

From: [Hogue, Kate](#)
To: [Pennhills Info](#); Tmorris3@pennhillsresources.com
Cc: [Ayers, Brian](#)
Subject: Auth 1527444 053-31155, 053-31156, 053-31157
Date: Wednesday, June 18, 2025 2:01:00 PM
Attachments: [Auth 1527444 053-31155.pdf](#)
[Auth 1527475 053-31156 Well Permit.pdf](#)
[Auth 1527478 053-31157.pdf](#)
[053-31155 AWM denied 05.21.25.pdf](#)
[053-31156 AWM approved 05.21.25.pdf](#)
[053-31157 AWM approved 05.21.25.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 I Clerical Supervisor II
Department of Environmental Protection I Bureau of Oil and Gas Management
230 Chestnut Street I Meadville PA 16335
Phone: 814.332.6868
www.dep.pa.gov



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

DEP USE ONLY	
Permittee's eFACTS ID 306870	Auth ID 1527475
Watershed Name Turtle Run Bald Hill Run	Quality HQ

WELL PERMIT

Permittee PENNHILLS RESOURCES LLC		OGO.# OGO-68600	Permit Number 37-053-31156-00-00	Date Issued 06/18/2025
Address PO BOX 426		Farm Name & Well Number WT 2850 LOT 1 8		Well Serial #
		Municipality Howe Twp	County Forest	
MT JEWETT, PA 16740		7½' Quadrangle Name Lynch		Map Section # 3
Phone (814) 975-3009	Project #	Latitude 41-36-36.2800	Longitude -79-0-25.9300	
Surf Elev at Site 1884 feet	Anticipated Maximum TVD 2230 feet	Well Type OG	Offset distances referenced to NE corner of map section. South 5437 feet West 1969 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) **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>.

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 **06/18/2026** unless drilling is commenced on or before that date and prosecuted with due diligence.

Thomas Donohue 6/18/25
Subsurface Permits Environmental Program Manager

ERIC WYMER

P O 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 UC AWM PNDI 4/15/25 CHK 14886 \$1650 3 apps		DEP USE ONLY	
OGO #	Client Id	Objection Date - Do not issue before:	API #s37
OGO-68600	306870	5/20/25	053-31156
Bond #	C bgr.05/19/25 G: BEH 5/20/25	Date Approved:	and - - - - -
16332		SGP 6/17/25	Watershed Name: TUTTLE RUN & BALD HILL RUN Designation: <input checked="" type="checkbox"/> HQ <input type="checkbox"/> EV
INV:	Special Cond.	Site Id	PF Id
APS #	Auth Id	880201	883831
1137490	1527475	SF Id	1446840

Please read instructions before you begin filling in this form.

WELL INFORMATION					
Well Operator	DEP ID#	Well API #	Well Farm Name	Well #	
PENNHILLS RESOURCES, LLC	306870	37053-31156	WT. 2850 LOT 1	8	
Address	LAT	LONG	NAD	Project Number	Serial #
PO BOX 426	41°36' 36.00" 28	79°0' 25.00" 93	83		
City	State	Zip	Municipality Name/ City, Borough, Township	County	
MT. JEWETT	PA	16740	HOWE Township	FOREST	
Phone	Fax	Email	USGS 7.5 min. quadrangle map	Section	
814-975-3009	814-778-6874	m.eschriche pennhillsresources.com	LYNCH, PA	3	

<input type="checkbox"/> Check if this is a new address	24/7 Emergency Phone contact number	911 address of well site (if available)
	814-598-0237	

Freshwater Impoundment Name/ Identification	Centralized Impoundment Name/ Identification	Well Pad Name/Identification	Borrow Area Name/Identification
N/A	N/A	N/A	COMMERCIAL PIT

Surface Elev	Deepest Formation to be penetrated:	Anticipated TVD	PERMIT TYPE Check applicable. 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)	TYPE OF WELL Check applicable. <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)	APPLICATION FEE Check applicable. <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> \$200 (Home Use Well) Total Application Fee \$ <u>550.00</u> Bond Agreement Id
1884	BRADFORD SANDS	2230			
Target Formation(s) proposed for production	Anticipated Target Top/Bottom TVD				
BRADFORD SANDS	1920 2150				
Number of wellbore laterals proposed under this application					
Total feet of wellbore to be drilled under this application					
2230 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).					
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.					

