8000-PM-OOGM0024 4/2012

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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DEP
OIL & GAS

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

MA: 1237726

DEP USE ONLY
Application Tracking #
1256805

Site: 826949
Client: 279986
APS: 973424
PF: 828036
SF: 1263128

Proposed Alternate Method or Material for Casing, Plugging, Venting or Equipping a Well

Well Operator	DEP ID#	Well Permit or Registration Number
Chevron Appalachia, LLC	279986	37-051-24670

Address	Well Farm Name
700 Cherrington Parkway	Kovach B

City	State	Zip Code	Well #	Serial #
Coraopolis	PA	15108	M09H	MCLS 37-051-0045

Phone	Fax	County	Municipality
412-865-2417	412-865-2403	Fayette	German Township

A proposed alternate method is subject to provisions in §3221 of the 2012 Oil and Gas Act, 58 Pa. C.S. §3221 Section 13 of the Coal and Gas Resource Coordination Act, 58 P.S. §513 and 25 PA Code §§78.75-78.75a (relating to Alternate Methods.) ***Attach proof of notification of coal operator(s).***

Describe in reasonable detail using a written description and / or diagram:

1. **the proposed alternate method or materials, and**
2. **the manner in which the alternative will satisfy the goals of the laws and regulations.**

1. Problem: According to PA 25 Code Section 78a.85(c) After any casing cement is placed and cementing operations are complete, the casing may not be disturbed for a minimum of 8 hours by doing any of the following:

(1) Releasing pressure on the cement head within 4 hours of cementing if casing equipment check valves did not hold or casing equipment was not equipped with check valves. After 4 hours, the pressure may be released at a continuous, gradual rate over the next 4 hours provided the floats are secure.

(2) Nippling up on or in conjunction to the casing.

(3) Slacking off by the rig supporting the casing in the cement sheath.

(4) Running drill pipe or other mechanical devices into or out of the wellbore with the exception of a wireline used to determine the top of cement.

2. Recommendation: The operator can perform BOP testing while waiting on the intermediate casing cement to cure for 8hrs. The following arguments are in support of the alternate method:

- The Well is a Marcellus well
- The casing equipment will be equipped with check valve(s). This alternate method applies only if the check valve(s) hold.
- The BOP would already be installed on the wellhead- Therefore there is no nipple up on or in conjunction to the casing
- The intermediate casing uses a hanger that lands in the wellhead- Therefore there is no slaking off by the rig supporting the casing in the cement sheath
- For 8 hrs. No drill pipe or other mechanical devices will be run into or out of the wellbore with the exception of wireline used to determine the top of the cement if need be.
- For 8 hrs. No pressure will be applied on the casing. A test plug will be landed inside the wellhead and casing valves open below the test plug during the entire test time.

Optional: Approval by Coal Owner or Operator		Signature of Applicant / Well Operator	
Signature	Date	Signature	Date
			11/14/16
Print or Type Signer's Name and Title		Print or Type Signer's Name and Title	
		Branden Weimer Permit Team Lead	

If optional approval is signed by coal owner or operator, the 15-day objection period may be waived.

DEP USE ONLY		
Approved by (DEP Manager)	Conditions	Date
(OGI) - Eric Peterson	☒ YES, See Attached ☐ NO	11/7/19

Proposed Alternate Method or Material for Casing,
Plugging, Venting or Equipping a Well

Chevron Appalachia, LLC

German Township, Fayette County

Farm Name & Well Number: Kovach B M09H AUTH # 1256805
051-24670

This Alternate Method is approved for work at the surface ONLY. Chevron may not run anything downhole, including not drilling out the shoe, prior to 8 hours.

DANIEL F. COUNAHAN DISTRICT MANAGER

1/7/19
DATE

Kovach 0624

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.
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1. Article Addressed to:

Stephen M. & Natalie J. Kovach
1366 Ralph New Salem Road
New Salem, PA 15468

9590 9402 2937 7094 0859 41

2. Article Number (Transfer from service label)
7018 0040 0000 1276 2916

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) BB C. Date of Delivery 11-23-15

D. Is delivery address different from item 1? ☐ Yes
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☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

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

Kovach 0624

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- 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:

Sophia Berdar
62 S Mill Street
New Salem, PA 15468

9590 9402 2937 7094 0859 34

2. Article Number (Transfer from service label)
7018 0040 0000 1276 2923

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) BBerdar C. Date of Delivery 11-23-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
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☐ Adult Signature Restricted Delivery
☒ Certified Mail®
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☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
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☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

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- 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:

Margaret Kanar
211 Johnston Road
Pittsburgh, PA 15241

9590 9402 2937 7094 0859 27

2. Article Number (Transfer from service label)
7018 0040 0000 1276 2930

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 11-21-18

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®
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☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
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☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
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☐ Signature Confirmation Restricted Delivery
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☐ Insured Mail Restricted Delivery (over $500)

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- 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:

Franklin Dzurbala
12297 Jackson Road SE
Laconia, IN 47135

9590 9402 2937 7094 0859 10

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) F Dzurbala C. Date of Delivery 11-19-18

