

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

US Well No. (API No.) 37-051-24641-00-00
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 		Name of Signer: BRANDEN WEIMER (Print or Type)	Permitting Advisor	Name of Signer: BRANDEN WEIMER Senior	Date 4/22/19
---	--	--	--	---------------------------	---	------------------------

		Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies within 3,000'	Municipalities	Notification		
						Note the means and attach proof.		
						Certified Mail Dates		
						Sent	Return Receipt	Address Affidavit
Print Name: Steven Siegel	Address: 118 W 8th Street Aspinwall, PA 15215	X		X		03/13/19	03/16/19	
Signature								Written Consent
Print Name: Mark Simon Siegel	Address: 439 BB Sames Drive Saint Helena Island, NC 29920	X		X		03/13/19	03/18/19	
Signature								
Print Name: Mark A. & Mariane R. Kara	Address: 231 Heistersburg Road East Millsboro, PA 15433			X		3/13/19		X
Signature								
Print Name: James Jack Conner	Address: 104 West Bend Road East Millsboro, PA 15433			X		03/13/19	03/19/19	
Signature								
Print Name: Craig S. Christopher	Address: 133 West Bend Road East Millsboro, PA 15433			X		03/13/19		X
Signature								

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	☐	☐
Print and Sign Name:	Address:	Date	☐	☐
Print and Sign Name:	Address:	Date	☐	☐

**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  BRANDEN WEIMER		Name of Signer: BRANDEN WEIMER Title: Senior Permitting Advisor		Date 4/22/19													
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						Notification Note the means and attach proof.													
						Certified Mail Dates													
		Municipalities		Surface Landowners & Water Purveyors with water supplies within 3,000 feet		Gas Storage Operator		Surface Landowner		Sent		Return Receipt		Address Affidavit		Written Consent			
Print Name: Trever L. Bookhardt		Address:		141 West Bend Road East Millsboro, PA 15433						X		03/13/19		03/18/19					
Signature																			
Print Name: Brent G. & Wanda Y. Broadwater		Address:		254 Cementery Road East Millsboro, PA 15433						X		03/13/19		03/18/19					
Signature																			
Print Name: Russell W. Jr. & Charlene D. Franks		Address:		372 Heistersburg Road East Millsboro, PA 15433						X		03/13/19		03/16/19					
Signature																			
Print Name: Walter B. & Phyllis M. Palmer		Address:		575 Palmer Lane 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 Pittsburgh, PA 15122						X		03/13/19				X			
Signature																			
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																			
Print and Sign Name:		Address:		Date		Surface Owner		Water Well within 500 feet		Building within 500 feet									
						☐		☐		☐									
Print and Sign Name:		Address:		Date		☐		☐		☐									
						☐		☐		☐									
Print and Sign Name:		Address:		Date		☐		☐		☐									
						☐		☐		☐									

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.)
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		Name of Signer: BRANDEN WEIMER	
(Print or Type) BRANDEN WEIMER		Senior Permitting Advisor Title:	
Date		4/22/19	
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: Luzerne Township	Address: 415 Hopewell Road 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 McClellandtown, PA 15458		
Signature			
Print Name: Redstone Township	Address: 225 Twin Hills Road Grindstone, PA 15442		
Signature			
Print Name: Brownsville Township	Address: 232 Brown Street Brownsville, PA 15417		
Signature			
Print Name: Borough of Brownsville	Address: 200 Second Street Brownsville, PA 15417		
Signature			
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			
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



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 # 1H-9H, on (farm name) Siegel, (serial no.) MCLS 37-051-2010, in (municipality name and type) Luzerne 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>Nellie P. Foster</u> <u>502 N Lewis Run Road Apt 103</u> <u>Pittsburgh, PA 15122</u>	<u>3/13/19</u>	<u>4/17/19</u>
2. <u>Luzerne Township</u> <u>415 Hopewell Road</u> <u>Brownsville, PA 15417</u>	<u>3/13/19</u>	<u>4/17/19</u>

Well Operator (signature) [Signature] 4/18/19

(Print name & title) Kenneth D. Martz Permitting Team Lead

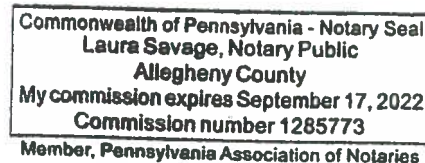
In Witness Whereof, I have hereunto set my hand and official seal.

Commonwealth of Pennsylvania
County of Allegheny

Notary Public (signature) Laura Savage

My commission expires: September 17, 2022

SEAL



In recognition hereof, I set my seal and signature this 18th day of April, 2019.

* Photocopies of the green cards are acceptable.



