

**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)                                              | Name of Signer: BRANDEN WEIMER                                                                                                                                                                                                                                                                                       | Permitting Advisor         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BRANDEN WEIMER                                               |                                                                                                                                                                                                                                                                                                                      | Senior<br>Date 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   |

**PERMIT APPLICATION TO DRILL AND OPERATE  
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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                                                             |  | Return Receipt                                                             |  | Address Affidavit          |  |                          |  |      |  |          |  |          |  |                 |  |
| Print Name: Trever L. Bookhardt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Address: 141 West Bend Road<br>East Millsboro, PA 15433                                                                                                              |  | Surface Landowner                                                                |  | Surface Landowners & Water Purveyors with water supplies within 3,000 feet |  | Gas Storage Operator       |  | Municipalities           |  | Sent |  | 03/13/19 |  | 03/18/19 |  | Written Consent |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                      |  |                                                                                  |  |                                                                            |  |                            |  |                          |  |      |  |          |  |          |  |                 |  |
| Print Name: Brent G. & Wanda Y. Broadwater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Address: 254 Cementery Road<br>East Millsboro, PA 15433                                                                                                              |  |                                                                                  |  |                                                                            |  |                            |  |                          |  |      |  |          |  |          |  |                 |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                      |  |                                                                                  |  |                                                                            |  |                            |  |                          |  |      |  |          |  |          |  |                 |  |
| Print Name: Russell W. Jr. & Charlene D. Franks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Address: 372 Heistersburg Road<br>East Millsboro, PA 15433                                                                                                           |  |                                                                                  |  |                                                                            |  |                            |  |                          |  |      |  |          |  |          |  |                 |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                      |  |                                                                                  |  |                                                                            |  |                            |  |                          |  |      |  |          |  |          |  |                 |  |
| Print Name: Walter B. & Phyllis M. Palmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Address: 575 Palmer Lane<br>East Millsboro, PA 15433                                                                                                                 |  |                                                                                  |  |                                                                            |  |                            |  |                          |  |      |  |          |  |          |  |                 |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                      |  |                                                                                  |  |                                                                            |  |                            |  |                          |  |      |  |          |  |          |  |                 |  |
| Print Name: Nellie P. Foster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Address: 502 N Lewis Run Road Apt 103<br>Pittsburgh, PA 15122                                                                                                        |  |                                                                                  |  |                                                                            |  |                            |  |                          |  |      |  |          |  |          |  | 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                                                              |  | 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  
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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                                                                                                                                                                                                                                                                                            |                                                                 |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      | 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: 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                                                 |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------------------------|-----------------|
| <b>Signature of Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | Name of Signer: <b>BRANDEN WEIMER</b><br>(Print or Type)                                                                                                                                                                                                                                                             |                          | Senior Permitting Advisor<br>Title: |                                                                 | Date<br>4/22/19 |
| <p>List the following: surface landowners, 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: Cumberland Township                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address: | 100 Municipal Road<br>Carmichaels, PA 15320                                                                                                                                                                                                                                                                          | Surface Landowner        | Gas Storage Operator                | Surface Landowners & Water Purveyors with water supplies <3000' | Municipalities  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                                                 |                 |
| Print Name: Jefferson Township                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Address: | 173 Goslin Road<br>Rices Landing, PA 15357                                                                                                                                                                                                                                                                           |                          |                                     |                                                                 |                 |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                                                 |                 |
| Print Name: Borough of Rices Landing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address: | 137 Main Street<br>PO Box 185<br>Rices Landing, PA 15357                                                                                                                                                                                                                                                             |                          |                                     |                                                                 |                 |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                                                 |                 |
| Print Name: East Bethlehem Township                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address: | 36 Water Street<br>PO Box 687<br>Fredericktown, PA 15333                                                                                                                                                                                                                                                             |                          |                                     |                                                                 |                 |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                                                 |                 |
| Print Name: Centerville Borough                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address: | 100 East End Road<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            | 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 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><br><u>502 N Lewis Run Road Apt 103</u><br><u>Pittsburgh, PA 15122</u> | <u>3/13/19</u> | <u>4/17/19</u>                              |
| 2. <u>Luzerne Township</u><br><u>415 Hopewell Road</u><br><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

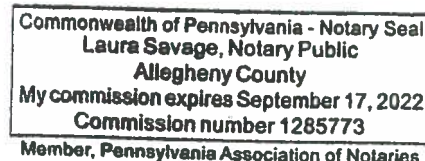
In Witness Whereof, I have hereunto set my hand and official seal.

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.



7018 0040 0000 1276 4842



RECEIVED

APR 17 2019

Woolmark

CTH  
5/20/15

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

2168c

57C

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

MANUAL PROC REQ

Z039N105190-01797

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

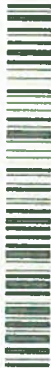
51441 Ref Permit

**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 1-4-87)**

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

12/16/20

RECEIVED

APR 17 2019

MOO700

2168c

LUZERNE TOWNSHIP  
415 HOPEWELL ROAD  
BROWNSVILLE, PA 15417



NEXT

152 DE 1

9994/14/19

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
- ☐ 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



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.

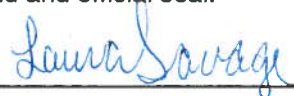
| Person & Address where certified mail was sent                                                             | Date Sent      | Date mailing was returned as undeliverable. |
|------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------|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

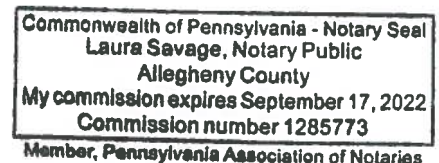
In Witness Whereof, I have hereunto set my hand and official seal.

*Commonwealth of Pennsylvania*  
*County of Allegheny*

Notary Public (signature) 

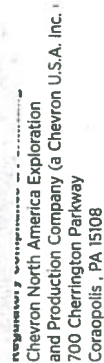
My commission expires: September 17, 2022

SEAL



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

\* Photocopies of the green cards are acceptable.



2018 0040 0000 1276 4774



RECEIVED  
APR 12 1960

2168C

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

NIXTE      157   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





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