RECEIVED
MAY 16 2025
Environmental Protection
Northwest Regional Office

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"/>



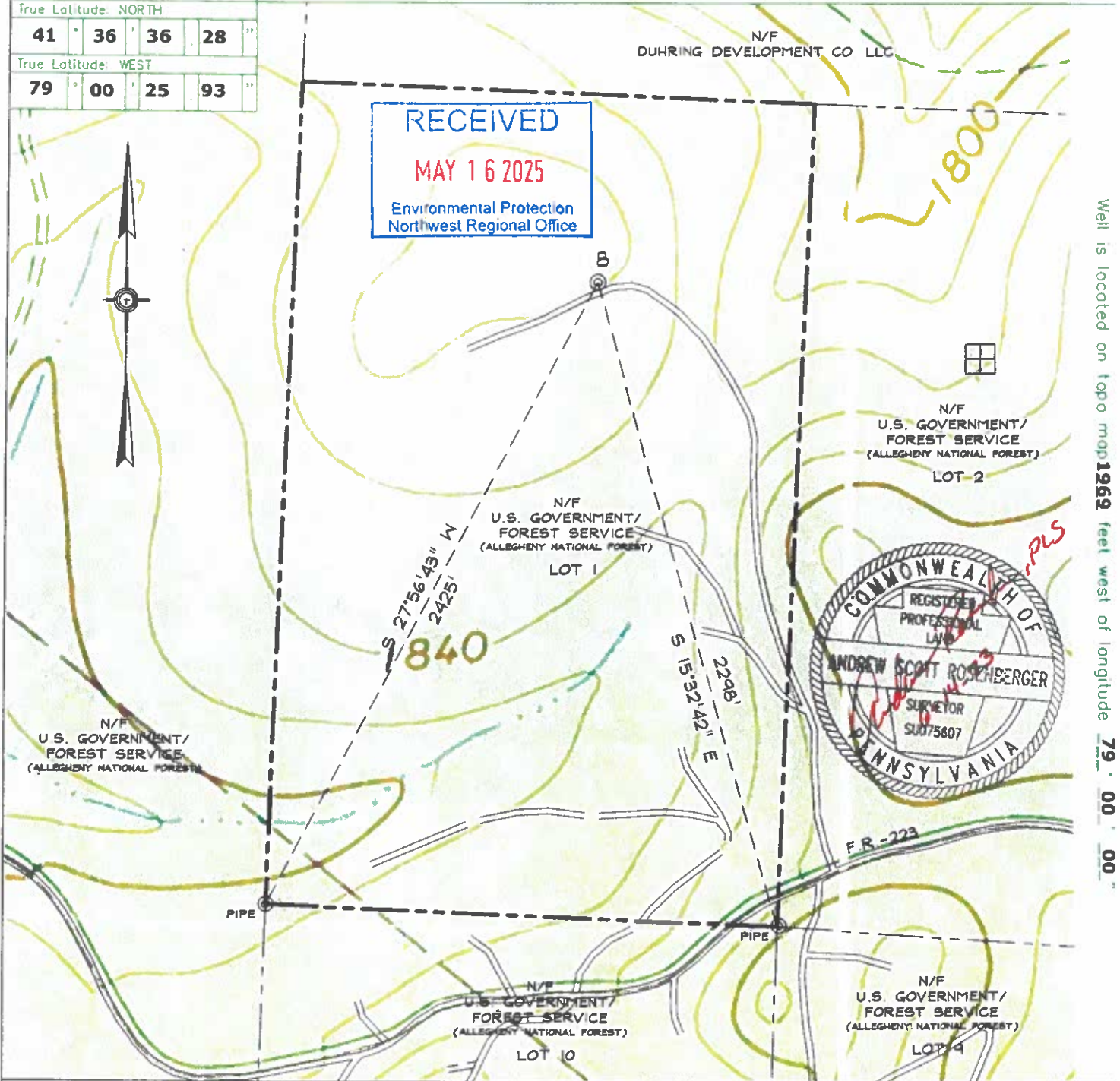
WELL LOCATION PLAT

PAGE 1 Surface Location

Auth ID #	BEH
Permit #053-31156	5/20/25
Project #:	

Well is located on topo map **5437** feet south of latitude **41 · 37 · 30 "**

Denotes location of top of well on topo map			
True Latitude: NORTH			
41	36	36	28 "
True Latitude: WEST			
79	00	25	93 "



Well is located on topo map **1969** feet west of longitude **79 · 00 · 00 "**

Applicant/Well Operator Name: PENNHILLS RESOURCES, LLC		DEP ID # 306870	Well (Farm) Name: WT. 2850 LOT 1		Well # 8	Serial #
Address: P.O. BOX 426, MT. JEWETT, PA 16740			County: FOREST	Municipality: HOWE	Well Type: COMBINATION	
911 address of well site: N/A			USGS 7½' Quadrangle Map Name: LYNCH, PA	Map Section: 3	Surface Elevation: 1884 ft.	
Surveyor or Engineer ANDREW S. ROSENBERGER	Phone #: (814) 368-4139	Dwg #: 05956.8	Date: 6/14/23	Scale: 1"=500'	Tract Acreage: 115± 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: 6/23



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

Farm Name - Well # WT. 2850 LOT 1 - WELL #8	
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 NATION FOREST Signature	Address: 4 FAMR COLONY DRIVE WARREN, PA 16365	X			4/17/25	4/25/25		
Print Name: HIGHLAND TWP Signature	Address: PO BOX 505 JAMES CITY PA 16734			X	4/17/25	4/21/25		
Print Name: HOWE TWP Signature	Address: 7947 ROUTE 666 SHEFFIEL PA 16347			X	4/17/25	4/26/25		
Print Name: JENKS TWP Signature	Address: PO BOX 436 MARIENVILLE PA 16239			X	4/17/25	4/25/25		
Print Name: KINGSLEY TWP Signature	Address: PO BOX 339 MARIENVILLE PA 16239			X	4/17/25	4/25/25		

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 # 2850 LOT 1 - WELL # 8	
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: WETMORE TWP Signature	Address: 318 SPRING ST KANE, PA 16735			X	4/17/25	5/6/25		
Print Name: CHERRY GROVE TWP Signature	Address: 6039 CHERRY GROVE RD CLARENDON, PA 16313			X	4/17/25	4/22/25		
Print Name: SHEFFIELD TWP Signature	Address: PO BOX 821 SHEFFIELD PA 16347			X	4/17/25	4/24/25		
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"/>

9589 0710 5270 2924 9754 09

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Warren, PA 16365

Certified Mail Fee	\$4.85
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

Total Postage and Fees \$9.96

Sent To ALLEGHENY NATIONAL FOREST
 Street an 4 FARM COLONY DRIVE
 City, State WARREN, PA 16365



PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

ALLEGHENY NATIONAL FOREST
 4 FARM COLONY DRIVE
 WARREN, PA 16365



9590 9402 9139 4225 0180 19

2. Article Number (Transfer from service label)

9589 0710 5270 2924 9754 09

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Shoshanna Ochock

- Agent
- Addressee

B. Received by (Printed Name)

Shoshanna Ochock

C. Date of Delivery

04-25-25

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail[®]
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express[®]
- Registered MailTM
- Registered Mail Restricted Delivery
- Signature ConfirmationTM
- Signature Confirmation Restricted Delivery
- Restricted Delivery

Domestic Return Receipt

Tech Due Date 06/18/2025

9589 0710 5270 2924 9754 23

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.

James City, PA 16734

Certified Mail Fee	\$4.85
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

Total Postage and Fees \$9.96

Sent To HIGHLAND TOWNSHIP
 Street an PO BOX 505
 City, State JAMES CITY, PA 16734



PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

HIGHLAND TOWNSHIP
 PO BOX 505
 JAMES CITY, PA 16734



9590 9402 9139 4225 0179 99

2. Article Number (Transfer from service label)

9589 0710 5270 2924 9754 23

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Carrie Dempsey

- Agent
- Addressee

B. Received by (Printed Name)

Carrie Dempsey

C. Date of Delivery

4-21-25

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail[®]
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express[®]
- Registered MailTM
- Registered Mail Restricted Delivery
- Signature ConfirmationTM
- Signature Confirmation Restricted Delivery
- Restricted Delivery

Domestic Return Receipt

9589 0710 5270 2924 9754 30

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Sheffield, PA 16347

Certified Mail Fee	\$4.35
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
Total Postage and Fees	\$9.96



Sent To: HOWE TOWNSHIP
 Street and: 7947 ROUTE 666
 City, State: SHEFFIELD, PA 16347

PS Form 3800, January 2023 PSN 7530-02-000-9057 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

HOWE TOWNSHIP
 7947 ROUTE 666
 SHEFFIELD, PA 16347



9590 9402 9139 4225 0179 82

2. Article Number (Transfer from service label)

9589 0710 5270 2924 9754 30

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Beverly Pollock

C. Date of Delivery
 4/26/2025

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

7947 Rt 666

3. Service Type
- | | |
|--|---|
| <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"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

