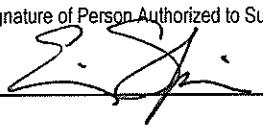




## PERMIT APPLICATION TO DRILL AND OPERATE AN UNCONVENTIONAL WELL

Please read instructions before you begin filling in this form.

| WELL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                 |                                                  |                                   |                                                                 |                                            |                                                                                                                                 |                                                                                                                                              |                                                                                                                                      |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--------------------------------------------------|-----------------------------------|-----------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Well Operator<br>Rice Drilling B LLC                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                 | DEP ID#<br>268470                                |                                   | Well API No.<br>37-059-27481-00-01                              |                                            | Well Farm Name<br>Thunder 1                                                                                                     |                                                                                                                                              | Well #<br>10                                                                                                                         |              |
| Address<br>2400 Ansys Drive, Suite 200                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                 |                                                  | LAT 39.826681<br>LONG - 80.279325 |                                                                 | NAD<br>83                                  | Project Number                                                                                                                  |                                                                                                                                              | Serial #<br>596194                                                                                                                   |              |
| City<br>Canonsburg                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                 | State<br>PA                                      | Zip Code<br>15317                 | Municipality Name/ City, Borough, Township<br>Center / Township |                                            |                                                                                                                                 | County<br>Greene                                                                                                                             |                                                                                                                                      |              |
| Phone No.<br>724-271-7380                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                 | Fax No.<br>724-745-2418                          |                                   | Email<br>espine@eqt.com                                         |                                            |                                                                                                                                 | USGS 7.5 min. quadrangle map<br>Holbrook                                                                                                     |                                                                                                                                      | Section<br>6 |
| 24/7 Emergency Phone Contact No.:<br>EQT Emergency Contact: 1-800-926-1759                                                                                                                                                                                                                                                                                                                                                                          |  |                                                 |                                                  | ESGP Permit No.<br>ESX10-059-0080 |                                                                 |                                            | Well Pad (cluster) Name/Identification<br>Hoover Access Road                                                                    |                                                                                                                                              |                                                                                                                                      |              |
| 911 address of well site (if available)<br>466 Turkey Hollow Road, Waynesburg, PA 15370                                                                                                                                                                                                                                                                                                                                                             |  |                                                 |                                                  |                                   |                                                                 |                                            |                                                                                                                                 |                                                                                                                                              |                                                                                                                                      |              |
| Surface Elev.<br>1410                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Deepest Formation to be Penetrated<br>Marcellus |                                                  |                                   | Anticipated TVD<br>8026                                         |                                            | <b>PERMIT TYPE</b><br>Check applicable.<br>Application is to<br><input checked="" type="checkbox"/> Modify existing well/permit | <b>TYPE OF WELL</b><br>Check applicable.<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Comb. (gas & oil/condensate) | <b>APPLICATION FEE</b><br>Check applicable.<br><input type="checkbox"/> Vertical<br><input checked="" type="checkbox"/> Non-vertical |              |
| Target Formation(s) Proposed for Production<br>Marcellus                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                 | Anticipated Target Top/Bottom TVD<br>7977 / 8074 |                                   |                                                                 | <b>Total Application Fee</b><br>\$ 5,250   |                                                                                                                                 |                                                                                                                                              |                                                                                                                                      |              |
| Number of wellbore laterals proposed under this application 1.<br>Total feet of wellbore to be drilled under this application 13566 Ft.                                                                                                                                                                                                                                                                                                             |  |                                                 |                                                  |                                   |                                                                 | <b>Bond Agreement</b><br>Id:<br>RLB0014476 |                                                                                                                                 |                                                                                                                                              |                                                                                                                                      |              |
| <b>PNDI Attached:</b> <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.                                                                                                                                                                                                            |  |                                                 |                                                  |                                   |                                                                 |                                            |                                                                                                                                 |                                                                                                                                              |                                                                                                                                      |              |
| <b>Application submitted as:</b><br><input checked="" type="checkbox"/> Coal well (Attach Coal Module)<br><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 checked="" type="checkbox"/>                                                                                                                                                                                                        | <input type="checkbox"/>            |
| a. If "Yes," is written consent from the owner attached?                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      | <input checked="" 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?<br><br>Provide name of special protection watershed Turkey Hollow _____.                                                                                                                                                                                                              |                                      | <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. ESX10-059-0080<br><br>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 <sub>2</sub> 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.                                                                                                                                                        |                                      |                                                                                                                                                                                                                                            |                                     |
| <b>Signature of Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | 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<br>                                                                                                                                                                                                                                                                                                                               |                                      | (Print or Type)<br>Name of Signer: ERIN SPINE<br>Title: Regional Land Supervisor                                                                                                                                                           | Date<br>5/23/2019                   |
| Application Preparer/Contact: BSHRUM@EQT.COM                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                                                            | Phone: 724-271-7314                 |

