

**PERMIT APPLICATION TO DRILL AND OPERATE  
AN UNCONVENTIONAL WELL**  
**Record of Notification**

US Well No. (API No.) 37-051-24646-00-00  
Siegel

| Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              | I hereby certify that, for all interested parties identified on the plat of this application for which written consent or an "Affidavit of Non-Delivery of Certified Mail" has not been uploaded, copies of the well plat have been sent via certified mail and I have received a return receipt verifying delivery. |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Signature of Person Authorized to Submit Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Print or Type)<br>BRANDEN WEIMER                            | Name of Signer: BRANDEN WEIMER Title: Senior                                                                                                                                                                                                                                                                         | Permitting Advisor<br>Date<br>4/22/19 |
| <p>List the following: surface landowner, surface landowners and water purveyors with water supplies within 3,000 feet; municipality where the well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. 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.</p> <p><b>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification</b></p> |                                                              |                                                                                                                                                                                                                                                                                                                      |                                       |
| Print Name: Steven Siegel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Address: 118 W 8th Street<br>Aspinwall, PA 15215             | Surface Landowner                                                                                                                                                                                                                                                                                                    | Gas Storage Operator                  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              | Surface Landowners & Water Purveyors with water supplies within 3,000 feet                                                                                                                                                                                                                                           | Municipalities                        |
| Print Name: Mark Simon Siegel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Address: 439 BB Sames Drive<br>Saint Helena Island, NC 29920 | X                                                                                                                                                                                                                                                                                                                    | X                                     |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                                                                                                                                                                                                                                                                                                                      |                                       |
| Print Name: Mark A. & Mariane R. Kara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address: 231 Heistersburg Road<br>East Millsboro, PA 15433   | X                                                                                                                                                                                                                                                                                                                    | X                                     |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                                                                                                                                                                                                                                                                                                                      |                                       |
| Print Name: James Jack Conner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Address: 104 West Bend Road<br>East Millsboro, PA 15433      | X                                                                                                                                                                                                                                                                                                                    | X                                     |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                                                                                                                                                                                                                                                                                                                      |                                       |
| Print Name: Craig S. Christopher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address: 133 West Bend Road<br>East Millsboro, PA 15433      | X                                                                                                                                                                                                                                                                                                                    | X                                     |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                                                                                                                                                                                                                                                                                                                      |                                       |
| <b>Record of Written Consent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                      |                                       |
| <b>Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                                                                                                                      |                                       |
| Check applicable box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                                                                                                                                                                                                                                                                                                                      |                                       |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address:                                                     | Date                                                                                                                                                                                                                                                                                                                 | Surface Owner                         |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address:                                                     | Date                                                                                                                                                                                                                                                                                                                 | Water Well within 500 feet            |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address:                                                     | Date                                                                                                                                                                                                                                                                                                                 | Building within 500 feet              |

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US Well No. (API No.)  
Siegel