2018 0040 0000 1276 4842



RECEIVED

APR 17 2019

coloom

CTH
51065

NELLIE P. FOSTER
502 N LEWIS RUN ROAD APT 103
PITTSBURGH, PA 15122

2168c

CHS

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

MANUAL PROC REQ 2039N103130-01797

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

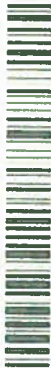
51441 Ref Permit

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:

Nellie P. Foster
502 N Lewis Run Road Apt 103
Pittsburgh, PA 15122



9590 9402 2937 7094 0765 05

2. Article Number (Transfer from envelope 1-4-97)

7018 0040 0000 1276 4842

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ 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
- ☐ Delivery Restricted Delivery
- ☐ Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt



7018 0040 0000 1276 4859

12/11/16

RECEIVED

APR 17 2019

MOO700

2168c

LUZERNE TOWNSHIP
415 HOPEWELL ROAD
BROWNSVILLE, PA 15417



NEXT

152 DE 1

9904/14/19

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

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

Special Permit

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:

Luzerne Township
415 Hopewell Road
Brownsville, PA 15417



9590 9402 2937 7094 0764 99

2. Article Number (Transfer from service label)

7018 0040 0000 1276 4859

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ 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
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**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	Name of Signer: BRANDEN WEIMER	Date 4/22/19	
	(Print or Type) BRANDEN WEIMER	Senior Permitting Advisor Title:	

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

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
Print and Sign Name:	Address:	Date	Building within 500 feet
		☐	☐
Print and Sign Name:	Address:	Date	☐
		☐	☐
Print and Sign Name:	Address:	Date	☐
		☐	☐



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 # 1H-9H, on (farm name) Siegel, (serial no.) MCLS 37-051-2010, in (municipality name and type) Luzerne 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.

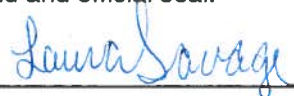
Person & Address where certified mail was sent	Date Sent	Date mailing was returned as undeliverable.
1. <u>Mark A. & Mariane R. Kara</u> <u>231 Heistersburg Road</u> <u>East Millsboro, PA 15433</u>	<u>3/13/19</u>	<u>4/17/19</u>
2. <u>Craig S. Christopher</u> <u>133 West Bend Road</u> <u>East Millsboro, PA 15433</u>	<u>3/13/19</u>	<u>4/17/19</u>

Well Operator (signature) 

(Print name & title) Kenneth D. Martz Permitting Team Lead

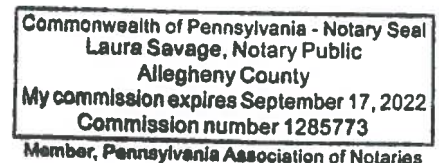
In Witness Whereof, I have hereunto set my hand and official seal.

Commonwealth of Pennsylvania
County of Allegheny

Notary Public (signature) 

My commission expires: September 17, 2022

SEAL



In recognition hereof, I set my seal and signature this 18th day of April, 2019.

* Photocopies of the green cards are acceptable.



Chevron North America Exploration
and Production Company (a Chevron U.S.A. Inc.)
700 Cherrington Parkway
Coraopolis, PA 15108

7016 0040 0000 1276 4774



7016 0040 0000 1276 4774



RECEIVED
APR 12 2019
0007100

2168C

MARK A. & MARIANE R. KARA
231 HEISTERSBURG ROAD
EAST MILLSBORO, PA 15433

NIXIE 152 52 1 0204/14/19
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

1. *Send Permit*

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:

Mark A. & Mariane R. Kara
231 Heistersburg Road
East Millsboro, PA 15433



9590 9402 2937 7094 0765 74

2. Article Number (Transfer from previous label)

7018 0040 0000 1276 4774

(over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

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

- 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
 - ☐ Priority Mail Express®

Domestic Return Receipt

UNITED STATES MAIL



Chevron North America Exploration
and Production Company (a Chevron U.S.A. Inc. division)
700 Cherrington Parkway
Corapolis, PA 15108

7018 0040 0000 1276 4798



7018 0040 0000 1276 4798



RECEIVED
APR 17 2019
0007009

2/68c

CRAIG S. CHRISTOPHER
133 WEST BEND ROAD
EAST MILLSBORO, PA 15433

NIXIE 152 DE 1 0004/14/19

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

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

Single Return

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:

Craig S. Christopher
133 West Bend Road
East Millsboro, PA 15433



9590 9402 2937 7094 0765 50

? Article Number (Transfer from carrier label)

7018 0040 0000 1276 4798

PS Form 3811, July 2015 PSN 7530-02-000-8053

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
 - ☐ If Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt