



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL AND GAS MANAGEMENT PROGRAM

DEP USE ONLY	
Permittee's eFACTS ID 306870	Auth ID 1522278
Watershed Name	Quality

WELL PERMIT

Permittee PENNHILLS RESOURCES LLC	OGO.# OGO-68600	Permit Number 37-123-49140-00-00	Date Issued 04/28/2025
Address PO BOX 426	Farm Name & Well Number WT 1072 1		Well Serial #
	Municipality Sheffield Twp	County Warren	
MT JEWETT, PA 16740	7½' Quadrangle Name Sheffield		Map Section # 9
Phone (814) 975-3009	Project #	Latitude 41-38-28.1400	Longitude -79-1-34.3300
Surf Elev at Site 1825 feet	Anticipated Maximum TVD 2000 feet	Well Type OG	Offset distances referenced to NE corner of map section. South feet West feet

This permit covering the well operator and well location shown above is evidence of permission granted to conduct activities in accordance with the Oil and Gas Act and the Oil and Gas Conservation Law, if the well is subject to that act and any rules and regulations promulgated thereunder, subject to the conditions contained herein and in accordance with the application submitted for this permit. This permit does not convey any property rights.

This permit and the permittee's authority to conduct the activities authorized by this permit are conditioned upon operator's compliance with applicable law and regulations.

Notification must be given to the district oil and gas inspector, the surface landowner and political subdivision of the date well drilling will begin at least 24 hours prior to commencement of drilling activities.

The permittee hereby authorizes and consents to allow, without delay, employees or agents of the Department to have access to and to inspect all areas upon presentation of appropriate credentials, without advance notice or a search warrant. This includes any property, facility, operation or activity governed by the Oil and Gas Act, the Oil and Gas Conservation Law, the Coal and Gas Resource Coordination Act and other statutes applicable to oil and gas activities administered by the Department. The authorization and consent shall include consent to the Department to collect samples of wastewaters or gases, to take photographs, to perform measurements, surveys, and other tests, to inspect any monitoring equipment, to inspect the methods of operation and disposal, and to inspect and copy documents required by the Department to be maintained. The authorization and consent includes consent to the Department to examine books, papers, and records pertinent to any matter under investigation pursuant to the Oil and Gas Act or pertinent to a determination of whether the operator is in compliance with the above referenced statutes. This condition in no way limits any other powers granted to the Department under the Oil and Gas Act and other statutes, rules and regulations applicable to these activities as administered by the Department.

This permit does not relieve the operator from the obligation to comply with the Clean Streams Law and all statutes, rules and regulations administered by the Department.

Special Permit Conditions:

- 1) This permit is conditioned upon the well operator obtaining all appropriate approvals, including local, municipal, and zoning approvals, and any revision or modification of those approvals.
- 2) Contact the Inspector at least 24 hours prior to commencing any frac/stimulation procedures.
- 3) The proposed project is in the vicinity of a northern long-eared bat maternity roost(s), capture, or detection. To ensure take is not reasonably certain to occur, do not conduct tree removal from May 15 to August 15. The U.S. Fish and Wildlife Service determined take is not reasonably certain to occur from tree removal if activities are avoided during the pup season (i.e., the range of time when females are close to giving birth (i.e., two weeks prior to birth) and have non-volant (i.e., unable to fly) young). For more information, see the Interim Voluntary Guidance for the Northern Long-Eared Bat: Forest Habitat Modification, available here: <https://www.fws.gov/library/collections/interim-habitat-modification-guidance>.

The Operator shall comply with the following:

1. Notify their local Oil and Gas Inspector three days prior to dusting.
2. Drill cuttings shall remain on the well site they are generated and shall not be dispersed off-site via air, surface water, or groundwater.
3. All isolation distances identified in 25 Pa. Code § 78.60 – 78.63 are applicable.
4. Drill cuttings may be disposed of in a pit, without contact with season high ground water.
5. Upon well completion, the pit shall be backfilled and graded to promote runoff. The stability of the backfilled pit shall be compatible with surrounding area and the pit area shall be revegetated to stabilize surface soil.
6. Land application may only occur on the cleared well pad area and the drill cuttings shall be spread and incorporated to a depth of at least 6 inches and revegetated to stabilize surface soil.
7. No land application shall occur if the ground is frozen or saturated.

This permit expires **04/28/2026** unless drilling is commenced on or before that date and prosecuted with due diligence.

Thomas Donohue 4/28/25
 Subsurface Permits Environmental Program Manager

ERIC WYMER

PO BOX 669
KNOX PA 16232

814-573-3588

Oil & Gas Inspector

Address

Phone Number



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL

Notes NC AWM		OGO # 68600	DEP USE ONLY Objection Date - Do not issue before: 4/10/2025		API #s37- 123-49140
PNDI: 03/21/25		Client Id 306870	Date Approved: SGP 4/25/25		and _____; _____; _____; _____; _____
C: 04/08/25-trs G: 4/25/2025 BEH		Bond # 16331	Special Cond. Zoning; Frac/Stim 24; Bat Avoidance; See eWell		Watershed Name: Designation: <input type="checkbox"/> HQ <input type="checkbox"/> EV
INV:		APS # 1134617	Auth Id 522278	Site Id 879308	PF Id 882794 SF Id 1443145

Please read instructions before you begin filling in this form.

WELL INFORMATION									
Well Operator PENNHILLS RESOURCES, LLC			DEP ID# 306870	Well API # 37- - - -	Well Farm Name WT. 1072		Well # 1		
Address PO BOX 426				LAT 41°38' 28.00" 14	NAD 83	Project Number		Serial #	
				LONG - 79°1' 34.00" 33					
City MT. JEWETT		State PA	Zip 16740	Municipality Name/ City, Borough, Township SHEFFIELD Township			County WARREN		
Phone 814-975-3009		Fax 814-778-6874		Email m.eschrich e Pennhillsresources.com			USGS 7.5 min. quadrangle map SHEFFIELD, PA		Section 9
<input type="checkbox"/> Check if this is a new address				24/7 Emergency Phone contact number 814-598-0237			911 address of well site (if available)		
Freshwater Impoundment Name/ Identification N/A		Centralized Impoundment Name/ Identification N/A		Well Pad Name/Identification N/A			Borrow Area Name/Identification COMMERCIAL PIT		
Surface Elev 1825	Deepest Formation to be penetrated: COOPER SAND		Anticipated TVD 2000		PERMIT TYPE Check applicable.		TYPE OF WELL Check applicable.		APPLICATION FEE Check applicable.
Target Formation(s) proposed for production BRADFORD SAND			Anticipated Target Top/Bottom TVD 1650 1950		Application is to: <input checked="" type="checkbox"/> Drill a new <input type="checkbox"/> Re-permit expired permit <input type="checkbox"/> Deepen well <input type="checkbox"/> Redrill wellbore <input type="checkbox"/> Alter well <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Comb. (gas & oil/condensate) <input type="checkbox"/> Injection, recovery <input type="checkbox"/> Injection, disposal <input type="checkbox"/> Coalbed Methane <input type="checkbox"/> Gas Storage <input type="checkbox"/> Other (specify)		<input checked="" type="checkbox"/> Conventional <input type="checkbox"/> \$200 (Home Use Well) Total Application Fee \$ 500.00
Number of wellbore laterals proposed under this application 0					<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED APR 07 2025 Environmental Protection Northwest Regional Office </div>				
Total feet of wellbore to be drilled under this application 2000 Ft.									
If applying for a permit to rework an existing well not registered or permitted, check this box <input type="checkbox"/> and enter date drilled, if known: _____ (see instructions)									
PNDI Attached: <input checked="" type="checkbox"/> Any threatened or endangered "hit" must include a copy of the clearance letter from the applicable agency(ies).					Bond Agreement Id				
Application submitted as: Coal well: <input type="checkbox"/> Attach Coal Module CBM well <input type="checkbox"/> Attach Coal Module Non coal well <input checked="" type="checkbox"/> 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 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 edge of the disturbed area of any portion of the well site of a conventional well be within 100 feet from the edge of any solid blue lined stream, spring or body of water identified on the most current 7½' topographic quadrangle map or wetland greater than one acre in size or in a wetland?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, is a waiver request (form 5500-FM-OG0057) and site-specific E&S control plan attached?		<input type="checkbox"/>	<input type="checkbox"/>

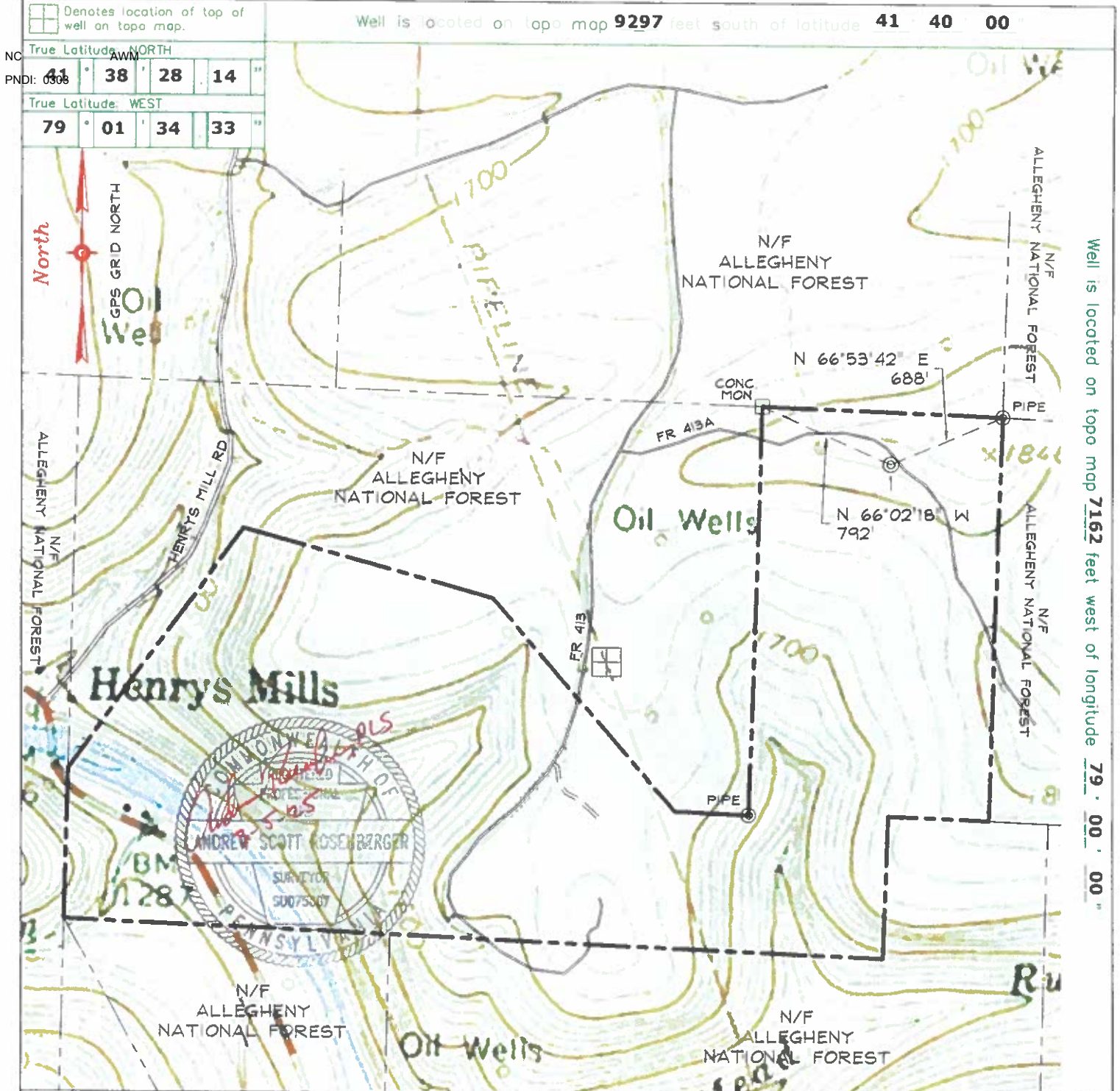


Auth #	1522278	BEH 4/25/25
Project #	123-49140	

WELL LOCATION PLAT

PAGE 1 Surface Location

Well is located on topo map **9297** feet south of latitude **41 40 00**



Well is located on topo map **7162** feet west of longitude **79 00 00**

Applicant/Well Operator Name: PENNHILLS RESOURCES, LLC		DEP ID # 306870	Well (Form) Name: WT. 1072	Well #: 1	Serial #:
Address: P.O. BOX 426, MT. JEWETT, PA 16740			County: WARREN	Municipality: SHEFFIELD	Well Type: COMBINATION
911 address of well site: N/A			USGS 7½' Quadrangle Map Name: SHEFFIELD, PA	Map Section: 9	Surface Elevation: 1825 ft.
Surveyor or Engineer: ANDREW S. ROSENBERGER	Phone #: (814) 368-4139	Dwg #: 06372.1	Date: 3/5/25	Scale: 1"=800'	Tract Acreage: 230± AC.
Lat. & Long Metadata Method: SURVEY GRADE GPS	Accuracy: +/- 10 ft.	Datum: NAD 83	Elevation Metadata Method: SURVEY GRADE GPS	Accuracy: +/-10 ft.	Datum: NAVD 88
					Survey Date: 3/25



**PERMIT APPLICATION TO DRILL AND OPERATE
A CONVENTIONAL WELL
Record of Notification**

Farm Name - Well # WT. 1072 - WELL # 1	
Applicant Name PENNHILLS RESOURCES, LLC	DEP ID# 306870
DEP USE ONLY	APS #

List the following: surface landowner; surface landowners and water purveyors with water supplies within 1000 feet; municipality where the well will be drilled; adjacent municipality; gas storage operator if within 2000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties. Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification		Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <1000'	Municipalities	Notification Note the means and attach proof.			
						Certified Mail Dates		Address Affidavit	Written Consent
						Sent	Return Receipt		
Print Name: ALLEGHENY NATIONAL FOREST Signature	Address: 4 FARM COLONY DRIVE WARREN, PA 16365	X				3/19/25	3/26/25		
Print Name: SHEFFIELD TOWNSHIP Signature	Address: PO BOX 784 SHEFFIELD, PA 16347				X	3/19/25	3/24/25		
Print Name: CHERRY GROVE TOWNSHIP Signature	Address: 6039 CHERRY GROVE ROAD CLARENDON, PA 16313				X	3/19/25	3/24/25		
Print Name: MEAD TOWNSHIP Signature	Address: MUNICIPAL BUILDING 119 MEAD BLVD. CLARENDON, PA 16313				X	3/19/25	3/24/25		
Print Name: HIGHLAND TOWNSHIP Signature	Address: PO BOX 505 JAMES CITY, PA 16734				X	3/19/25	3/25/25		

Record of Written Consent

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

Print and Sign Name:	Address:	Date:	Surface Owner	Water Well within 200 feet	Building within 200 feet
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**PERMIT APPLICATION TO DRILL AND OPERATE
A CONVENTIONAL WELL
Record of Notification**

Farm Name - Well # WT. 1072 - WELL # []	
Applicant Name PENNHILLS RESOURCES, LLC	DEP ID# 306870
DEP USE ONLY	APS #

List the following: surface landowner; surface landowners and water purveyors with water supplies within 1000 feet; municipality where the well will be drilled; adjacent municipality; gas storage operator if within 2000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties. Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification		Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <1000'	Municipalities	Notification Note the means and attach proof.			
						Certified Mail Dates		Address Affidavit	Written Consent
						Sent	Return Receipt		
Print Name: HOWE TOWNSHIP Signature	Address: 7947 ROUTE 666 SHEFFIELD, PA 16347				X	3/19/25	3/24/25		
Print Name: HAMILTON TOWNSHIP Signature	Address: PO BOX 23 LUDLOW, PA 16333				X	3/19/25	3/25/25		
Print Name: WETMORE TOWNSHIP Signature	Address: 318 SPRING STREET KANE, PA 16735				X	3/19/25	3/25/25		
Print Name: Signature	Address:								
Print Name: Signature	Address:								

Record of Written Consent

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


Print and Sign Name:	Address:	Date:	Surface Owner	Water Well within 200 feet	Building within 200 feet
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>J. Boutelli</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>ALLEGHENY NATIONAL FOREST 4 FARM COLONY DRIVE WARREN, PA 16365</p>		<p>B. Received by (Printed Name) <i>Lydia Boutelli</i></p> <p>C. Date of Delivery <i>3/26/25</i></p>	
<p>2. Article Number (from reverse label)</p> <p>7022 0410 0002 5160 2019</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

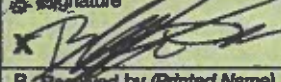
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For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$4.85	Postage \$1.01
Extra Services & Fees (check box, add fee as appropriate)	Total Postage and Fees \$9.96
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00 <input type="checkbox"/> Return Receipt (electronic) \$0.00 <input type="checkbox"/> Certified Mail Restricted Delivery \$0.00 <input type="checkbox"/> Adult Signature Required \$0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$	Mount Jewett PA 16747 MAR 19 2025 03/19/2025
Sent To: ALLEGHENY NATIONAL FOREST Street: 4 FARM COLONY DRIVE City, St: WARREN, PA 16365	
PS Form 3800, April 2015 PSN 7530-02-000-3047 See Reverse for Instructions	


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Cara Schrader</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>SHEFFIELD TOWNSHIP PO BOX 784 SHEFFIELD, PA 16347</p>		<p>B. Received by (Printed Name) <i>Cara Schrader</i></p> <p>C. Date of Delivery <i>3/24/25</i></p>	
<p>2. Article Number (from reverse label)</p> <p>7020 0090 0001 5076 8429</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	


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OFFICIAL USE	
Certified Mail Fee \$4.85	Postage \$1.01
Extra Services & Fees (check box, add fee as appropriate)	Total Postage and Fees \$9.96
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00 <input type="checkbox"/> Return Receipt (electronic) \$0.00 <input type="checkbox"/> Certified Mail Restricted Delivery \$0.00 <input type="checkbox"/> Adult Signature Required \$0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$	Mount Jewett PA 16747 MAR 19 2025 03/19/2025
Sent To: SHEFFIELD TOWNSHIP Street: PO BOX 784 City, St: SHEFFIELD, PA 16347	
PS Form 3800, April 2015 PSN 7530-02-000-3047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Brydon Turner	C. Date of Delivery 3-24-25
1. Article Addressed to: CHERRY GROVE TOWNSHIP 6039 CHERRY GROVE ROAD CLARENDON, PA 16313	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 7020 0090 0001 5076 8436	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
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Certified Mail Fee \$4.85	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00 <input type="checkbox"/> Adult Signature Required \$0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$1.01	
Total Postage and Fees \$9.96	
Sent To CHERRY GROVE TOWNSHIP Street # 6039 CHERRY GROVE ROAD City, State CLARENDON, PA 16313	
PS Form 3800, April 2015 PSN 7530-02-000-9057 See Reverse for Instructions	

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Brydon Turner	C. Date of Delivery 3-24-25
1. Article Addressed to: MEAD TOWNSHIP MUNICIPAL BUILDING 119 MEAD BLVD. CLARENDON, PA 16313	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 7020 0090 0001 5076 8443	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt		


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Certified Mail Fee \$4.85	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00 <input type="checkbox"/> Adult Signature Required \$0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$1.01	
Total Postage and Fees \$9.96	
Sent To MEAD TOWNSHIP Street # MUNICIPAL BUILDING City, State 119 MEAD BLVD. CLARENDON, PA 16313	
PS Form 3800, April 2015 PSN 7530-02-000-9057 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p><i>Carrie Dempsey</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Carrie Dempsey</i> C. Date of Delivery <i>3-25-25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>HIGHLAND TOWNSHIP PO BOX 505 JAMES CITY, PA 16734</p>  <p>9590 9403 0574 5183 8123 93</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 3040 0000 6432 8502</p>	<p><input checked="" type="checkbox"/> Restricted Delivery</p>
PS Form 3811, April 2015 PSN 7530-02-000-9063	Domestic Return Receipt


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For delivery information, visit our website at www.usps.com	
JAMES CITY, PA 16734	
OFFICIAL USE	
Certified Mail Fee \$4.85	0740
Extra Services & Fees (check box, add fee)	Postmark
<input type="checkbox"/> Return Receipt (hardcopy) \$4.10	MAR 19 2025
<input type="checkbox"/> Return Receipt (electronic) \$0.00	03/19/2025
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$1.01	
Total Postage and Fees \$9.96	
Sent To	HIGHLAND TOWNSHIP
Street	PO BOX 505
City, State	JAMES CITY, PA 16734
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for instructions	


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Beverly Pollock</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Beverly Pollock</i> C. Date of Delivery <i>3-24-25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>HOWE TOWNSHIP 7947 ROUTE 666 SHEFFIELD, PA 16347</p>  <p>9590 9403 0574 5183 8124 09</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0001 5076 8481</p>	<p><input checked="" type="checkbox"/> Restricted Delivery</p>
PS Form 3811, April 2015 PSN 7530-02-000-9063	Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
SHEFFIELD, PA 16347	
OFFICIAL USE	
Certified Mail Fee \$4.85	0740
Extra Services & Fees (check box, add fee)	Postmark
<input type="checkbox"/> Return Receipt (hardcopy) \$4.10	MAR 19 2025
<input type="checkbox"/> Return Receipt (electronic) \$0.00	03/19/2025
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$1.01	
Total Postage and Fees \$9.96	
Sent To	HOWE TOWNSHIP
Street	7947 ROUTE 666
City, State	SHEFFIELD, PA 16347
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>x Becky Davidson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Becky Davidson</i> C. Date of Delivery <i>3-25-25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>HAMILTON TOWNSHIP PO BOX 23 LUDLOW, PA 16333</p>  <p>9590 9403 0574 5183 8123 79</p>		<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> All Restricted Delivery (over 5000)	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0001 5076 8450</p>		<p>PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

U.S. Postal Service™		CERTIFIED MAIL® RECEIPT	
Domestic Mail Only		For delivery information, visit our website at www.usps.com	
Ludlow, PA 16333		OFFICIAL USE	
Certified Mail Fee	\$4.85	0740	
Extra Services & Fees (check box, add fee as appropriate)	\$4.10		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00		
<input type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$1.01	03/19/2025	
Total Postage and Fees	\$9.96		
Sent To	HAMILTON TOWNSHIP		
Street and	PO BOX 23		
City, State	LUDLOW, PA 16333		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>x Joan Brinkley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Joan Brinkley</i> C. Date of Delivery <i>3-25-25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>WETMORE TWP. 318 SPRING STREET KANE, PA 16735</p>  <p>9590 9403 0574 5183 8123 86</p>		<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> All Restricted Delivery	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0001 5076 8474</p>		<p>PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

U.S. Postal Service™		CERTIFIED MAIL® RECEIPT	
Domestic Mail Only		For delivery information, visit our website at www.usps.com	
Kane, PA 16735		OFFICIAL USE	
Certified Mail Fee	\$4.85	0740	
Extra Services & Fees (check box, add fee as appropriate)	\$4.10		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00		
<input type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$1.01	03/19/2025	
Total Postage and Fees	\$9.96		
Sent To	WETMORE TWP.		
Street and	318 SPRING STREET		
City, State	KANE, PA 16735		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions	



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

DEP USE ONLY	
APS No.	Site No.
Permit No.	Auth. ID No.

