



## COAL MODULE RECORD OF NOTIFICATION / WRITTEN CONSENT

List the following: all coal owners and lessees of all underlying coal seams; operators of operating coal mines at the proposed location; and coal operators with Operating Coal Mine. Mark the boxes "X" that show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties.	Coal Owner	Coal Lessee	Operator of Operating Coal Mine	Within 1,000 ft.	Notification Note the Means and Attach Proof				
					Certified Mail Dates		Address Affidavit	Written Consent	
					Sent	Return Receipt			
Name Consol Pennsylvania Coal Company, LLC Attn: Casey Saunders Engineering & Operations Support Dept. Coal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11/8/17	11/10/17	<input type="checkbox"/>	<input type="checkbox"/>	
Name Consol Mining Company LLC Attn: Casey Saunders Engineering & Operations Support Dept. Coal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/8/17	11/10/17	<input type="checkbox"/>	<input type="checkbox"/>	
Name Walter E. Henderson & Linda May Henderson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/8/17	11/10/17	<input type="checkbox"/>	<input type="checkbox"/>	
Name Donna L. Henderson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/8/17	11/10/17	<input type="checkbox"/>	<input type="checkbox"/>	
Name Randy A. Henderson & Linda Kay Loughman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/8/17	11/10/17	<input type="checkbox"/>	<input type="checkbox"/>	
Name Conrhein Coal Company Attn: Casey Saunders Engineering & Operations Support Dept. Coal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/8/17	11/10/17	<input type="checkbox"/>	<input type="checkbox"/>	
Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Optional: Signature below indicates the party's approval of the well location and waives the 15-day objection period. Check applicable box.</b>									
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee							Date		
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee							Date		
Coal <input type="checkbox"/> Operator, <input type="checkbox"/> Owner, or <input type="checkbox"/> Lessee							Date		
Coal Operator within 1,000 feet of proposed location							Date		