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

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- 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:

Rebecca Ann Hall
3110 Altama Avenue
Brunswick, GA 31520

9590 9402 2937 7094 0858 97

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 11/27/18

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®
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☐ Collect on Delivery
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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:

Charles E. Kovach
333 Quail Run Road
Venetia, PA 15367

9590 9402 2937 7094 0858 80

2. Article Number (Transfer from service label)
7018 0040 0000 1276 2978

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
11-20-18

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Kovach 06-24

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:

James Kirkpatrick Sr.
17506 East Park Street
Cleveland, OH 44121

9590 9402 2937 7094 0858 66

2. Article Number (Transfer from service label)
7018 0040 0000 1276 2992

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
JAMES KIRKPATRICK | 11/30/18

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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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:

Darlene P. Coble & Clyde C. Coble
43114 Rocky Ridge Court
Leesburg, VA 28716

9590 9402 2937 7094 0858 35

2. Article Number (Transfer from service label)
7018 0040 0000 1276 3029

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
11-27-18

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
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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:

Mary Catherine Silvious
PO Box 335
Summerton, SC 29148

9590 9402 2937 7094 0858 28

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
MARY C SILVIOUS | 11/30/18

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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
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- ☐ Return Receipt for Merchandise

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- 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:

Deborah K. McFarland & Robert McFarland
993 N. Quintana Street
Arlington, VA 22205

9590 9402 2937 7094 0858 04

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
11-26-18

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
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urianne Kirkpatrick Venere
26 Bluestone Road
ıth Euclid, OH 44121

tructions

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- 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:

Donna M. Spychala
2732 N. Wyoming Street
Arlington, VA 22213

9590 9402 2937 7094 0857 98

2. Article Number (Transfer from service label)
7018 0040 0000 1276 3067

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
11-24-18

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
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(over $500)
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erand Daniel S. Spychala c/o St.
vrence the Martyr Catholic Church
2 Franciona Road
xandria, VA 22310

tructions

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- 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:

Joseph Stromick & Karen Stromick
13364 Beach Boulevard #919
Jacksonville, FL 32224

9590 9402 2937 7094 0857 81

2. Article Number
7018 0040 0000 1276 3074

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
11-24-18

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
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- 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:

Patrick Stromick & Goldie Stromick
126 Duall Drive
Hopwood, PA 15445

9590 9402 2937 7094 0857 74

2. Article Number (Transfer from service label)
7018 0040 0000 1276 3081

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Goldie Stromick
☐ Agent
☑ Addressee

B. Received by (Printed Name)
Goldie Stromick

C. Date of Delivery
11-23-18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

HOPWOOD PA 15445
NOV 23 2018
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
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☐ Collect on Delivery Restricted Delivery
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☐ ail Restricted Delivery
(over $500)
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FAQs > (https://www.usps.com/faqs/uspstracking-faqs.htm)

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Tracking Number: 70180040000012762985

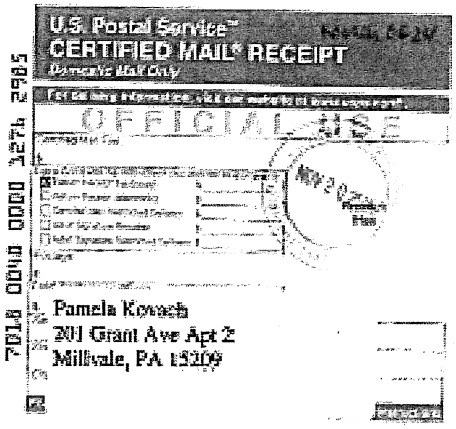
Remove ×

Expected Delivery on

WEDNESDAY

21 NOVEMBER 2018 ⓘ

by **8:00pm** ⓘ



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November 21, 2018 at 12:46 pm
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PITTSBURGH, PA 15209

