



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 M05H
Address 700 Cherrington Parkway			Well Pad Name and No. Edenborn/RGGS B 155083	
City Coraopolis	State PA	Zip Code 15108	Latitude (DD) 39.882	Longitude (DD) - 79.896019
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 9/24/18

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

Branden Weimer Permit Team Lead

Date

10/25/18

DEP USE ONLY

☐ Approved

☐ Denied

Conditions

☐ YES, see below or attached

Date

☐ NO

DEP Representative

Conditions

Edenborn 1-15

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



9590 9402 3273 7196 2075 44

²

7017 0190 0000 9663 7525

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-29-18

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
- ☐ Restricted Delivery

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