COORDINATION OF A WELL LOCATION WITH PUBLIC RESOURCES

Well Operator PENNHILLS RESOURCES, LLC		DEP ID No. 306870	Well Farm Name and No. WT. 1072		1
Address PO BOX 426			Project No. (if previously assigned)		
City MT. JEWETT	State PA	Zip Code 16740	County WARREN	Municipality SHEFFIELD TWP.	
Phone No. 8149753009	Fax No. 8147786874	Latitude N 41° 38' 28.14"	Longitude W 79° 01' 34.33"		
1. Will the well be located in or within 200 ft. of a publicly owned park, forest, gameland, designated wildlife area, or Natural National Landmark?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Will the well be located within the corridor of a state or national scenic river?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. If answering "Yes" to questions 1 or 2, name the public resource(s). ALLEGHENY NATIONAL FOREST					
List the name, address, and phone number of the person responsible for management of the public resource. FOREST SUPERVISOR, 4 FARM COLONY DRIVE, WARREN, PA 16365 Phone: (814) 728-6100					
Must the administrator of the public resource approve or otherwise authorize the proposed well, well site, access road, or gathering pipeline?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the approval or authorization been received?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has the search of the proposed well location against the Pennsylvania Natural Diversity Inventory (PNDI), or any other evaluation, identified a potential conflict with a species of special concern?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", provide PNDI Search Number <u>834538</u> or attach a copy of the PNDI Search Results.					
If a potential conflict with a species of special concern was identified, give the name of the responsible agency. U.S. FISH AND WILDLIFE SERVICE					
5. Will the well be located within 200 ft. of any historical or archaeological sites listed as national or state historic places?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. If the proposed well is an unconventional well, will the well be located within 1000 ft. of water wells, surface water intakes, reservoirs, or other water supply extraction points used by a water purveyor?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If the answer to questions 1, 2, 4, 5, or 6 is "YES", describe in detail the coordination with applicable resource agencies, the potential impacts to any public resource identified above, if any, and the additional measures proposed to avoid, minimize, or otherwise mitigate the impacts to public resources. THE U.S. FISH & WILDLIFE SERVICE REQUIRES AVOIDANCE MEASURES. PENNHILLS WILL COMPLY WITH ALL AVOIDANCE MEASURES STIPULATED BY THE US FISH & WILDLIFE SERVICE. PENNHILLS HAS ALSO BEEN IN CONTACT WITH THE ANF PRIOR TO, AND WILL CONTINUE TO BE IN CONTACT THROUGHOUT THE PROCESS. AN EROSION AND SEDIMENTATION CONTROL PLAN IS BEING PREPARED FOR THE PROJECT AS WELL.					

1. PROJECT INFORMATION

Project Name: **Henry Mills Area**

Date of Review: **3/21/2025 01:21:57 PM**

Project Category: **Energy Storage, Production, and Transfer, Energy Production (generation), Oil or Gas - new wells, expansion of well field**

Project Area: **158.96 acres**

County(s): **Warren**

Township/Municipality(s): **Sheffield Township**

ZIP Code:

Quadrangle Name(s): **SHEFFIELD**

Watersheds HUC 8: **Middle Allegheny-Tionesta**

Watersheds HUC 12: **Lower Sheriff Run-Tionesta Creek; South Branch Tionesta Creek-Tionesta Creek**

Decimal Degrees: **41.637100, -79.029488**

Degrees Minutes Seconds: **41° 38' 13.5584" N, 79° 1' 46.1561" W**

2. SEARCH RESULTS

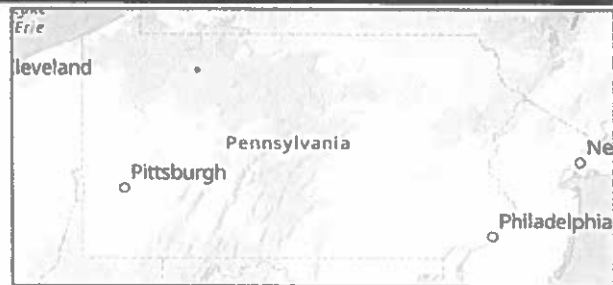
Agency	Results	Response
PA Game Commission	Conservation Measure	No Further Review Required, See Agency Comments
PA Department of Conservation and Natural Resources	No Known Impact	No Further Review Required
PA Fish and Boat Commission	No Known Impact	No Further Review Required
U.S. Fish and Wildlife Service	Avoidance Measure	See Agency Response

As summarized above, Pennsylvania Natural Diversity Inventory (PNDI) records indicate there may be potential impacts to threatened and endangered and/or special concern species and resources within the project area. If the response above indicates "No Further Review Required" no additional communication with the respective agency is required. If the response is "Further Review Required" or "See Agency Response," refer to the appropriate agency comments below. Please see the DEP Information Section of this receipt if a PA Department of Environmental Protection Permit is required.

Henry Mills Area



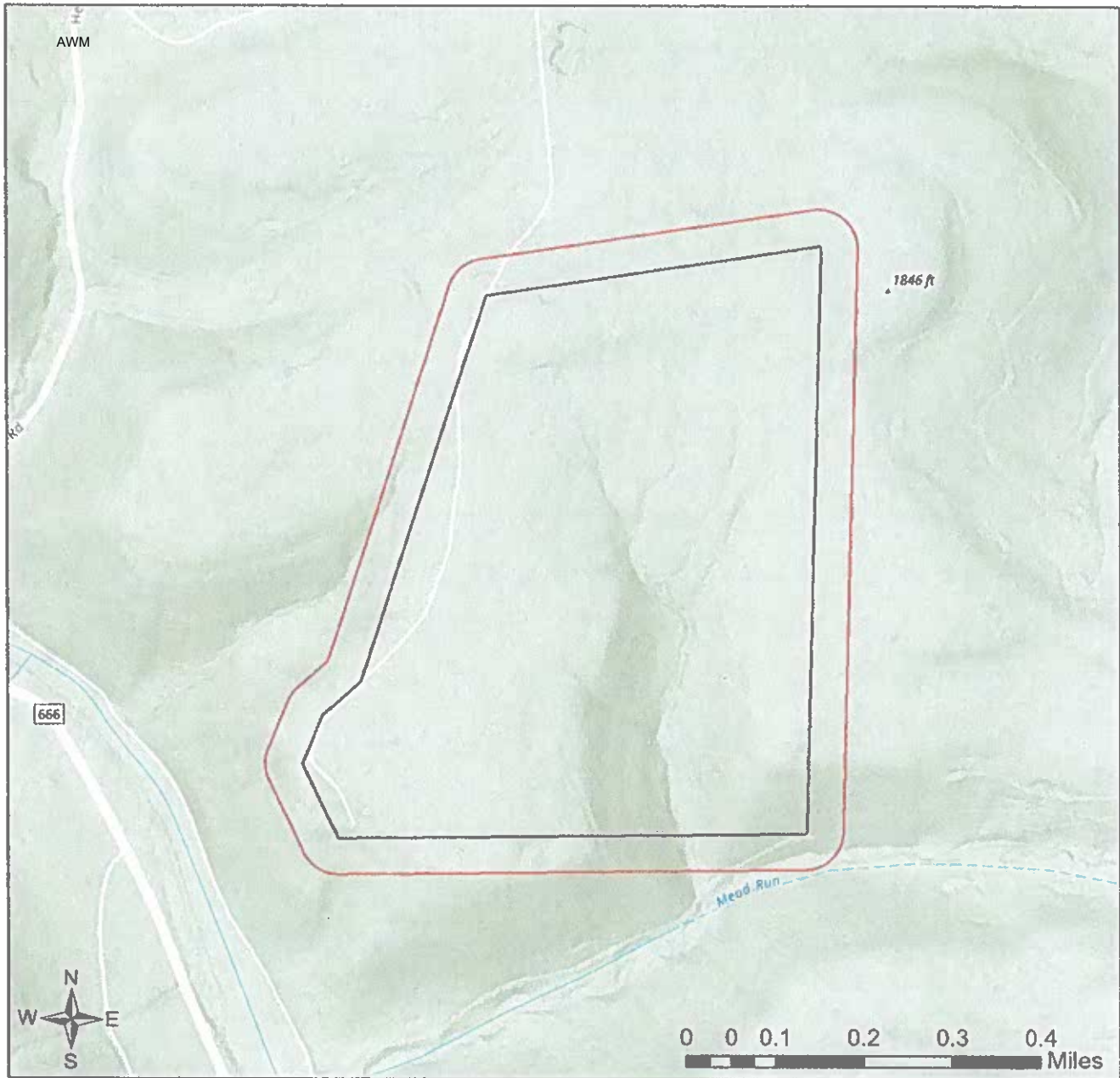
-  Buffered Project Boundary
-  Project Boundary



Source: Esri, Maxar, Earthstar Geographics, and the GIS User Community
Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

Henry Mills Area

NC
03



-  Buffered Project Boundary
-  Project Boundary



Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community
Sources: Esri, Maxar, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatastyrelsen, Rijkswaterstaat, GSA.

