



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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 Chesapeake Appalachia L.L.C.			Type of Organization / Code Limited Liability Company		Federal Tax ID# 20-3774650
Individual or Partner - Last Name		First Name		MI	Suffix
Mailing Address 14 Chesapeake Lane			☐ Check if this is a new address.		
City Sayre		State PA	ZIP+4 18840		Country (If Other Than USA)
Phone (Daytime) 570-882-7702		Ext.	FAX 570-888-4030	Email Address eric.haskins@chk.com	
Person to Contact - Last Name Haskins		First Name Eric		MI	Suffix Mr.
Title Regulatory Ops. Mgr.					
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. ☐ Registration attached ☐ Registration previously submitted and still active.					
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. ☐ Registration attached ☐ Authorization to conduct business in PA attached ☒ Registration previously submitted still active					
If the applicant has NO parent company, check the following box. ☐ No parent. 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.					
Name <u>Chesapeake Energy Corporation</u>			Phone No. <u>(877) 245-1427</u>		
Address <u>PO Box 18496</u>			Taxpayer ID No. <u>73-1395733</u>		
<u>Oklahoma City, OK 73154-0496</u>			If corporation, state of incorporation <u>Oklahoma</u>		

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.

Chesapeake Appalachia L.L.C.
(Print Name of Applicant)

Seth Sanders, Sr. Regulatory Analyst
(Print Name & Title of Signatory)

Date 8-17-2017

(Signature)



Please call 717-772-2199 with any questions.