



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

**OIL AND GAS OPERATOR
OWNERSHIP AND CONTROL INFORMATION**

PLEASE TYPE OR PRINT

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|--|
| GENERAL OPERATOR INFORMATION | | Enter the name and address under which you or your organization operate oil and gas wells in Pennsylvania which must be the same name as is providing the bond. | | | |
| Corporate, Company, Partnership or Registered Fictitious Name Chevron Appalachia, LLC | | Type of Organization / Code Limited Liability Company | | Federal Tax ID# 20-8243540 | |
| Individual or Partner - Last Name | First Name | MI | Suffix | | |
| Mailing Address 800 Mountain View Drive | | <input type="checkbox"/> Check if this is a new address. | | | |
| City Smithfield | State PA | ZIP+4 15478 | Country (If Other Than USA) | | |
| Phone (Daytime) 724-564-3748 | Ext. | FAX 724-564-3894 | Email Address lsavage1@chevron.com | | |
| Person to Contact - Last Name Savage | First Name Laura | MI | Suffix | Title Permit Coordinator | |
| <p>If the applicant is an individual or partnership operating under a name that is different than your full personal name, the name must be registered as a fictitious name with the Department of State. Please attach a copy of your APPROVED fictitious name registration. <input type="checkbox"/> Registration attached <input type="checkbox"/> Registration previously submitted and still active.</p> | | | | | |
| <p>If the applicant is a domestic or foreign corporation or limited liability company, it must be registered to conduct business in Pennsylvania with the Department of State. Please attach a copy of your APPROVED corporate registration or authorization to conduct business in Pennsylvania.</p> <p><input checked="" type="checkbox"/> Registration attached <input type="checkbox"/> Authorization to conduct business in PA attached <input type="checkbox"/> Registration previously submitted still active</p> | | | | | |
| <p>If the applicant has NO parent company, check the following box.</p> <p><input type="checkbox"/> No parent.</p> <p>If the applicant has a parent company, include the following information for the parent company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation.</p> <p>Name <u>Chevron Northeast Upstream LLC</u> Phone No. <u>(925) 842-1000</u></p> <p>Address <u>1550 Coraopolis Heights Rd., 2nd Floor</u> Taxpayer ID No. <u>51-0404430</u></p> <p><u>Moon Township PA 15108</u> If corporation, state of incorporation <u>Delaware</u></p> | | | | | |

If the applicant has **NO subsidiaries**, indicate by checking the following box.

☒ **No subsidiary.**

If the applicant has **one or more subsidiaries**, include the following information for each subsidiary company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation.

Name _____ Phone No. (____) _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

Name _____ Phone No. (____) _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

Name _____ Phone No. (____) _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

Name _____ Phone No. (____) _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

Name _____ Phone No. (____) _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

(Attach additional sheet, in the same format, if necessary.)

SIGNATURES

Under penalty of law, the undersigned hereby certify that they have the authority to submit this application on behalf of the applicant, that they have reviewed the information contained in this application and certify that the information is true and correct to the best of their knowledge and belief.

Chevron Appalachia, LLC
(Print Name of Applicant)

Branden Weimer Permitting Team Lead
(Print Name & Title of Signatory)


(Signature)

Date 2/20/17

Please call 717-772-2199 with any questions.

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

M. BURR KEIM COMPANY
COUNTER PICK-UP

Document will be returned to the
name and address you enter in
the left.

Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 4 Page(s)

Fee: \$125



TD631963082

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned
desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited
liability company" or abbreviation):
Allen America, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of
its commercial registered office provider and the county of venue is:

| (a) Number and Street | City | State | Zip | County |
|-----------------------|-----------------|-------|-------|------------------|
| 911 Rouser Road, | Moore Township, | PA | 15108 | Allegheny County |

| (b) Name of Commercial Registered Office Provider | County |
|---------------------------------------------------|--------|
| c/o: | |

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on
page 2):

| Name | Address |
|--------------------------------|-------------------------------------------------------|
| Lisa D. Schumm, c/o Ledgewood, | 1900 Market Street, Suite 750, Philadelphia, PA 19103 |

PA CORP. DIV.

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4. *Strike out if inapplicable term.*

Continued presence of the company is not to be construed as a condition of membership or access.

5. *Strike out if inapplicable:*

Management of the company is vested in a management committee.

6. The specified effective date, if any is: _____

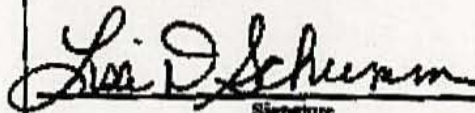
month day year hour, if any

7. *Strike out if inapplicable: The company is a certified professional company engaged to render the following specified professional service(s):*

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this

13th day of November, 2008.



Signature

Signature

Signature

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Amendment-Domestic
(15 Pa.C.S.)

- ☐ Limited Partnership (§ 8512)
☒ Limited Liability Company (§ 8951)

Corporation Service Company
748004-5

Document will be returned to the
name and address you enter to
the left.

←

Fee: \$70

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:
Atlas America, LLC

2. The date of filing of the original Certificate of Limited Partnership/Organization: 11/14/2006

3. Check, and if appropriate complete, one of the following:

- ☒ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

The name of the limited liability company is: Chevron Appalachia, LLC

- ☐ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

4. Check, and if appropriate complete, one of the following:

- ☒ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

- ☐ The amendment shall be effective on: _____ at _____
Date Hour

Commonwealth of Pennsylvania
LIMITED LIABILITY AMENDMENT 3 Page(s)



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PA. DEPT. OF STATE

5. Check if the amendment restates the Certificate of Limited Partnership/Organization:

- ☐ The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this

13th day of April, 2011.

Atlas America, LLC

Name of Limited Partnership/Limited Liability Company


Signature

Assistant Secretary

Title