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Feedback

Text & Email Updates ⌄

Tracking History ⌄

Product Information ⌄

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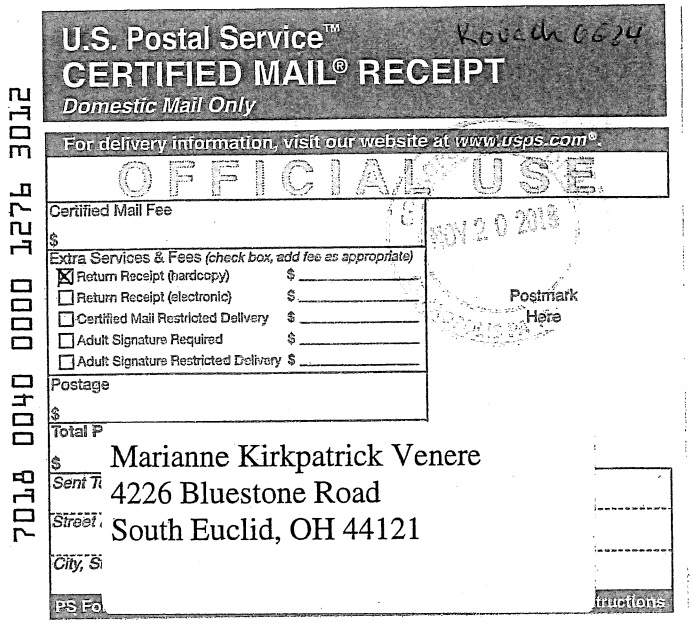
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Marianne Kirkpatrick Venere
4226 Bluestone Road
South Euclid, OH 44121
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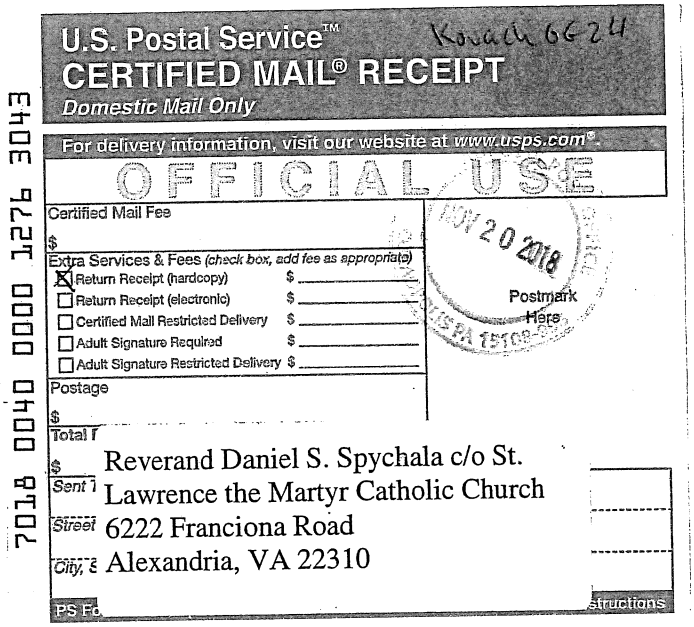
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7018 0040 0000 1276 3043
Reverand Daniel S. Spychala c/o St.
Lawrence the Martyr Catholic Church
6222 Franciona Road
Alexandria, VA 22310
structions

Kwach 0624

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:

James Kirkpatrick Jr.
17506 East Park Street
Cleveland, OH 44121

9590 9402 2937 7094 0858 59

7018 0040 0000 1276 3005

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ 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
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- ☐ Delivery Restricted Delivery
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- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

CERTIFIED MAIL

Chevron

HES Department – Permitting
Appalachia/Mountain Business
Chevron North America Explora
Company (a division of Chevron
700 Cherrington Parkway
Coraopolis, PA 15108

7018 0040 0000 1276 3005

2168C

UNITED STATES POSTAGE PITNEY BOWES
02 1P $ 006.88⁰
0000893210 NOV 20 2018
MAILED FROM ZIP CODE 15108

RECEIVED
DEC 10 08

MOORE

November 20, 2018

JAMES KIRKPATRICK JR.
17506 EAST PARK STREET
CLEVELAND, OH 44121

NIXIE 441 DE 1 0112/05/18
RETURN TO SENDER
VACANT
UNABLE TO FORWARD

BC: 15108431500 *1032-00995-05-18

21680

Chevron

HES Department – Permit
Appalachia/Mountain Bus
Chevron North America Ex
Company (a division of Che
700 Cherrington Parkway
Coraopolis, PA 15108

7018 0040 0000 1276 2954

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 006.88⁰
000085210 NOV 20 2018
MAILED FROM ZIP CODE 15108

RECEIVED
DEC 18 2018

MOO700

11.26
12.1 ✓

OLLIE C. BABINETZ
28 DEVONSHIRE DRIVE
CANDLER, NC 28715

NIXIE 296 DE 1 0012/15/18
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 15108431500 *2550-02410-15-28

15108>4315

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

Kovach 0624

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:

Ollie C. Babinetz
28 Devonshire Drive
Candler, NC 28715

9590 9402 2937 7094 0859 03

2. Article Number (Transfer from service label)
7018 0040 0000 1276 2954

COMPLETE THIS SECTION ON DELIVERY

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

Restricted Delivery (over $500)

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

Laura Savage
Drill Permitting Coordinator, HES Permitting

December 20, 2018

Eric Peterson
Office of Oil & Gas Management
Pennsylvania Department of Environmental Protection
400 Waterfront Drive
Pittsburgh, PA 15222-4745

RE: Proposed Alternate Method
Kovach B M01H-M09H

Dear Eric,

Enclosed is the Proposed Alternate Method for the wells listed above for your review and approval. I have also included the proof of notification of the coal owners. If you have any questions or need more information, please contact me at 412-865-2417 or lsavage1@chevron.com.

Sincerely,

Laura Savage
Permit Coordinator
Chevron Appalachia, LLC

Enclosures

Appalachian/Mountain Business Unit
Chevron North America Exploration and Production Company a division of Chevron U.S.A. Inc.
700 Cherrington Parkway Coraopolis, PA 15108
Tel 412 865 2417 Fax 412 865 2403
lsavage1@chevron.com