Restricted Delivery

Domestic Return Receipt

9589 0710 5270 2924 9754 47

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

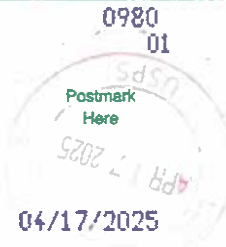
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Marienville, PA 16239

Certified Mail Fee	\$4.85
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
Total Postage and Fees	\$9.96



Sent To: JENKS TOWNSHIP
 Street and: PO BOX 436
 City, State: MARIENVILLE, PA 16239

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

JENKS TOWNSHIP
 PO BOX 436
 MARIENVILLE, PA 16239



9590 9402 9139 4225 0179 75

2. Article Number (Transfer from service label)

9589 0710 5270 2924 9754 47

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 MARY DINA

C. Date of Delivery
 4/25/25

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <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"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

Restricted Delivery

Domestic Return Receipt

9589 0710 5270 2924 9754 78

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	0980
Extra Services & Fees (check box, add fee as appropriate)	\$4.10	01
<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	04/17/2025

Sent To: **WETMORE TOWNSHIP**
 Street and A1: **318 SPRING STREET**
 City, State, Z: **KANE PA 16735**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

WETMORE TOWNSHIP
318 SPRING STREET
KANE PA 16735

9590 9402 9139 4225 0179 44

2. Article Number (Transfer from service label)
 9589 0710 5270 2924 9754 78

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): **Bob Brinkley** C. Date of Delivery: **5/6/25**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

318 Spring St
Kane

3. Service Type

<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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery

Domestic Return Receipt

9589 0710 5270 2924 9754 16

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

Clarendon, PA 16313

OFFICIAL USE

Certified Mail Fee	\$4.85	0980
Extra Services & Fees (check box, add fee as appropriate)	\$4.10	01
<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	04/17/2025

Sent To: **CHERRY GROVE TOWNSHIP**
 Street and A1: **6039 CHERRY GROVE ROAD**
 City, State, Z: **CLARENDON, PA 16313**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

CHERRY GROVE TOWNSHIP
6039 CHERRY GROVE ROAD
CLARENDON, PA 16313

9590 9402 9139 4225 0180 02

2. Article Number (Transfer from service label)
 9589 0710 5270 2924 9754 16

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): **[Signature]** C. Date of Delivery: **4-22**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

<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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery

Domestic Return Receipt

9589 0710 5270 2924 9754 54

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Marienville, PA 16239

OFFICIAL USE

Certified Mail Fee	\$4.85	0980
Extra Services & Fees (check box, add fee as appropriate)	\$4.10	01
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here APR 17 2025
<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	04/17/2025

Sent To: **KINGSLEY TOWNSHIP**
 Street: **PO BOX 339**
 City, St: **MARIENVILLE, PA 16239**


PS Form 3800, January 2023 PSN 7530-02-000-90-7 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

KINGSLEY TOWNSHIP
PO BOX 339
MARIENVILLE, PA 16239


 9590 9402 9139 4225 0179 68

2. Article Number (Transfer from service label)
 9589 0710 5270 2924 9754 54

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Don Quinn Agent Addressee

B. Received by (Printed Name) *Don Quinn* **C. Date of Delivery** *4/25/25*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery

Restricted Delivery

Domestic Return Receipt

9589 0710 5270 2924 9754 61

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	0980
Extra Services & Fees (check box, add fee as appropriate)	\$4.10	01
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here APR 17 2025
<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	04/17/2025

Sent To: **SHEFFIELD TOWNSHIP**
 Street: **PO BOX 784**
 City, St: **SHEFFIELD, PA 16347**

PS Form 3800, January 2023 PSN 7530-02-000-90-7 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

SHEFFIELD TOWNSHIP
PO BOX 784
SHEFFIELD, PA 16347


 9590 9402 9139 4225 0179 51

2. Article Number (Transfer from service label)
 9589 0710 5270 2924 9754 61

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Cara Schrodter Agent Addressee

B. Received by (Printed Name) *Cara Schrodter* **C. Date of Delivery** *4.24.25*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery

Restricted Delivery

Domestic Return Receipt

1. PROJECT INFORMATION

Project Name: **Wt. 2850 Lots 1, 9 & 10**

Date of Review: **4/15/2025 10:51:57 AM**

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

Project Area: **478.54 acres**

County(s): **Forest**

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

ZIP Code:

Quadrangle Name(s): **LYNCH; RUSSELL CITY**

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

Watersheds HUC 12: **Bluejay Creek; South Branch Tionesta Creek-Tionesta Creek**

Decimal Degrees: **41.603537, -79.006289**

Degrees Minutes Seconds: **41° 36' 12.7342" N, 79° 0' 22.6408" 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.