**PERMIT APPLICATION TO DRILL AND OPERATE  
AN UNCONVENTIONAL WELL**  
**Record of Notification**

US Well No. (API No.)  
37-059-27481-00-01

| <b>Signature of Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | Name of Signer: ERIN SPINE<br>Title: Regional Land Supervisor<br>Date: 4/17/2019                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
| <p>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.</p> <p><b>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification</b></p> |                |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
| Print Name: MARK & LISA MAIN<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Address:       | Address: 297 IRON ROCK RD<br>WAYNESBURG, PA 15370                                                                                                                                                                                                                                                                    | <table><tr><th colspan="3">Notification</th></tr><tr><th colspan="3">Note the means and attach proof.</th></tr><tr><th>Certified Mail Dates</th><th>Return Receipt</th><th>Address Affidavit</th></tr><tr><td></td><td>Sent</td><td>Written Consent</td></tr><tr><td></td><td>4/3/2019</td><td>X</td></tr></table> | Notification |          |           | Note the means and attach proof. |  |  | Certified Mail Dates | Return Receipt | Address Affidavit |  | Sent | Written Consent |  | 4/3/2019 | X |
| Notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
| Note the means and attach proof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
| Certified Mail Dates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Return Receipt | Address Affidavit                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sent           | Written Consent                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4/3/2019       | X                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
| Print Name: ROBERT W REED ET UX<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address:       | Address: 113 IRON ROCK ROAD<br>WAYNESBURG, PA 15370                                                                                                                                                                                                                                                                  | <table><tr><td></td><td>4/3/2019</td><td>4/5/2019</td><td></td></tr></table>                                                                                                                                                                                                                                       |              | 4/3/2019 | 4/5/2019  |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4/3/2019       | 4/5/2019                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
| Print Name: CARL S RABER ET UX<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Address:       | Address: 366 IRON ROCK RD<br>WAYNESBURG, PA 15370                                                                                                                                                                                                                                                                    | <table><tr><td></td><td>4/3/2019</td><td></td><td>X</td></tr></table>                                                                                                                                                                                                                                              |              | 4/3/2019 |           | X                                |  |  |                      |                |                   |  |      |                 |  |          |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4/3/2019       |                                                                                                                                                                                                                                                                                                                      | X                                                                                                                                                                                                                                                                                                                  |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
| Print Name: ROBERT C HOOVER ET UX<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address:       | Address: 161 IRON ROCK ROAD<br>WAYNESBURG, PA 15370                                                                                                                                                                                                                                                                  | <table><tr><td></td><td>4/3/2019</td><td>4/6/2019</td><td></td></tr></table>                                                                                                                                                                                                                                       |              | 4/3/2019 | 4/6/2019  |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4/3/2019       | 4/6/2019                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
| Print Name: CATHY S EDDY REVOCABLE TRUST<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address:       | Address: 285 IRON ROCK RD<br>WAYNESBURG, PA 15370                                                                                                                                                                                                                                                                    | <table><tr><td></td><td>4/3/2019</td><td>4/12/2019</td><td></td></tr></table>                                                                                                                                                                                                                                      |              | 4/3/2019 | 4/12/2019 |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4/3/2019       | 4/12/2019                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                    |              |          |           |                                  |  |  |                      |                |                   |  |      |                 |  |          |   |

| 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 |
| Print and Sign Name:                                                                                                                                                        | Date | <input type="checkbox"/>   | <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"/> |

