

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

US Well No. (API No.)

Edenborn/RGGS B M14H

37-051-24688

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 Sub	omit Application	1	(Print or Type)	Name of Signer: Kenneth D. Martz									
8		Kenne	th D. Martz	Title:	le: Permitting Team Lead 2/11/202								
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.						ator	S S		Certifie		Notification leans and attach proof.		
Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties. Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification						Sas Storage Operator	Surface Landowners & Water Purveyors with water supplies <3000	Aunicipalities			Address	Written	
B. W. C. M. C.	1 Address	2001 Flm o	orton Aug		Surface Landowner	ගී	Su wit	Ψ	Sent	Return Recei	pt Affidavit	Consent	
Print Name: Commonwealth of Penr	sylvania Address:	2001 Elmerton Ave Harrisburg, PA 17110			Х				1/7/20	1/9/20			
Signature Mark B. Carrella ETAL	Address:	222 Cator	Pond										
Print Name: Mark R. Cerullo ETAL Signature	Address.	233 Gates Road Adah, PA 15410					х		1/7/20	1/9/20			
Print Name: Michael & Charity P. Kar	lowicz Address:	dress: 375 Gates Road											
Signature	IOWICZ Address.	Adah, PA 1					х		1/7/20	1/13/20			
Print Name: Robert Jr. & Pat Sterbur:	zel Address:	PO Box 33	7										
l I I			dtown, PA 15458				Х		1/7/20	1/8/20			
Print Name: Robert L. & Patricia Ster	butzel Address:	PO Box 33	7 dtown, PA 15458				×		1/7/20	1/8/20			
Signature		Wicciciiani	210W11, 1 A 15456				^		1///20	1/8/20			
			Record of Writte	n Co	nsei	nt .							
Written Consent: Signature below in	dicates the party's a	pproval of the	he well location, or indicates	written	conser	nt and	waives the	e 15-c	day objection	period wher	e applicable.		
	•								eck applicable I	-	••		
				8	urface	Owne	r	Wate	r Well within 5	00 feet	Building within	500 feet	
Print and Sign Name:	Address:		Date]							
Print and Sign Name:	Address:		Date										
Print and Sign Name:	Address:		Date										



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

US Well No. (API No.)		

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 Ap	plication	(Print or Type)	Name of Signer:							Date		
				Title:									
List the fellowing symfologloudown or cymfologloudown		uana wikh watan a	multipo militar 2 000 foot, montain alita	de ana de a						Notifica Note the means ar			
List the following: surface landowner; surface landowner well will be drilled; adjacent municipality; municipalities	vithin 3,000 feet o	f the vertical well	bore; gas storage operator if within	3,000 feet.	er	rator	ers S S		Certified	Mail Dates	iu attacii prooi.		
Mark the boxes, "X," which show the parties' interests. these parties.	Use additional fo	ms if you need m	nore space. You are required to no	tify each of	down	Ope	down veyor upplie	S					
Notification: Signature below name indica	es the party's	acknowledge	ement of receipt of the well	location	Lan	orage	r Pur Iter su	alitie					
plat and serves as proof of notification					Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies	Aunicipalities	Sent	Return Receipt	Address Affidavit	Written Consent	
Print Name: James Matthew Brown	Address:	54 W. Elm	Street		<i>O</i>)	<u> </u>	() ∞ ≤ V	2	Jent	return receipt	Tillidavit	CONSCIR	
Time value. James wateriew brown		Fairchance, PA 15436					Х		1/7/20	1/11/20			
Signature													
Print Name: Luzerne Township	Address:	•						.,	4 /7 /20	4 /0 /20			
Brownsvill			e, PA 15417					Х	1/7/20	1/8/20			
Signature Print Name: German Township	Address:	s: 2 Long Street											
		McClellandtown, PA 15458					Х	1/7/20	1/8/20				
Signature													
Print Name: Redstone Township	Address:	225 Twin F						.,	4 /7 /20	4 /0 /20			
Signatura	Grindston		e, PA 15442					Х	1/7/20	1/9/20			
Signature Print Name: Menallen Township	Address:	427 Searig	ht Herbert Road										
Print Name. We name in Township	riddi 033.	_	Uniontown, PA 15401					Х	1/7/20	1/8/20			
Signature													
			Record of Writte	<u>en Co</u>	nse	nt							
Written Consent: Signature below indicate	s the party's	approval of th	ne well location, or indicate	es written	conse	nt and	d waives th	e 15-	day objectior	period where	applicable.		
									heck applicable l				
				,	Surface	Owne	er	Wate	er Well within 5	00 feet E	Building with	n 500 feet	
	ess:		Date										
Print and Sign Name: Add	ess:		Date										
Print and Sign Name: Add	ress:		Date										



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

US Well No. (API No.)		
00 Wom No. (/ w 1710.)		

