



PERMIT APPLICATION TO DRILL AND OPERATE AN UNCONVENTIONAL WELL

Please read instructions before you begin filling in this form.

WELL INFORMATION									
Well Operator EQT Production Company			DEP ID# 146983	Well API No. 37-059-27263-00-01		Well Farm Name Henderson		Well # 594007	
Address 2400 Ansys Drive, Suite 200			LAT 40.006633 LONG - 80.244336		NAD 83	Project Number		Serial #	
City Canonsburg		State PA	Zip Code 15317	Municipality Name/ City, Borough, Township Morris / Township			County Greene		
Phone No. 724-809-5469		Fax No. 724-745-2418		Email espine@eqt.com		USGS 7.5 min. quadrangle map Amity		Section 7	
24/7 Emergency Phone Contact No.: EQT Emergency Contact 1-800-926-1759			ESGP Permit No. ESG15-059-0031		Well Pad (cluster) Name/Identification Henderson				
911 address of well site (if available) 1119 Dunn Station Road, Prosperity, PA 15329									
Surface Elev. 1440	Deepest Formation to be Penetrated Marcellus		Anticipated TVD 7881		PERMIT TYPE Check applicable. Application is to <input checked="" type="checkbox"/> Modify existing well/permit		TYPE OF WELL Check applicable. <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Comb. (gas & oil/condensate)		APPLICATION FEE Check applicable. <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Non-vertical Total Application Fee \$ 5,250
Target Formation(s) Proposed for Production Marcellus		Anticipated Target Top/Bottom TVD 7833 / 7928							
Number of wellbore laterals proposed under this application 1.									
Total feet of wellbore to be drilled under this application 16195 Ft.									
PNDI Attached: <input checked="" type="checkbox"/> Any threatened or endangered "hit" must include a demonstration of how the impact will be avoided or minimized and mitigated, or justification that section 78a.15(e) applies.									
Application submitted as: <input checked="" type="checkbox"/> Coal well (Attach Coal Module) <input type="checkbox"/> Non coal well (Attach justification)									
COORDINATION WITH REGULATIONS AND OTHER PERMITS							Yes	No	
1. Will the well be subject to the Oil and Gas Conservation Law? If "No," go to 2).							<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. If "Yes" to #1, is the well at least 330 feet from outside lease or unit boundary?							<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the location fall within an area covered by a spacing order?							<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. If the well will be multilateral, identify the wellbores on the sketch on page 3 of the plat that will be completed as conservation and non-conservation.									
2. Will the proposed limit of disturbance of the well site be within 100 feet measured horizontally from any watercourse or any high quality of exceptional value body of water or any wetland one acre or greater in size?							<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes, attach the following if applicable: a site-specific E&S control plan, a permit consistent with Chapter 102, applicable portions of the Pollution Prevention Control Plan, applicable portions of the Well Site Emergency Response Plan, applicable portions of the Site Containment Plan, the permit number of a Water Obstruction and Encroachment Permit issued pursuant to Chapter 105, or justification that section 78a.15(e) applies.							<input type="checkbox"/>	<input type="checkbox"/>	
Will the well or well site be located within a defined 100 year floodplain or where the floodplain is undefined, within 100 feet of the top of the bank of a perennial stream or within 50 feet of the top of the bank of an intermittent stream.							<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes, attach a plan that identifies the additional measure, facilities or practices to be employed during well site construction, drilling and operations to protect the waters of the Commonwealth							<input type="checkbox"/>	<input type="checkbox"/>	

