



COORDINATION OF A WELL LOCATION WITH PUBLIC RESOURCES (Unconventional Operations Only)

| A. OPERATOR AND WELL INFORMATION | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|-------------------------------------------------|------------------------------------------------|
| Well Operator Chevron Appalachia, LLC | | DEP ID / OGO No. 279986/39307 | | Well Site Name and No. Edenborn/RGGS B M03H |
| Address 700 Cherrington Parkway | | | Well Pad Name and No. Edenborn/RGGS B 155083 | |
| City Coraopolis | State PA | Zip Code 15108 | Latitude (DD) 39.881986 | Longitude (DD) - 79.896125 |
| Telephone No. 412-865-2417 | Fax No. 412-865-2403 | | Email lsavage1@chevron.com | |
| B. WELL LOCATION PROXIMITY TO PUBLIC RESOURCES | | | | |
| 1) Within 200 feet of a publicly owned park, forest, game land, or wildlife area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 2) In or within the corridor of a state or national scenic river? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 3) Within 200 feet of a national natural landmark? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 4) Location will impact other critical communities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 5) Within 200 feet of a historical or archeological site on a federal/state list of historical places? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 6) Within Zones 1 or 2 of a wellhead protection area approved under Section 109.713. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 7) Within 200 feet of common areas on a school's property or playground? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 8) Wells , within 1000 feet of water wells, surface water intakes, reservoirs, or other water supply extraction points used by a water purveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| <i>If <u>all</u> the answers to questions 1 thru 8 are "No," proceed to Section C</i> | | | | |
| C. RESOURCE AGENCY COORDINATION | | | | |
| List each public resource identified in SECTION B above with its name and location. | | | | |
| Public Resource 1 | | | | |
| Public Resource Name State Game Lands 238 | | | Location German Township, Fayette County | |
| Public Resource Agency Name Pennsylvania Game Commission | | | Contact Person Steve Leiendecker | |
| Contact Address and Telephone No. 4820 Route 711, Bolivar, PA 15923 724-238-9523 | | | | |
| Contact Email sleiendeck@pa.gov | | | | |
| Describe functions and uses of the public resource. State Games Lands 238 existing of 662.70 acres managed and maintained primarily for outdoor recreation in the form of sport-hunting. It is also available for hiking, wildlife photography and bird-watching. | | | | |

Describe the measures proposed to be taken to avoid, minimize or otherwise mitigate impacts.
 Chevron will adhere to the lease with the Commonwealth of PA, State Game Lands and work with the Game Commission Officer to ensure the safety of the public and to protect the game lands

Date of Notification 1/9/2020
 Attach Proof of Notification

Did the Public Resource Agency Respond ☐ Yes ☒ No
 If yes, provide the response with this form.

Public Resource 2

| | |
|-----------------------------------|----------------|
| Public Resource Name | Location |
| Public Resource Agency Name | Contact Person |
| Contact Address and Telephone No. | |
| Contact Email | |

Describe functions and uses of the public resource.

Describe the measures proposed to be taken to avoid, minimize or otherwise mitigate impacts.

Date of Notification
 Attach Proof of Notification

Did the Public Resource Agency Respond ☐ Yes ☐ No
 If yes, provide the response with this form.

D. APPLICANT SIGNATURE

Signature of Applicant / Well Operator

Print or Type Signer's Name and Title

Date



Kenneth D. Martz
 Permitting Team Lead

2/11/2020

DEP USE ONLY

☐ Approved

☐ Denied

Conditions

☐ YES, see below or attached
☐ NO

Date

DEP Representative

Conditions

Edulborn Receipt

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:

Michael DeMatteo
Commonwealth of Pennsylvania
2001 Elmerton Ave
Harrisburg, PA 17110



9590 9402 2937 7094 0781 10

7019 1120 0000 5414 2524

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Stettin

C. Date of Delivery

11/9/20

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™
- ☐ Signature Confirmation Restricted Delivery

☐ Delivery Restricted Delivery
(over \$500)

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

Domestic Return Receipt