RESPONSE TO QUESTION(S) ASKED

Q1: Is tree removal, tree cutting or forest clearing necessary to implement all aspects of this project?

Your answer is: Yes

Q2: How many acres of woodland, forest, forested fencerows and trees will be cut, cleared, removed, disturbed or flooded (inundated) as a result of carrying out all aspects or phases of this project? [Round acreages UP to the nearest acre (e.g., 0.2 acres = 1 acre).]

Your answer is: 1 to 10 acres

3. AGENCY COMMENTS

Regardless of whether a DEP permit is necessary for this proposed project, any potential impacts to threatened and endangered species and/or special concern species and resources must be resolved with the appropriate jurisdictional agency. In some cases, a permit or authorization from the jurisdictional agency may be needed if adverse impacts to these species and habitats cannot be avoided.

These agency determinations and responses are **valid for two years** (from the date of the review), and are based on the project information that was provided, including the exact project location; the project type, description, and features; and any responses to questions that were generated during this search. If any of the following change: 1) project location, 2) project size or configuration, 3) project type, or 4) responses to the questions that were asked during the online review, the results of this review are not valid, and the review must be searched again via the PNDI Environmental Review Tool and resubmitted to the jurisdictional agencies. The PNDI tool is a primary screening tool, and a desktop review may reveal more or fewer impacts than what is listed on this PNDI receipt. The jurisdictional agencies **strongly advise against** conducting surveys for the species listed on the receipt prior to consultation with the agencies.

PA Game Commission

RESPONSE:

Conservation Measure: Potential impacts to state and federally listed species which are under the jurisdiction of both the Pennsylvania Game Commission (PGC) and the U.S. Fish and Wildlife Service may occur as a result of this project. As a result, the PGC defers comments on potential impacts to federally listed species to the U.S. Fish and Wildlife Service. No further coordination with the Pennsylvania Game Commission is required at this time.

PA Department of Conservation and Natural Resources

RESPONSE:

No Impact is anticipated to threatened and endangered species and/or special concern species and resources.

PA Fish and Boat Commission


RESPONSE:

No Impact is anticipated to threatened and endangered species and/or special concern species and resources.

U.S. Fish and Wildlife Service

RESPONSE:

Avoidance Measure: The proposed project is in the vicinity of a northern long-eared bat maternity roost(s), capture, or detection. To ensure take is not reasonably certain to occur, do not conduct tree removal from May 15 to August 15. The U.S. Fish and Wildlife Service determined take is not reasonably certain to occur from tree removal if activities are avoided during the pup season (i.e., the range of time when females are close to giving birth (i.e., two weeks prior to birth) and have non-volant (i.e., unable to fly) young). For more information, see the Interim Voluntary Guidance for the Northern Long-Eared Bat: Forest Habitat Modification, available here: <https://www.fws.gov/library/collections/interim-habitat-modification-guidance>.

As the project proponent or applicant, I certify that I will implement the above Avoidance Measure:
 (Signature)

SPECIAL NOTE: If you agree to implement the above Avoidance Measure and if applicable, any Information Requests, no further coordination with this agency regarding threatened and endangered species and/or special concern species and resources is required. If you are not able to comply with the Avoidance Measures, you are required to coordinate with this agency - please send project information to this agency for review (see "What to Send" section).

WHAT TO SEND TO JURISDICTIONAL AGENCIES

If project information was requested by one or more of the agencies above, upload* or email the following information to the agency(s) (see AGENCY CONTACT INFORMATION). Instructions for uploading project materials can be found [here](#). This option provides the applicant with the convenience of sending project materials to a single location accessible to all three state agencies (but not USFWS).

*If information was requested by USFWS, applicants must email, or mail, project information to IR1_ESPenn@fws.gov to initiate a review. USFWS will not accept uploaded project materials.

Check-list of Minimum Materials to be submitted:

___ Project narrative with a description of the overall project, the work to be performed, current physical characteristics of the site and acreage to be impacted.

___ A map with the project boundary and/or a basic site plan (particularly showing the relationship of the project to the physical features such as wetlands, streams, ponds, rock outcrops, etc.)

In addition to the materials listed above, USFWS REQUIRES the following

___ **SIGNED** copy of a Final Project Environmental Review Receipt

The inclusion of the following information may expedite the review process.

___ Color photos keyed to the basic site plan (i.e. showing on the site plan where and in what direction each photo was taken and the date of the photos)

___ Information about the presence and location of wetlands in the project area, and how this was determined (e.g., by a qualified wetlands biologist), if wetlands are present in the project area, provide project plans showing the location of all project features, as well as wetlands and streams.

4. DEP INFORMATION

The Pa Department of Environmental Protection (DEP) requires that a signed copy of this receipt, along with any required documentation from jurisdictional agencies concerning resolution of potential impacts, be submitted with applications for permits requiring PNDI review. Two review options are available to permit applicants for handling PNDI coordination in conjunction with DEP's permit review process involving either T&E Species or species of special concern. Under sequential review, the permit applicant performs a PNDI screening and completes all coordination with the appropriate jurisdictional agencies prior to submitting the permit application. The applicant will include with its application, both a PNDI receipt and/or a clearance letter from the jurisdictional agency if the PNDI Receipt shows a Potential Impact to a species or the applicant chooses to obtain letters directly from the jurisdictional agencies. Under concurrent review, DEP, where feasible, will allow technical review of the permit to occur concurrently with the T&E species consultation with the jurisdictional agency. The applicant must still supply a copy of the PNDI Receipt with its permit application. The PNDI Receipt should also be submitted to the appropriate agency according to directions on the PNDI Receipt. The applicant and the jurisdictional agency will work together to resolve the potential impact(s). See the DEP PNDI policy at <https://conservationexplorer.dcnr.pa.gov/content/resources>.

5. ADDITIONAL INFORMATION

The PNDI environmental review website is a preliminary screening tool. There are often delays in updating species status classifications. Because the proposed status represents the best available information regarding the conservation status of the species, state jurisdictional agency staff give the proposed statuses at least the same consideration as the current legal status. If surveys or further information reveal that a threatened and endangered and/or special concern species and resources exist in your project area, contact the appropriate jurisdictional agency/agencies immediately to identify and resolve any impacts.

For a list of species known to occur in the county where your project is located, please see the species lists by county found on the PA Natural Heritage Program (PNHP) home page (www.naturalheritage.state.pa.us). Also note that the PNDI Environmental Review Tool only contains information about species occurrences that have actually been reported to the PNHP.

