15215	X				3/13/19	3/16/19		
Name: Mark Simon Siegel	Address: 439 BB Sams Drive Saint Helena Island, NC 29920	X				3/13/19	3/18/19		
Name:	Address:								
Name:	Address:								
Name:	Address:								

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

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ER: C

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.

Article Addressed to:

Stephen Siegel
118 W 8th Street
Aspinwall, PA 15215

8

9590 9402 2937 7094 0765 98

7018 0040 0000 1276 4750

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

Domestic Return Receipt

A. Signature
X *Stephen Siegel* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
3-16

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
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over \$500)

Secret Permit

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

■ 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 Simon Siegel
439 BB Sams Drive
Saint Helena Island, NC 29920

9590 9402 2937 7094 0765 81

7018 0040 0000 1276 4767

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

Domestic Return Receipt

A. Signature
X *Mark Simon Siegel* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
MARK S. SIEGEL

C. Date of Delivery
3/18/14

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
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over \$500)