COORDINATION WITH REGULATIONS AND OTHER PERMITS (cont'd)		Yes	No
3. Will the vertical wellbore section penetrate or be within 3,000 feet of an active gas storage reservoir boundary?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If Yes, print the names of:	Storage Field: _____ Operator: _____		
4. Is the proposed well location within the permitted area of a landfill ?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Will the vertical wellbore section of the unconventional well be drilled within 500 feet from any existing building or an existing water supply?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes," is written consent from the owner attached?		<input type="checkbox"/>	<input type="checkbox"/>
b. If written consent is not attached, is a variance request (form 8000-FM-OOGM0058) attached?		<input type="checkbox"/>	<input type="checkbox"/>
5.1. Will the vertical wellbore of the unconventional well be drilled within 1,000 feet from any existing water well, surface water intake, reservoir or other water supply extraction point used by a water purveyor?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes," is written consent from the owner attached?		<input type="checkbox"/>	<input type="checkbox"/>
b. If written consent is not attached, is a variance request (form 8000-FM-OOGM0058) attached?		<input type="checkbox"/>	<input type="checkbox"/>
6. Is this permit application for a well that will be drilled on a well site for which construction was completed prior to April 16, 2012?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes," was there a permitted well at this well site prior to April 16, 2012?		<input type="checkbox"/>	<input type="checkbox"/>
b. If the answer to question no. 6a is "Yes", provide the US Well Number (API No.) of the well permitted at this site prior to April 16, 2012. _____		<input type="checkbox"/>	<input type="checkbox"/>
7. Will the well be located where it may impact a public resource as outlined in the "Coordination of a Well Location with Public Resources" form 8000-PM-OOGM0076? If yes, attach a completed copy of the form.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Will any portion of the well site be in a Special Protection High Quality <input checked="" type="checkbox"/> (HQ) or Exceptional Value <input type="checkbox"/> (EV) watershed? Provide name of special protection watershed <u>Fonnors Run</u> .		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is this well part of a development which requires an Earth Disturbance Permit for Oil and Gas Activities disturbing more than 5 acres? If yes, list the number of the ESCGP approval if the permit has been issued. ESG15-059-0031 If no, is this well part of a development that involves 1 to less than 5 acres of earth disturbance over the life of the project and is the answer to question no. 8 "Yes"? If yes, attach a site-specific E&S control plan.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Is the well to be located within a H ₂ S area pursuant to §78a.77a?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Attach a current Ownership & Control form 8000-FM-OOGM0118 with the first application submitted after the effective date of the final "Environmental Protection Performance Standards at Oil and Gas Well Sites" rulemaking, or if there have been any changes to parent and subsidiary business corporations.			
Signature of Applicant	The person signing this form attests that they have the authority to submit this application on behalf of the applicant, and that the information, including all related submissions, is true and accurate to the best of their knowledge.		
Signature of Person Authorized to Submit Application 	(Print or Type)	Name of Signer: ERIN SPINE Title: Regional Land Supervisor	Date 12/20/2018
Application Preparer/Contact: BSHRUM@EQT.COM		Phone: 412-660-0654	

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 AN UNCONVENTIONAL WELL
 Record of Notification**

US Well No. (API No.)
 37-059-27263-00-01

Signature of Applicant I hereby certify that, for all interested parties identified on the plat of this application for which written consent or an "Affidavit of Non-Delivery of Certified Mail" has not been uploaded, copies of the well plat have been sent via certified mail and I have received a return receipt verifying delivery.

Signature of Person Authorized to Submit Application:  (Print or Type) **Erin Spine** Name of Signer: **ERIN SPINE** Title: **Regional Land Supervisor** Date: **12/20/2018**

List the following: surface landowner, surface landowners and water purveyors with water supplies within 3,000 feet; municipality where the well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties.

Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification

	Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <3000'	Municipalities	Notification			Written Consent
					Note the means and attach proof.			
					Certified Mail Dates	Return Receipt	Address Affidavit	
Print Name: Walter E Henderson & Linda May Henderson, Donna L Henderson, Randy A Henderson & Linda Kay Loughman Signature	X		X			12/10/2018		
Print Name: Richard W McMillen Signature			X			12/12/2018		
Print Name: John W & Diane C Gayman Signature			X			12/1/2018		
Print Name: Michael Griffith Signature			X			11/29/2018	X	
Print Name: Kimberly A & Edward Mitchell Signature			X			12/11/2018	X	

Record of Written Consent

Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.