6. AGENCY CONTACT INFORMATION

PA Department of Conservation and Natural Resources

Bureau of Forestry, Ecological Services Section
400 Market Street, PO Box 8552
Harrisburg, PA 17105-8552
Email: RA-HeritageReview@pa.gov

U.S. Fish and Wildlife Service

Pennsylvania Field Office
Endangered Species Section
110 Radnor Rd; Suite 101
State College, PA 16801
Email: IR1_ESPenn@fws.gov
NO Faxes Please

PA Fish and Boat Commission

Division of Environmental Services
595 E. Rolling Ridge Dr., Bellefonte, PA 16823
Email: RA-FBPACENOTIFY@pa.gov

PA Game Commission

Bureau of Wildlife Management
Division of Environmental Review
2001 Elmerton Avenue, Harrisburg, PA 17110-9797
Email: RA-PGC_PNDI@pa.gov
NO Faxes Please

7. PROJECT CONTACT INFORMATION

Name: _____ STUART J. MORRIS
Company/Business Name: _____ PENNHILLS RESOURCES, LLC
Address: _____ PO BOX 426
City, State, Zip: _____ MT. JEWETT, PA 16740
Phone:(_____) _____ (814) 975-3009
Email: _____ S.MORRIS@PENNHILLSRESOURCES.COM

8. CERTIFICATION

I certify that ALL of the project information contained in this receipt (including project location, project size/configuration, project type, answers to questions) is true, accurate and complete. In addition, if the project type, location, size or configuration changes, or if the answers to any questions that were asked during this online review change, I agree to re-do the online environmental review.


applicant/project proponent signature

3/21/2025
date



RE: Wt. 1072 – Non-workable Coal Seam

To Whom It May Concern:

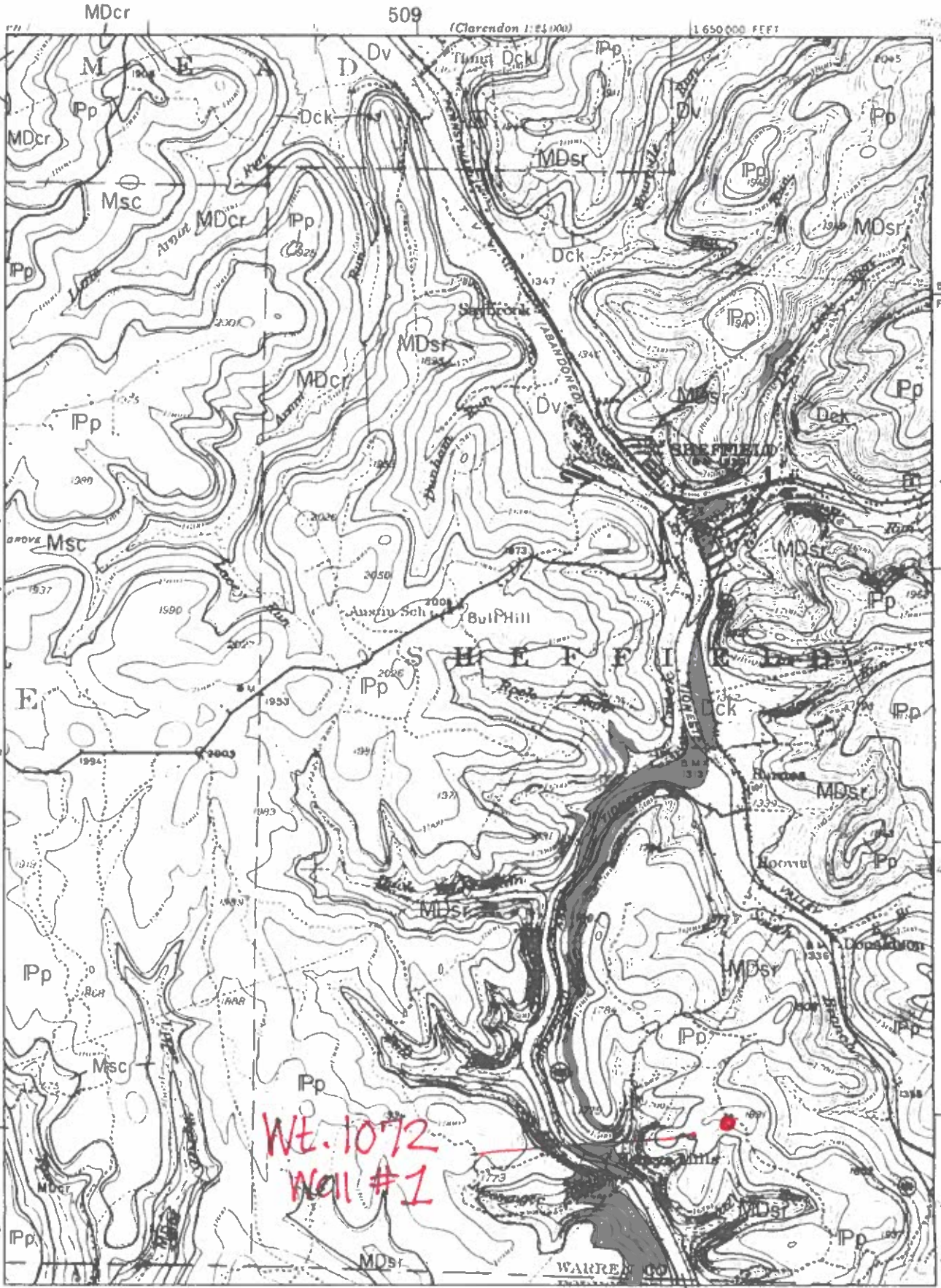
According to the Pennsylvania Mine Map Atlas (<http://www.paminemaps.psu.edu>), the area where we are working (Wt. 1072 – Sheffield Township, Warren County) is considered to be a Non-workable Coal Seam. The well is located where the Pottsville Group is at the surface, and the Pottsville Group is stratigraphically below known coal seams.

If you have any questions, please call us at (814) 975-3009.

Regards,



Michelle Eschrich



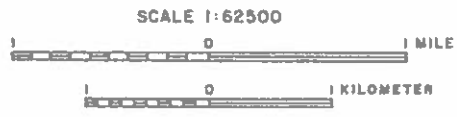
SOURCE
 Modified from 1960 state map completion sheet, which was taken from M 38.

EXPLANATION

- IPp
Pottsville Gp.
- Msc
Shenango Fm. through Cuyahoga Gp., undiv.
- MDcr
Corry Ss. through Riceville Fm., undiv.
- MDsr
Shenango Fm. through Riceville Fm., undiv.
- Dck
Catskill Fm.
- Dv
Venango Fm.

NOTE: Reliability of contacts is poor.
 The Dv/Dck facies change is approximately located and not based on detailed studies.

REFERENCE
 Ingham, A. I., Lytle, W. S., Matteson, L. S., and Sherrill, R. E. (1956), *Oil and gas geology of the Sheffield quadrangle, Pennsylvania*, Pennsylvania Geological Survey, 4th ser., Mineral Resource Report 38, 72 p.



Compiled by W. E. EDMUNDS, 1977

SHEFFIELD 15' (NE)

From: [Michelle Eschrich](#)
To: [Hanes, Barbara](#)
Subject: [External] RE: WT 1072 Applications
Date: Friday, April 25, 2025 1:03:34 PM

***ATTENTION:** This email message is from an external sender. Do not open links or attachments from unknown senders. To report suspicious email, use the [Report Phishing button in Outlook](#).*

Hello Barbara,

Yes, please change the answer to question 6 to 'Yes'. Thank you very much and have a wonderful weekend!

Regards,

Michelle Eschrich
Human Resources
Pennhills Resources, LLC
Phone: 814-975-3009 Mobile: 814-335-6148
Mailing: PO Box 426, Mt. Jewett, PA 16740
Physical: 3055 Route 219, Kane, PA 16735
Web: www.pennhillsresources.com
Email: m.eschrich@pennhillsresources.com



From: Hanes, Barbara <bhanes@pa.gov>
Sent: Friday, April 25, 2025 1:01 PM
To: Michelle Eschrich <M.Eschrich@pennhillsresources.com>
Subject: WT 1072 Applications

Hello Michelle,

Reviews of the WT 1072 applications for Wells 1, 5, 9, and 10, are near complete. On each application, Question 6 is answered 'No'. This question should be answered 'Yes' any time the wells are located on/near public lands and/or there is a PNDI hit; these wells fall under both categories. All related documents were submitted with the applications, so all we need is for you to respond to this email in agreement and we can change the answers on the applications.

Please let me know if you have any questions.