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 Ap	plication	(Pr	int or Type)	Name of Signer:							Date	
				Title:	Title:							
	·									Notifica		
List the following: surface landowner; surface landowner well will be drilled; adjacent municipality; municipalities well will be drilled; adjacent municipality; municipalities well will be drilled; adjacent municipality; municipalities well well well as the following:	s and water purve within 3,000 feet o	yors with water supp f the vertical well bo	lies within 3,000 feet; municipality	where the 3.000 feet		ator	ILS .		Certified	Note the means ar Mail Dates	d attach proof.	
Mark the boxes, "X," which show the parties' interests.					Surface Landowner	Operz	Surface Landowners & Water Purveyors with water supplies		Octune	i Wali Dates		
these parties. Notification: Signature below name indicat	es the narty's	acknowledgem	ent of receipt of the well	location	Land	Gas Storage Operator	Land Purv er sup	Municipalities				
plat and serves as proof of notification	os trio purty s	dokilowicageli	ioni or recorpt or the wen	iocation	face	s Stor	Surface Water with water	nicipa			Address	Written
		1			Sur	Gas	Sur & V with	Mui	Sent	Return Receipt	Affidavit	Consent
Print Name: South Union Township	Address:	151 Townshi						v	1 /7 /20	1 /0 /20		
Signature		Oniontown, i	Uniontown, PA 15401					Х	1/7/20	1/8/20		
Print Name: Georges Township	Address:	1151 Townsh	ip Drive									
Uniontown			PA 15401					Χ	1/7/20	1/8/20		
Signature												
Print Name: Nicholson Township	Address:	142 Woodsid Smithfield, P	e Old Frame Road					х	1/7/20	1/8/20		
Signature		Simumeia, Pi	4 13476					^	1///20	1/0/20		
Print Name: Borough of Masontown	Address:	2 Court Aven	ue									
_		Masontown,	PA 15461					Χ	1/7/20	1/9/20		
Signature												
Print Name: Cumberland Township	Address:	100 Municipa Carmichaels,						х	1/7/20	1/8/20		
Signature		Carmichaeis,	FA 13320					^	1///20	1/0/20		
0.9.14.4.		R	ecord of Writte	en Co	nse	nt					•	
Written Consent: Signature below indicate	s the party's	approval of the	well location, or indicate	s written	conse	nt and	d waives th	e 15-	day objection	period where	applicable.	
							Check applicable box					
					Surface Owner			Wate	er Well within 5	00 feet E	uilding withi	n 500 feet
Print and Sign Name: Addi	ess:		Date									
Print and Sign Name: Addi	ess:		Date									
Print and Sign Name: Add	ess:		Date									



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

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 Autho	rized to Submit Applica	tion	((Print or Type)	Name of Signer: Date								Date	
					Title:									
List the fellowing southern bondered	List the following: surface landowner; surface landowners and water purveyors with water supplies within 3,000 feet; municipality where the										Notific		roof	
well will be drilled; adjacent munic	ier; surrace landowners and cipality; municipalities within	water purvey 3,000 feet o	ors with water su f the vertical well	applies within 3,000 feet; municipali bore; gas storage operator if withi	n 3,000 feet.	ы	ator	ers S S		Certified	Note the means a Mail Dates	inu attacn p	01001.	
Mark the boxes, "X," which show	the parties' interests. Use a	additional for	ms if you need n	nore space. You are required to n	otify each of	lowne	Oper	lowne eyors pplie						
these parties. Notification: Signature be	low name indicates th	ne partv′s	acknowledge	ement of receipt of the wel	Location	Land	rage	Land Purv er su	alities					
plat and serves as proof of			uoo			Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies	Municipalities			Addr	ess	Written
			I			Sur	Gas	Sur & V with	Mu	Sent	Return Receip	Affid	avit	Consent
Print Name: Monongahela	Township	Address:	-	Ridge Road					\ _\ \	4 /7 /20	4 /0 /20			
Signature			Greensbor	o, PA 15338					Х	1/7/20	1/8/20			
		Address:	XXXX											
Print Name: XXXX Signature	5	Addicss.	7000											
Print Name: XXXX Signature	9	Address:	XXXX											
-														
			1000/											
Print Name: XXXX Signature	9	Address:	XXXX											
Print Name: XXXX Signature	ي	Address:	XXXX											
· · · · · · · · · · · · · · · · · · ·														
				Record of Writt										
Written Consent: Signatu	re below indicates the	e party's	approval of tl	he well location, or indicat	es written	conse	nt and	d waives th	ie 15-	day objectior	period where	applica	ble.	
									CI	neck applicable l	хос			
					Surface	Owne	er	Wate	er Well within 5	00 feet	Building	within	500 feet	
Print and Sign Name:	Address:		Date											
Print and Sign Name:	Address:			Date										
Print and Sign Name:	Address:			Date										