Wt. 2850 Lots 1, 9 & 10

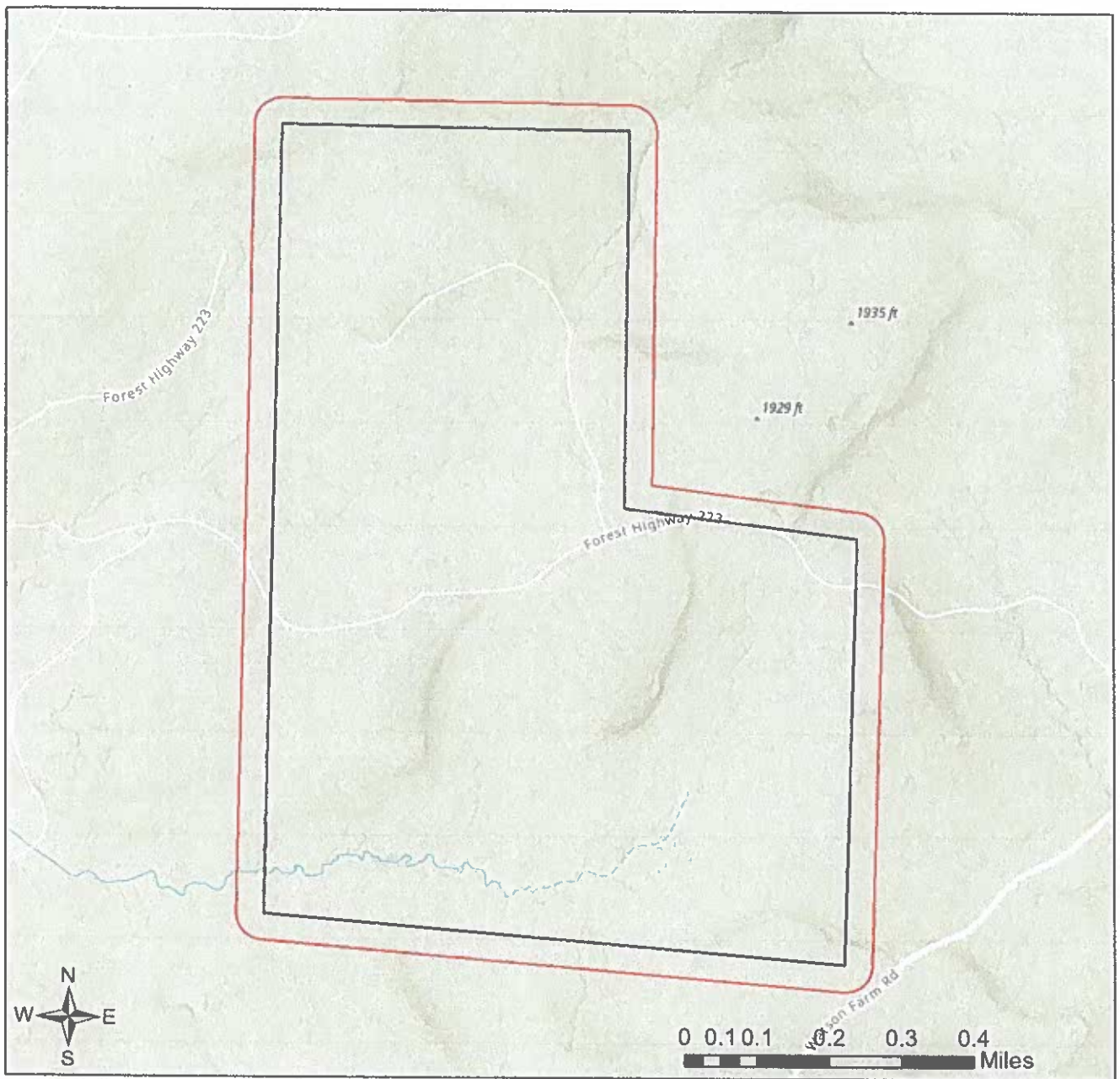



-  Buffered Project Boundary
-  Project Boundary



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

Wt. 2850 Lots 1, 9 & 10



-  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

PA Fish and Boat Commission
Division of Environmental Services
595 E. Rolling Ridge Dr., Bellefonte, PA 16823
Email: RA-FBPACENOTIFY@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 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.MORRS@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

4-18-25

date



RE: Wt. 2850 Lot 1 – 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. 2850 Lot 1 – Howe Township, Forest County.) is considered to be a Non-workable Coal Seam. The wells are located where the Pottsville formation is at the surface and the Pottsville does not have 100' of overburden.