Thank You,

Barbara E. Hanes, P.G. | Licensed Professional Geologist
Department of Environmental Protection | District Oil and Gas Operations
Northwest District Office
230 Chestnut Street | Meadville, PA 16335
Phone: 814.332.6870 | Fax: 814.332.6120
bhanes@pa.gov
www.dep.pa.gov

Form



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

DEP USE	
Auth No. 1522280	APS No. 1134617
Site No. 879308	Facility No. 882794
FIX Client No. 306870	Sub-fac No. 1443145

**REQUEST FOR APPROVAL OF
ALTERNATIVE WASTE MANAGEMENT PRACTICES
(Conventional Operations Only)**

PROJECT IDENTIFICATION					
Well Operator PENNHILLS RESOURCES, LLC		DEP ID/OGO No. 306870		U.S. Well No. (API No.) 123-49140	
Address PO BOX 426				Well Farm Name WT. 1072	
City MT. JEWETT		State PA	Zip Code 16740	Well No. 1	Serial No.
Telephone No. (814) 975-3009		Fax No. (814) 778-6874		County WARREN	Municipality SHEFFIELD TWP.
<p>Note: All submittals must include the following information:</p> <ol style="list-style-type: none"> 1) United States Geological Survey (USGS) 7.5-minute quadrangle map showing the location of the proposed alternative waste management practices 2) Full size set of plan design drawings showing proposed facility dimensions and location relative to existing facilities 3) A brief detailed project narrative describing the proposed project 					
INTENDED ALTERNATIVE PRACTICE			<i>Check the appropriate box and complete the applicable section of the form.</i>		
<input type="checkbox"/> For temporary containment of polluttional substances and wastes generated during drilling, altering, or completing a well; complete section A. Pits and Tanks for Temporary Containment. See 25 Pa. Code § 78.56 for regulations.					
<input checked="" type="checkbox"/> For disposal of drill cuttings from above the surface casing seat, complete section B. Alternate Waste Disposal Practices. See 25 Pa. Code § 78.61 for regulations.					
<input checked="" type="checkbox"/> For disposal of residual waste and drill cuttings from below the surface casing seat, complete section B. Alternate Waste Disposal Practices. See 25 Pa. Code §§ 78.62 or 78.63 for regulations.					
A. PITS AND TANKS FOR TEMPORARY CONTAINMENT					
Complete this section if requesting approval of an alternative practice for temporary containment of polluttional substances and wastes from drilling, altering, or completing a well. See 25 Pa. Code § 78.56.					
1. Check the box below and fill in the dates the pit will be used if you are requesting a variance from the requirement that the bottom of the pit be at least 20 inches above the seasonal high groundwater table for a pit that exists only during dry times of the year and is located above groundwater. See 25 Pa. Code § 78.56(a)(4)(iii).					
<input type="checkbox"/> Variance requested; dates to be used, from _____ to _____					
2. Check the box below if you are requesting approval of an alternative practice for temporary containment.					
<input type="checkbox"/> Approval of another alternative practice is requested. Describe the type of waste and the temporary containment method. Include information that will demonstrate that the proposed alternative practices will provide equivalent or superior protection to the practices indentified in 25 Pa. Code section 78.56.					


RECEIVED
 APR 07 2025
 Environmental Protection
 Northwest Regional Office

B. ALTERNATIVE WASTE DISPOSAL PRACTICES


Complete this section if requesting approval of an alternative practice to dispose of drill cuttings or residual wastes at the well site. Describe the type of waste, including any additives, and the proposed alternative practice. Include information that will demonstrate the proposed practice will provide protection equivalent or superior to the practices identified in 25 Pa. Code sections 78.61, 78.62, or 78.63.

PLEASE SEE ATTACHED FOR DESCRIPTION

SIGNATURE OF APPLICANT

Signature of Applicant / Well Operator 	Print or Type Signer's Name and Title STUART J. MORRIS, CEO	Date 4/4/2025
---	--	------------------

DEP USE ONLY

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied DEP Representative: 	Conditions: <input checked="" type="checkbox"/> YES, see below or attached. <input type="checkbox"/> NO	Date 04.15.25
---	--	------------------

Conditions: Please see the attached special conditions

Due: 05/20/25-
04/08/25-trs



WT. 1072 – WELL #1

ATTACHMENT FOR ALTERNATIVE WASTE MANAGEMENT PRACTICES (CONVENTIONAL OPERATIONS ONLY)

B. ALTERNATIVE WASTE DISPOSAL PRACTICES

Pennhills Resources, LLC is requesting the DEP approval for disposal of uncontaminated drill cuttings into a structurally sound and initially unlined drill pit (to be lined later).

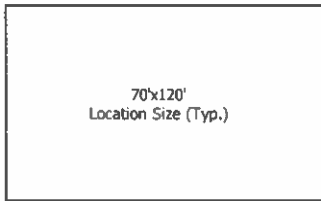
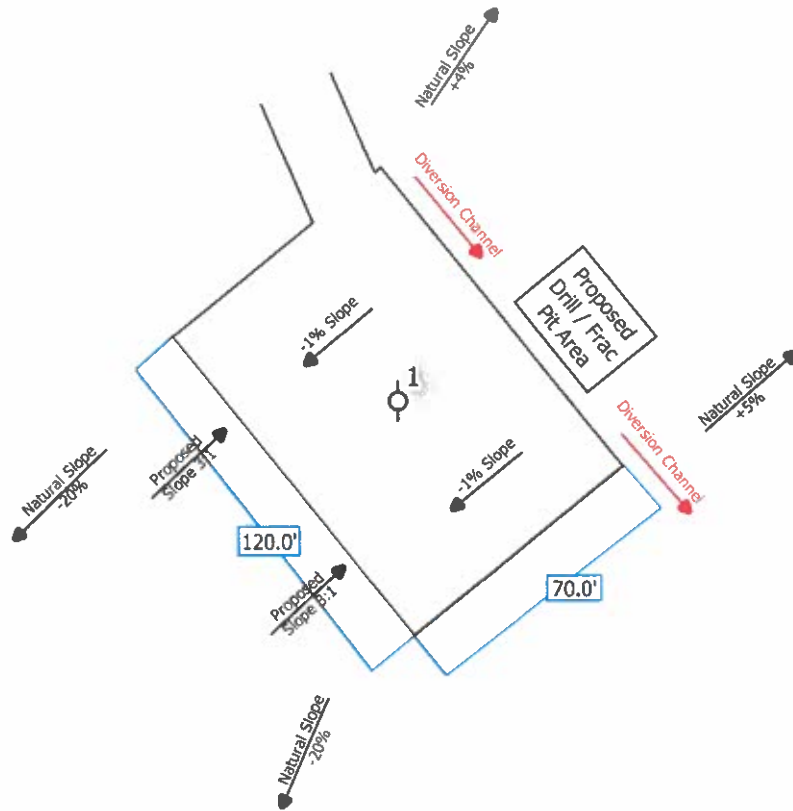
Before the drill cuttings enter the pit, fresh water will be injected into the blooie line, eliminating dust. The pit will be located more than 1,500' from a stream or wetland and more than 4,000' from an existing building or water supply. The Mead Run Creek lies +/-1,500' south of any clearing limits. There aren't any wetlands or buildings within 1,000' of the project.

The attached site plans depict the proposed well and pit locations (depending on soils, drainage, and other conditions observed during construction) and any stream, wetland or building that may be within 250' of the well. According to the Web Soils Survey of Warren and Forest Counties, the soil at the well location is Cookport Silt Loam (CvC).

Historical records indicate fresh water will be encountered at a depth of 80-335'

Prior to fracing, a 20 mil liner will be installed in the pit on top of the drill cuttings to contain frac fluids. The pit will be backfilled, graded, seeded and mulched.

PH and conductivity will be tested and reported according to regulations.



20'x25'
Drill / Frac Pit Size (Typ.)

A minimum of 100' must be maintained between pits and mapped blue line streams.

Note: Diversion Channel must be plugged to prevent drill and frac fluids from leaving the site.

Note: Install energy dissipaters at the out fall of culverts where high flow may cause accelerated erosion.

Note: Use additional erosion and sediment control methods on an as needed basis.

