8000-FM-OOGM0118 3/2012

pennsylvania

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	Type of Organization / Code			Federal Tax ID#
Inflection Energy (PA) LLC				80=0954242
Individual or Partner - Last Name	First Name	MI	Suffix	

Mailing Address	☒ Check if this is a new address.
1099 18th St., Suite 3100	

City	State	ZIP+4	Country (If Other Than USA)
Denver	**CO**	**80202-1931**	

Phone (Daytime)	Ext	FAX	Email Address
303 531-2300		**303 531-2301**	**Tom. Gillespie@inflectionenergy.com**

Person to Contact - Last Name	First Name	MI	Suffix	Title
Gillespie, P. G	**Thomas**	**D.**		**Dir. of Regulatory,**

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 _____ Phone No. (___) _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

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.

Thomas D. Gillespie, P. G.
(Print Name of Applicant)

Director fo Regulatory, Health, Safety, Environmental
(Print Name & Title of Signatory)

(Signature)

Date 7/31/14

Please call 717-772-2199 with any questions.