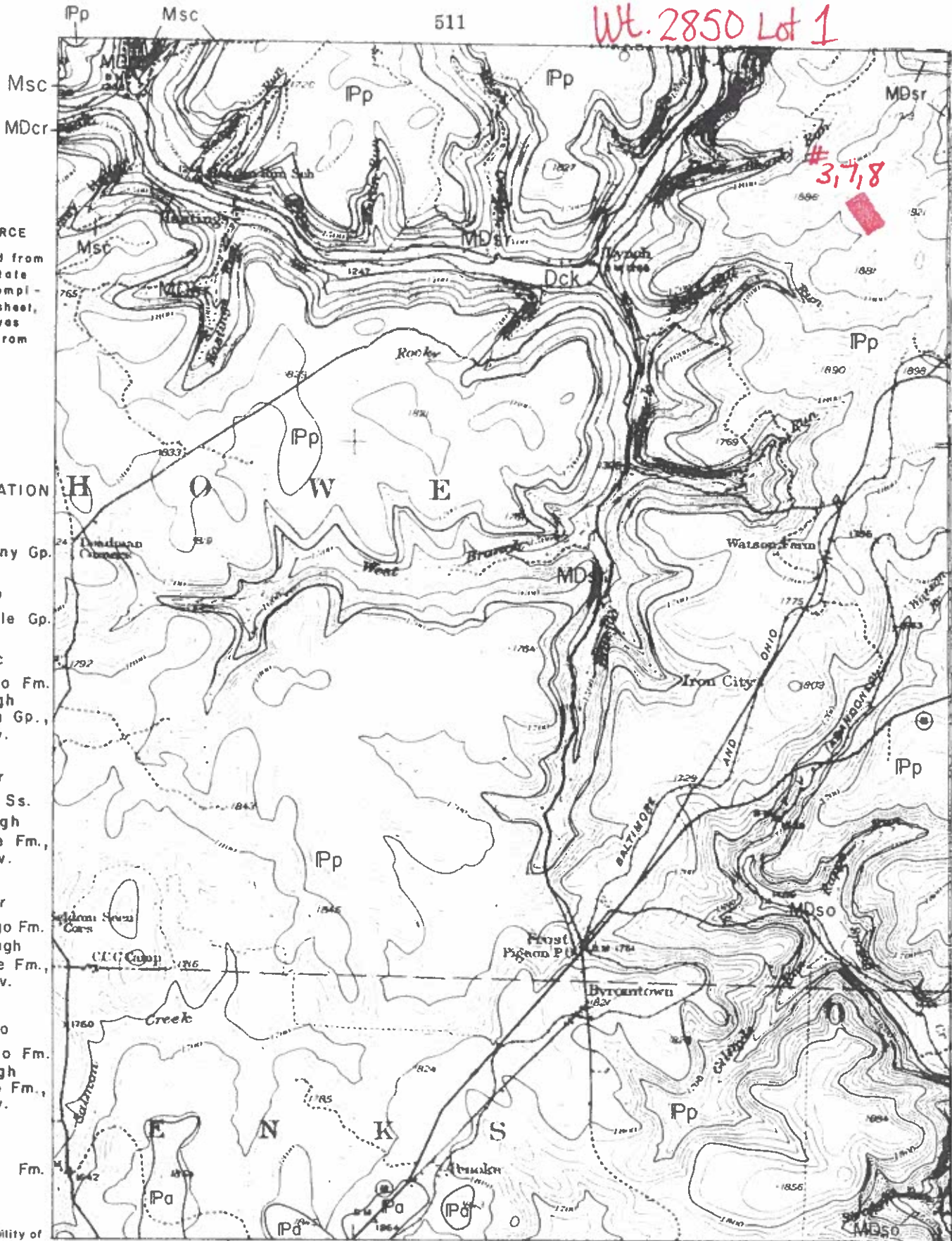
If you have any questions, please call us at (814) 975-3009.