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|---------------------------------------------------------|--|----------------------------|--|--------------------------|--|----------------|--|-------------------|--|-----------------|--|--|--|
| <b>Signature of Applicant</b><br>I hereby certify that, for all interested parties identified on the plat of this application for which written consent or an "Affidavit of Non-Delivery of Certified Mail" has not been uploaded, copies of the well plat have been sent via certified mail and I have received a return receipt verifying delivery.                                                                                                                                                                                                                                                                         |  | <b>Signature of Person Authorized to Submit Application</b><br><br>BRANDEN WEIMER |  | <b>Name of Signer: BRANDEN WEIMER</b><br><b>Title: Senior Permitting Advisor</b> |  | <b>Date</b><br>4/22/19                                  |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
| <p>List the following: surface landowner, surface landowners and water purveyors with water supplies within 3,000 feet; municipality where the well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. 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.</p> <p><b>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification</b></p> |  |                                                                                                                                                                      |  |                                                                                  |  | <b>Notification</b><br>Note the means and attach proof. |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                      |  |                                                                                  |  | Certified Mail Dates                                    |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Municipalities                                                                                                                                                       |  | Surface Landowners & Water Purveyors with water supplies <3000'                  |  | Gas Storage Operator                                    |  | Surface Landowner          |  | Sent                     |  | Return Receipt |  | Address Affidavit |  | Written Consent |  |  |  |
| Print Name: Trever L. Bookhardt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Address:                                                                                                                                                             |  | 141 West Bend Road<br>East Millsboro, PA 15433                                   |  |                                                         |  |                            |  | X                        |  | 03/13/19       |  | 03/18/19          |  |                 |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                      |  |                                                                                  |  |                                                         |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
| Print Name: Brent G. & Wanda Y. Broadwater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Address:                                                                                                                                                             |  | 254 Cementery Road<br>East Millsboro, PA 15433                                   |  |                                                         |  |                            |  | X                        |  | 03/13/19       |  | 03/18/19          |  |                 |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                      |  |                                                                                  |  |                                                         |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
| Print Name: Russell W. Jr. & Charlene D. Franks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Address:                                                                                                                                                             |  | 372 Heistersburg Road<br>East Millsboro, PA 15433                                |  |                                                         |  |                            |  | X                        |  | 03/13/19       |  | 03/16/19          |  |                 |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                      |  |                                                                                  |  |                                                         |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
| Print Name: Walter B. & Phyllis M. Palmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Address:                                                                                                                                                             |  | 575 Palmer Lane<br>East Millsboro, PA 15433                                      |  |                                                         |  |                            |  | X                        |  | 03/13/19       |  | 03/18/19          |  |                 |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                      |  |                                                                                  |  |                                                         |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
| Print Name: Nellie P. Foster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Address:                                                                                                                                                             |  | 502 N Lewis Run Road Apt 103<br>Pittsburgh, PA 15122                             |  |                                                         |  |                            |  | X                        |  | 03/13/19       |  |                   |  | X               |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                      |  |                                                                                  |  |                                                         |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
| <b>Record of Written Consent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                      |  |                                                                                  |  |                                                         |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
| Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                      |  |                                                                                  |  |                                                         |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
| Check applicable box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                      |  |                                                                                  |  |                                                         |  |                            |  |                          |  |                |  |                   |  |                 |  |  |  |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Address:                                                                                                                                                             |  | Date                                                                             |  | Surface Owner                                           |  | Water Well within 500 feet |  | Building within 500 feet |  |                |  |                   |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                      |  |                                                                                  |  | <input type="checkbox"/>                                |  | <input type="checkbox"/>   |  | <input type="checkbox"/> |  |                |  |                   |  |                 |  |  |  |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Address:                                                                                                                                                             |  | Date                                                                             |  | <input type="checkbox"/>                                |  | <input type="checkbox"/>   |  | <input type="checkbox"/> |  |                |  |                   |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                      |  |                                                                                  |  | <input type="checkbox"/>                                |  | <input type="checkbox"/>   |  | <input type="checkbox"/> |  |                |  |                   |  |                 |  |  |  |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Address:                                                                                                                                                             |  | Date                                                                             |  | <input type="checkbox"/>                                |  | <input type="checkbox"/>   |  | <input type="checkbox"/> |  |                |  |                   |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                      |  |                                                                                  |  | <input type="checkbox"/>                                |  | <input type="checkbox"/>   |  | <input type="checkbox"/> |  |                |  |                   |  |                 |  |  |  |