Check applicable box

Print and Sign Name:	Address:	Date	Surface Owner		Check applicable box	
			Surface Owner	Date	Water Well within 500 feet	Building within 500 feet
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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List the following: surface landowner, surface landowners with water purveyors within 3,000 feet, municipality where the well will be drilled, adjacent municipality, municipalities within 3,000 feet of the vertical well bore, gas storage operator if within 3,000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties.	Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <3000'	Municipalities	Notification		
					Certified Mail Dates	Return Receipt	Address Affidavit
Print Name: Clifford F & Leona E Supler Signature	Address: 175 Larence Ave Washington, PA 15301	X	X		Sent 12/11/2018	Return Receipt 12/12/2018	Address Affidavit
Print Name: Raymond A & Linda Brown Monaco Signature	Address: 63 French Hill Dr Prosperity, PA 15329	X	X		Sent 11/29/2018	Return Receipt 12/6/2018	Address Affidavit
Print Name: Steven B & Luann Hickman Signature	Address: 39 French Hill Dr Prosperity, PA 15329	X	X		Sent 11/29/2018	Return Receipt 12/1/2018	Address Affidavit
Print Name: Mark W Wise Signature	Address: 126 Dunn Station Rd Prosperity, PA 15329	X	X		Sent 11/29/2018	Return Receipt 12/1/2018	Address Affidavit
Print Name: Charles Dale & Cindy L Durbin Signature	Address: 2121 Dunn Station Rd Prosperity, PA 15329	X	X		Sent 11/29/2018	Return Receipt	Address Affidavit X

Record of Written Consent

Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.

Check applicable box		
Surface Owner	Water Well within 500 feet	Building within 500 feet
Address: _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>

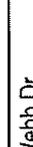
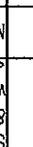
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Signature of Person Authorized to Submit Application 		Name of Signer: ERIN SPINE (Print or Type) Erin Spine		Regional Land Supervisor	
List the following: surface landowners; surface landowners with water purveyors within 3,000 feet; municipality where the well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties.					
Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification					
Print Name: Clark B Miller Signature	Address: 18 French Hill Dr Prosperity, PA 15329	Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <3000'	Municipalities
Print Name: Nicole Marie Whitmer & Robert Craig Ullom Signature	Address: 3575 Evergreen Tr Blacksburg, VA 24060			X	X
Print Name: Amity Farm, LLC Signature	Address: 818 Hessian Cir West Chester, PA 19382			X	X
Print Name: Viola C Cole & Patricia S Cole-Fisher Signature	Address: 997 Hopewell Ridge Road Sycamore, PA 15364			X	X
Print Name: Jan B & Josephine F Pavlic Signature	Address: 1057 Dunn Station Rd Prosperity, PA 15329			X	X
Record of Written Consent					
Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.					
Check applicable box					
Print and Sign Name:	Address:	Date	Surface Owner	Water Well within 500 feet	Building within 500 feet
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Signature of Person Authorized to Submit Application 		Name of Signer: ERIN SPINE		Regional Land Supervisor	
Title: Erin Spine					
<p>List the following: surface landowner, surface landowners with water purveyors within 3,000 feet, municipality where the well will be drilled, adjacent municipality, municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties.</p> <p>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification</p>					
Print Name:	John J Salamone	Address:	87 Webb Dr Washington, PA 15301	Surface Landowner	
Signature				Gas Storage Operator	
Print Name:	Louise J Clapp, Virginia Lee Swaggard, A Thomas Cooper & David C Cooper	Address:	151 Lemoyne Ave Washington, PA 15301	Surface Landowners & Water Purveyors with water supplies <3000'	
Signature				Municipalities	
Print Name:	Paul Carl Brennan	Address:	35 Forest Grove Rd Coraopolis, PA 15108	Return Receipt	12/3/2018
Signature				Sent	11/29/2018
Print Name:	Sharon Pridgen, Norma Jean Francis & Donald Lee Lockard, Jr	Address:	937 Idaho St Washington, PA 15301	Address Affidavit	
Signature					
Print Name:	Sharon Pridgen, Stephen Stimpson, Jr & Justin Paul Cox	Address:	25 Victoria St Washington, PA 15301		X
Signature					
Record of Written Consent					
Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.					
Check applicable box					
		Surface Owner		Water Well within 500 feet	
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	Building within 500 feet	<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>		<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>		<input type="checkbox"/>