Regards,

Michelle Eschrich

Wt. 2850 Lot 1

511



SOURCE

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

EXPLANATION

- IPa Allegheny Gp.
- IPp Pottsville Gp.
- Msc Shenango Fm. through Cuyahoga Gp., undiv.
- MDcr Corry Ss. through Riceville Fm., undiv.
- MDsr Shenango Fm. through Riceville Fm., undiv.
- MDso Shenango Fm. through Oswayo Fm., undiv.
- Dck Catskill Fm.

NOTE: Reliability of contacts is poor.

MARIENSVILLE 1 MI
27 MI TO U.S. 122

INTERIOR GEOLOGICAL SURVEY WASHINGTON D.C. 20548

66000' E

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.

SCALE 1:62500



Compiled by W. E. EDMUNDS, 1977

SHEFFIELD 15' (SE)



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. 2850 LOT 1 8
Address PO BOX 426		Project No. (if previously assigned)
City MT. JEWETT	State PA	Zip Code 16740
County FOREST		Municipality HOWE TWP.
Phone No. 8149753009	Fax No. 8147786874	Latitude N 41° 36' 36.28"
		Longitude W 79° 00' 25.93"
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		
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>780817</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.		



May 14, 2025

Department of Environmental Protection
Oil and Gas Management
Northwest Regional Office
230 Chestnut Street
Meadville, PA 16335

Re: Re- Permit Application for Wt. 2850 Lot 1 – Wells 3, 7, 8

To Whom It May Concern:

Enclosed is the signed "Operators List of Wells Permitted but Never Drilled" for the following API numbers in Howe Twp., Forest Co.:

37-053-31087 Wt. 2850 Lot 1, well #3

37-053-31085 Wt. 2850 Lot 1, well #7

37-053-31089 Wt. 2850 Lot 1, well #8

Also enclosed are new permit applications and supporting documentation to drill on Wt. 2850, Lot 1, wells 3, 7, 8. A check in the amount of \$1,650.00 (check #14886) is also enclosed.

Please contact me by email with any questions at m.eschrich@pennhillsresources.com

Sincerely,

Michelle Eschrich
Pennhills Resources, LLC
Enclosure(s)

From: [Michelle Eschrich](#)
To: [Hanes, Barbara](#)
Subject: [External] RE: WT 2850 LOT 1 #8
Date: Tuesday, June 17, 2025 1:35:22 PM
Attachments: [image003.png](#)

***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,

Thank you for making the correction on well #8. I have made note on our end of the change. Please let me know if you need anything else.

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: Tuesday, June 17, 2025 1:31 PM
To: Michelle Eschrich <M.Eschrich@pennhillsresources.com>
Subject: WT 2850 LOT 1 #8

Hello Michelle,

Technical reviews of the WT 2850 LOT 1 drilling permit applications (#3, 7, & 8) are complete.

The only correction I have is for the #8 well, which is listed in the Bald Hill Run HQ watershed; this location is very near the drainage divide between Bald Hill Run and Tuttle Run, but lies within the Tuttle Run watershed. I've added Tuttle Run to the application; the permit will list both watersheds, since they are both HQ and the proposed well is near the divide. Please update any documents you may have.



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. 1527517	APS No. 1137490
Site No. 880201	Facility No. 883831
FIX Client No. 306870	Sub-fac No. 1446840

RECEIVED
MAY 16 2025
Environmental Protection
Northwest Regional Office

**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.) 053-31156	
Address PO BOX 426				Well Farm Name WT. 2850 LOT 1	
City MT. JEWETT		State PA	Zip Code 16740	Well No. 8	Serial No.
Telephone No. (814) 975-3009		Fax No. (814) 778-6874		County FOREST	Municipality HOWE 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			Check the appropriate box and complete the applicable section of the form.		
<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 checked="" 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.					

Tech Due Date 06/18/2025
bgr 05/19/2025

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 <i>Stuart J. Morris</i>	Print or Type Signer's Name and Title STUART J. MORRIS, CEO	Date 5/14/25
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DEP USE ONLY

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied DEP Representative: Brian Ayers - WQSS	Conditions: <input checked="" type="checkbox"/> YES, see below or attached. <input type="checkbox"/> NO	Date 05.21.25
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Conditions: Please see the attached special conditions.