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF OIL AND GAS MANAGEMENTPERMIT APPLICATION TO DRILL AND OPERATE  
AN UNCONVENTIONAL WELL  
Record of NotificationUS Well No. (API No.)  
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| Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      | I hereby certify that, for all interested parties identified on the plat of this application for which written consent or an "Affidavit of Non-Delivery of Certified Mail" has not been uploaded, copies of the well plat have been sent via certified mail and I have received a return receipt verifying delivery. |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Signature of Person Authorized to Submit Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      | Name of Signer: BRANDEN WEIMER                                                                                                                                                                                                                                                                                       |                                                                 |
| (Print or Type)<br>BRANDEN WEIMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      | Senior Permitting Advisor<br>Title:                                                                                                                                                                                                                                                                                  |                                                                 |
| Date<br>4/22/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                                                                                                                                                                                                                                                                                      |                                                                 |
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| Print Name: Luzerne Township                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address: 415 Hopewell Road<br>Brownsville, PA 15417  | Surface Landowner                                                                                                                                                                                                                                                                                                    | Surface Landowners & Water Purveyors with water supplies <3000' |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      | Gas Storage Operator                                                                                                                                                                                                                                                                                                 | Municipalities                                                  |
| Print Name: German Township                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Address: 2 Long Street<br>McClellandtown, PA 15458   |                                                                                                                                                                                                                                                                                                                      |                                                                 |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                                                                                                                                                                                                                                                                                                      |                                                                 |
| Print Name: Redstone Township                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Address: 225 Twin Hills Road<br>Grindstone, PA 15442 |                                                                                                                                                                                                                                                                                                                      |                                                                 |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                                                                                                                                                                                                                                                                                                      |                                                                 |
| Print Name: Brownsville Township                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address: 232 Brown Street<br>Brownsville, PA 15417   |                                                                                                                                                                                                                                                                                                                      |                                                                 |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                                                                                                                                                                                                                                                                                                      |                                                                 |
| Print Name: Borough of Brownsville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address: 200 Second Street<br>Brownsville, PA 15417  |                                                                                                                                                                                                                                                                                                                      |                                                                 |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                                                                                                                                                                                                                                                                                                      |                                                                 |
| <b>Record of Written Consent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                      |                                                                 |
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| Check applicable box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                                                                                                                                                                                                                                                                      |                                                                 |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address:                                             | Date                                                                                                                                                                                                                                                                                                                 | Surface Owner                                                   |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address:                                             | Date                                                                                                                                                                                                                                                                                                                 | Water Well within 500 feet                                      |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address:                                             | Date                                                                                                                                                                                                                                                                                                                 | Building within 500 feet                                        |

**PERMIT APPLICATION TO DRILL AND OPERATE  
AN UNCONVENTIONAL WELL  
Record of Notification**

US Well No. (API No.)  
Siegel

**Signature of Applicant** I hereby certify that, for all interested parties identified on the plat of this application for which written consent or an "Affidavit of Non-Delivery of Certified Mail" has not been uploaded, copies of the well plat have been sent via certified mail and I have received a return receipt verifying delivery.

Signature of Person Authorized to Submit Application: *[Signature]* Name of Signer: **BRANDEN WEIMER** Date: 4/22/19  
(Print or Type) Senior Permitting Advisor

List the following: surface landowner, surface landowners and water purveyors with water supplies within 3,000 feet; municipality where the well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. 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.

**Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification**

| Print Name:<br>Signature                          | Address:                                                          | Surface Landowner | Gas Storage Operator | Surface Landowners & Water Purveyors with water supplies <3000' | Municipalities | Notification         |                |                   | Written Consent |
|---------------------------------------------------|-------------------------------------------------------------------|-------------------|----------------------|-----------------------------------------------------------------|----------------|----------------------|----------------|-------------------|-----------------|
|                                                   |                                                                   |                   |                      |                                                                 |                | Certified Mail Dates | Return Receipt | Address Affidavit |                 |
| Print Name: Cumberland Township<br>Signature      | Address: 100 Municipal Road<br>Carmichaels, PA 15320              |                   |                      |                                                                 | X              | 03/13/19             | 03/18/19       |                   |                 |
| Print Name: Jefferson Township<br>Signature       | Address: 173 Goslin Road<br>Rices Landing, PA 15357               |                   |                      |                                                                 | X              | 03/13/19             | 03/18/19       |                   |                 |
| Print Name: Borough of Rices Landing<br>Signature | Address: 137 Main Street<br>PO Box 185<br>Rices Landing, PA 15357 |                   |                      |                                                                 | X              | 03/13/19             | 03/16/19       |                   |                 |
| Print Name: East Bethlehem Township<br>Signature  | Address: 36 Water Street<br>PO Box 687<br>Fredericktown, PA 15333 |                   |                      |                                                                 | X              | 03/13/19             | 03/18/19       |                   |                 |
| Print Name: Centerville Borough<br>Signature      | Address: 100 East End Road<br>Brownsville, PA 15417               |                   |                      |                                                                 | X              | 03/13/19             | 03/18/19       |                   |                 |

**Record of Written Consent**

**Written Consent:** Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.

Check applicable box

|                      |          | Surface Owner | Water Well within 500 feet | Building within 500 feet |
|----------------------|----------|---------------|----------------------------|--------------------------|
| Print and Sign Name: | Address: | Date          | <input type="checkbox"/>   | <input type="checkbox"/> |
| Print and Sign Name: | Address: | Date          | <input type="checkbox"/>   | <input type="checkbox"/> |
| Print and Sign Name: | Address: | Date          | <input type="checkbox"/>   | <input type="checkbox"/> |