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Signature of Person Authorized to Submit Application 		(Print or Type) Erin Spine		Title: Regional Land Supervisor			
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Print Name:	Devan P & Brett D Sanders	Address:	110 Horseshoe Bend Rd Prosperity, PA 15329	Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <3000'	Municipalities
Signature				X		X	
Print Name:	Michael Robert Parkinson & Sonja Loretta Parkinson	Address:	6 Horseshoe Bend Rd Prosperity, PA 15329				
Signature				X			
Print Name:	Sharon Pridgen	Address:	PO Box 963 Easthampton, MA 01027				
Signature				X			
Print Name:	David L Cossu, Mark A Cossu & Carol Cossu Harris	Address:	2910 Park Ave Washington, PA 15301				
Signature				X			
Print Name:	Clarence A Harris & Carol Cossu Harris	Address:	54 Horseshoe Bend Rd Prosperity, PA 15329				
Signature				X			
Record of Written Consent							
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Check applicable box							
				Surface Owner		Water Well within 500 feet	
Print and Sign Name:				Date		Building within 500 feet	
						<input type="checkbox"/>	
Print and Sign Name:				Date		<input type="checkbox"/>	
						<input type="checkbox"/>	
Print and Sign Name:				Date		<input type="checkbox"/>	
						<input type="checkbox"/>	

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Signature of Person Authorized to Submit Application 		(Print or Type) Erin Spine		Name of Signer: ERIN SPINE Date 12/20/2018	
Title: Regional Land Supervisor					
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		Certified Mail Dates		Address Affidavit	
		Return Receipt		Written Consent	
		Sent			
		Municipalities			
		Surface Landowners & Water Purveyors with water supplies <3000'			
		Gas Storage Operator			
		Surface Landowner			
Print Name: Morris Township		Address: 1394 East Finley Drive Claysville, PA 15323		X	
Signature					
Print Name: East Finely Township		Address: PO Box 34 Prosperity, PA 15329		X	
Signature					
Print Name: Morris Township		Address: 1317 Browns Creek Road Sycamore, PA 15364		X	
Signature					
Print Name: Richhill Township		Address: 109 Municipal Lane Wind Ridge, PA 15380		X	
Signature					
Print Name: Gray Township		Address: 193 Stringtown Road Graysville, PA 15337		X	
Signature					
Record of Written Consent					
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Check applicable box					
Print and Sign Name:		Address:		Surface Owner	
		Date		Water Well within 500 feet	
				Building within 500 feet	
Print and Sign Name:		Address:			
		Date			
Print and Sign Name:		Address:			
		Date			

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Signature of Person Authorized to Submit Application *[Signature]* Name of Signer: **ERIN SPINE** Date: **12/20/2018**
 (Print or Type) *Erin Spine* Title: **Regional Land Supervisor**

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	Print Name:	Address:	Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <3000'	Municipalities	Notification		
							Certified Mail Dates	Return Receipt	Address Affidavit
Print Name:	Center Township	Address: PO Box 435 Rogersville, PA 15359				X	11/29/2018	12/3/2018	
Signature									Written Consent
Print Name:	Franklin Township	Address: 568 Rolling Meadows Road Waynesburg, PA 15370				X	11/29/2018	12/3/2018	
Signature									
Print Name:	Washington Township	Address: 112 Municipal Lane Prosperity, PA 15329				X	11/29/2018	12/4/2018	
Signature									
Print Name:		Address:							
Signature									
Print Name:		Address:							
Signature									

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	Surface Owner	Building within 500 feet
Print and Sign Name:	Address: <input type="checkbox"/> Date	Water Well within 500 feet <input type="checkbox"/> Building within 500 feet <input type="checkbox"/>
Print and Sign Name:	Address: <input type="checkbox"/> Date	Water Well within 500 feet <input type="checkbox"/> Building within 500 feet <input type="checkbox"/>
Print and Sign Name:	Address: <input type="checkbox"/> Date	Water Well within 500 feet <input type="checkbox"/> Building within 500 feet <input type="checkbox"/>