Not to Scale

Pennhills Resources		
WT 1072 - Well 1		
Henry's Mill		
County: Warren	Twp: Sheffield	State: PA
Date: 04/03/2025	Scale: Not to Scale	Dwn By: TPR





AWM1 (for “dusting” not land application)

Pennhills Resources, LLC shall comply with the following:

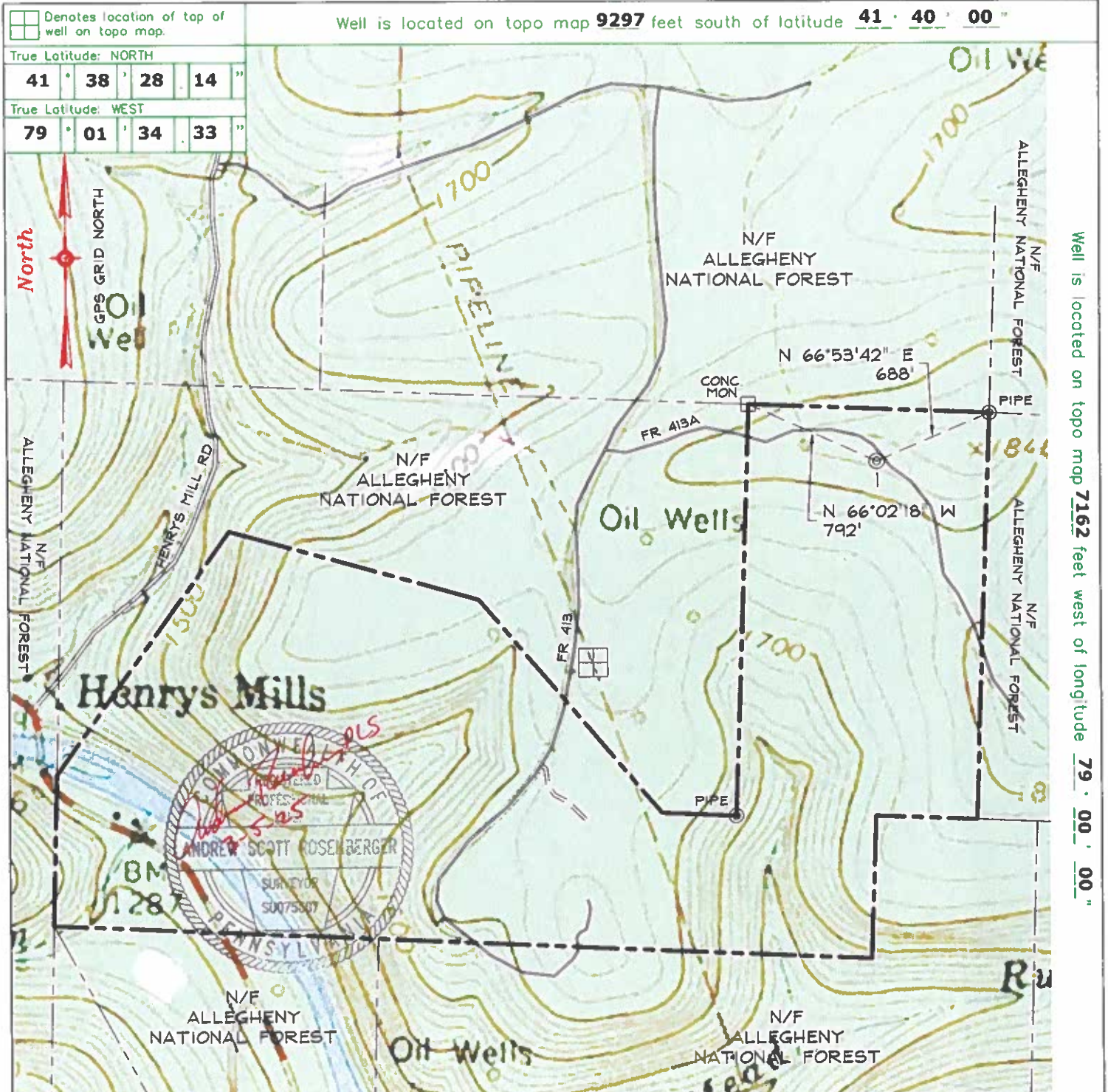
1. Notify their local Oil and Gas Inspector three days prior to dusting.
2. Drill cuttings shall remain on the well site they are generated and shall not be dispersed off-site via air, surface water, or groundwater.
3. All isolation distances identified in 25 Pa. Code § §78.60 – 78.63 are applicable.
4. Drill cuttings may be disposed of in a pit, without contact with season high ground water.
5. Upon well completion, the pit shall be backfilled and graded to promote runoff. The stability of the backfilled pit shall be compatible with surrounding area and the pit area shall be revegetated to stabilize surface soil.
6. Land application may only occur on the cleared well pad area and the drill cuttings shall be spread and incorporated to a depth of at least 6 inches and revegetated to stabilize surface soil.
7. No land application shall occur if the ground is frozen or saturated.



WELL LOCATION PLAT

PAGE 1 Surface Location

Auth ID #:	G:
Permit #: 123-49140	C:
Project #:	



Applicant/Well Operator Name: PENNHILLS RESOURCES, LLC		DEP ID # 306870	Well (Farm) Name: WT. 1072		Well #: 1	Serial #:	
Address: P.O. BOX 426, MT. JEWETT, PA 16740			County: WARREN	Municipality: SHEFFIELD	Well Type: COMBINATION		
911 address of well site: N/A			USGS 7½' Quadrangle Map Name: SHEFFIELD, PA	Map Section: 9	Surface Elevation: 1825 ft.		
Surveyor or Engineer: ANDREW S. ROSENBERGER	Phone #: (814) 368-4139	Dwg #: 06372.1	Date: 3/5/25	Scale: 1"=800'	Tract Acreage: 230± AC.		
Lat. & Long Metadata Method: SURVEY GRADE GPS		Accuracy: +/- 10 ft.	Datum: NAD 83	Elevation Metadata Method: SURVEY GRADE GPS	Accuracy: +/-10 ft.	Datum: NAVD 88	Survey Date: 3/25

Special Conditions:

AWMI

The Operator shall comply with the following:

1. Notify their local Oil and Gas Inspector three days prior to dusting.
2. Drill cuttings shall remain on the well site they are generated and shall not be dispersed off-site via air, surface water, or groundwater.
3. All isolation distances identified in 25 Pa. Code § 78.60 – 78.63 are applicable.
4. Drill cuttings may be disposed of in a pit, without contact with season high ground water.
5. Upon well completion, the pit shall be backfilled and graded to promote runoff. The stability of the backfilled pit shall be compatible with surrounding area and the pit area shall be revegetated to stabilize surface soil.
6. Land application may only occur on the cleared well pad area and the drill cuttings shall be spread and incorporated to a depth of at least 6 inches and revegetated to stabilize surface soil.
7. No land application shall occur if the ground is frozen or saturated.

From: [Hogue, Kate](#)
To: [Pennhills Info](#); TMORRIS3@PENNHILLSRESOURCES.COM
Cc: [Ayers, Brian](#)
Subject: Auth 1522278 123-49140, 123-49141, 123-49142, 123-49143
Date: Monday, April 28, 2025 11:43:00 AM
Attachments: [Auth 1522278 123-49140.pdf](#)
[Auth 1522285 123-49141.pdf](#)
[Auth 1522292 123-49142.pdf](#)
[Auth 1522308 123-49143.pdf](#)
[123-49140 AWM approved 04.15.25.pdf](#)
[123-49141 AWM denied 04.15.25.pdf](#)
[123-49142 AWM approved 04.15.25.pdf](#)
[123-49143 AWM approved 04.15.25.pdf](#)
[Well Permit Cover Letter \(conventional\) 1-12-23.pdf](#)

Operator,

The Department of Environmental Protection has completed the review of the applications corresponding to the attached permits.

The department hereby approves the permits to drill and operate the wells pursuant to applicable laws and regulations for this activity and to specific conditions of the individual permits.

The cover letter for these permits is also attached.

This information can also be viewed on our website, at the Oil and Gas Mapping tool:

<https://www.depgis.state.pa.us/PaOilAndGasMapping/>

Thanks,
Kate

Kate Hogue | Clerical Supervisor II
Department of Environmental Protection | Bureau of Oil and Gas Management
230 Chestnut Street | Meadville PA 16335
Phone: 814.332.6868
www.dep.pa.gov