# PERMIT APPLICATION TO DRILL AND OPERATE AN UNCONVENTIONAL WELL Record of Notification

US Well No. (API No.)  
37-059-27481-00-01

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|-----------------------------------------------------------------|--|-------------------|--|---------------------------------------------------------|--|----------------------------|--|--------------------------|--|
| <b>Signature of Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | (Print or Type)<br>Erin Spine                                                                                                                                                                                                                                                                                        |  | Name of Signer: ERIN SPINE                                          |  | Regional Land Supervisor                                        |  | Date<br>4/17/2019 |  |                                                         |  |                            |  |                          |  |
| <p>List the following: surface landowners; surface landowners 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.</p> <p><b>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification</b></p> |  | Surface Landowner                                                                                                                                                                                                                                                                                                    |  | Gas Storage Operator                                                |  | Surface Landowners & Water Purveyors with water supplies <3000' |  | Municipalities    |  | <b>Notification</b><br>Note the means and attach proof. |  |                            |  |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  | Certified Mail Dates                                    |  | Return Receipt             |  | Address Affidavit        |  |
| Print Name: LUKE J KIGER ET UX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Address:                                                                                                                                                                                                                                                                                                             |  | Address: 295 IRON ROCK RD<br>WAYNESBURG, PA 15370                   |  | X                                                               |  |                   |  | 4/3/2019                                                |  | 4/9/2019                   |  |                          |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
| Print Name: WILLIAM JERDAN SIMMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Address:                                                                                                                                                                                                                                                                                                             |  | Address: 198 IRON ROCK RD<br>WAYNESBURG, PA 15370                   |  | X                                                               |  |                   |  | 4/3/2019                                                |  |                            |  | X                        |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
| Print Name: PETER M GRIMES ET UX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Address:                                                                                                                                                                                                                                                                                                             |  | Address: 292 IRON ROCK RD<br>WAYNESBURG, PA 15370                   |  | X                                                               |  |                   |  | 4/3/2019                                                |  | 4/9/2019                   |  |                          |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
| Print Name: CENTER TOWNSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Address:                                                                                                                                                                                                                                                                                                             |  | Address: 100 MUNICIPAL DRIVE<br>PO BOX 435<br>ROGERSVILLE, PA 15359 |  |                                                                 |  | X                 |  | 4/3/2019                                                |  | 4/11/2019                  |  |                          |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
| Print Name: FRANKLIN TOWNSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Address:                                                                                                                                                                                                                                                                                                             |  | Address: 568 ROLLING MEADOWS ROAD<br>WAYNESBURG, PA 15370           |  |                                                                 |  | X                 |  | 4/3/2019                                                |  | 4/5/2019                   |  |                          |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
| <b>Record of Written Consent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
| 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 |  |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Address:                                                                                                                                                                                                                                                                                                             |  | Date                                                                |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Address:                                                                                                                                                                                                                                                                                                             |  | Date                                                                |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
| Print and Sign Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Address:                                                                                                                                                                                                                                                                                                             |  | Date                                                                |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                     |  |                                                                 |  |                   |  |                                                         |  |                            |  |                          |  |

# **PERMIT APPLICATION TO DRILL AND OPERATE AN UNCONVENTIONAL WELL Record of Notification**

US Well No. (API No.)  
37-059-27481-00-01

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|
| <b>Signature of Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                      |  | 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. |  | US Well No. (API No.)<br>37-059-27481-00-01                     |  |
| Signature of Person Authorized to Submit Application<br>                                                                                                                                                                                                                                                                                        |  | (Print or Type)<br>Erin Spine                                                                                                                                                                                                                                                                                        |  | Name of Signer: ERIN SPINE                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                      |  | Title: Regional Land Supervisor                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                      |  | Date<br>4/17/2019                                               |  |
| List the following: surface landowner; surface landowners 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. |  | Surface Landowner                                                                                                                                                                                                                                                                                                    |  | Surface Landowners & Water Purveyors with water supplies <3000' |  |
| Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification                                                                                                                                                                                                                                                                                  |  | Gas Storage Operator                                                                                                                                                                                                                                                                                                 |  | Municipalities                                                  |  |
| Print Name: JACKSON TOWNSHIP                                                                                                                                                                                                                                                                                                                                                                                                       |  | Address: 104 TUNNEL ROAD<br>HOLBROOK, PA 15341                                                                                                                                                                                                                                                                       |  | Sent 4/3/2019                                                   |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                      |  | Return Receipt 4/5/2019                                         |  |
| Print Name: WAYNE TOWNSHIP                                                                                                                                                                                                                                                                                                                                                                                                         |  | Address: 132 SPRAGGS ROAD<br>SPRAGGS, PA 15362                                                                                                                                                                                                                                                                       |  | Sent 4/3/2019                                                   |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                      |  | Return Receipt 4/8/2019                                         |  |
| Print Name: RICHHILL TOWNSHIP                                                                                                                                                                                                                                                                                                                                                                                                      |  | Address: 109 MUNICIPAL LANE<br>WIND RIDGE, PA 15380                                                                                                                                                                                                                                                                  |  | Sent 4/3/2019                                                   |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                      |  | Return Receipt 4/5/2019                                         |  |
| Print Name: GRAY TOWNSHIP                                                                                                                                                                                                                                                                                                                                                                                                          |  | Address: 193 STRINGTOWN ROAD<br>GRAYSVILLE, PA 15337                                                                                                                                                                                                                                                                 |  | Sent 4/3/2019                                                   |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                      |  | Return Receipt 4/8/2019                                         |  |
| Print Name: MORRIS TOWNSHIP                                                                                                                                                                                                                                                                                                                                                                                                        |  | Address: 1317 BROWNS CREEK ROAD<br>SYCAMORE, PA 15364                                                                                                                                                                                                                                                                |  | Sent 4/3/2019                                                   |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                      |  | Return Receipt 4/5/2019                                         |  |
| <b>Record of Written Consent</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                      |  |                                                                 |  |
| 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                                        |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/>                                        |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/>                                        |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/>                                        |  |