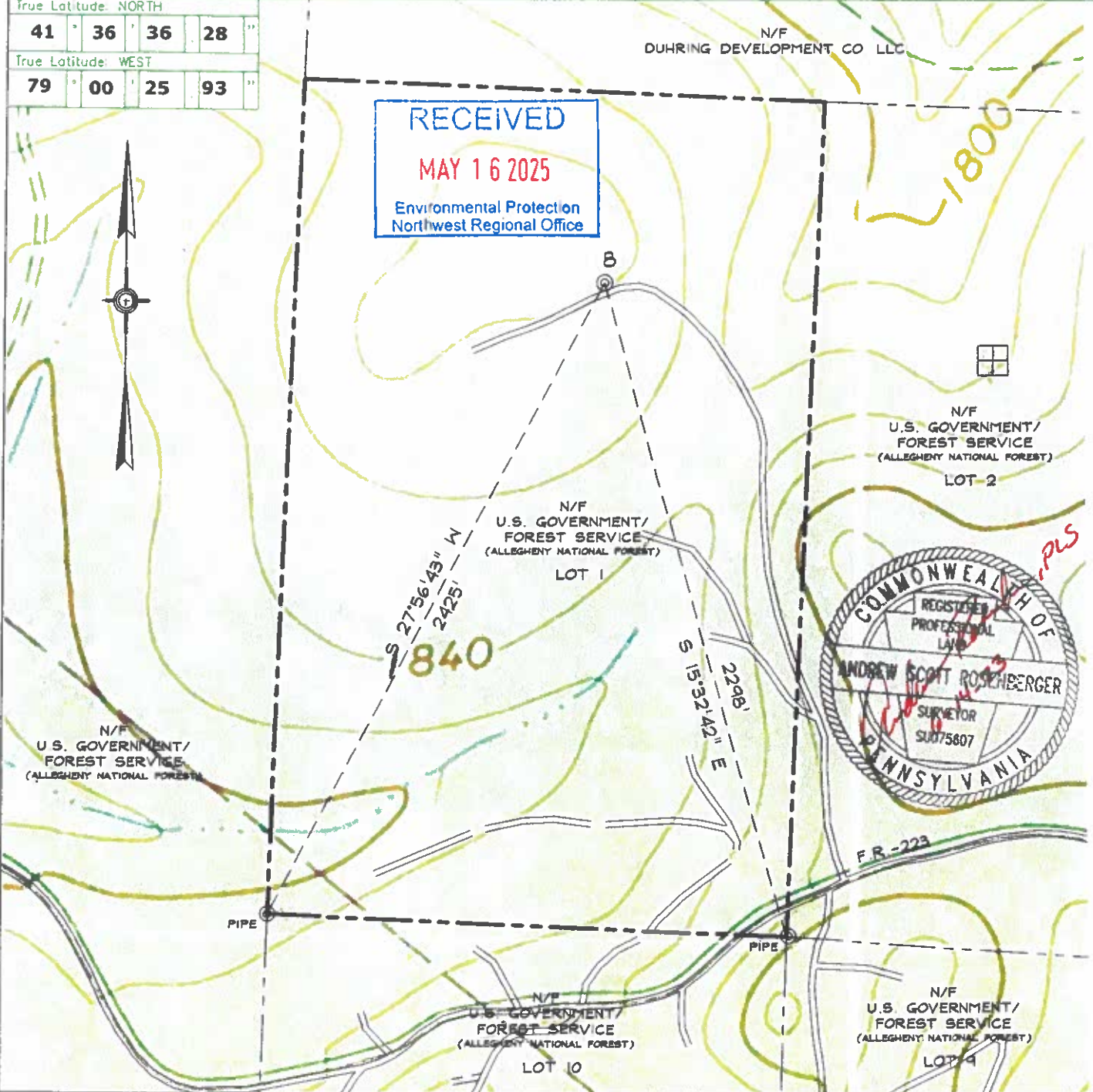
WELL LOCATION PLAT

PAGE 1 Surface Location

Auth ID #	
Permit #053-31156	
Project #:	

Well is located on topo map **5437** feet south of latitude **41 · 37 · 30 "**

Denotes location of top of well on topo map				
True Latitude: NORTH				
41	36	36	28	"
True Latitude: WEST				
79	00	25	93	"



Well is located on topo map **1969** feet west of longitude **79 · 00 · 00 "**

Applicant/Well Operator Name: PENNHILLS RESOURCES, LLC		DEP ID # 306870	Well (Farm) Name: WT. 2850 LOT 1		Well # 8	Serial #
Address: P.O. BOX 426, MT. JEWETT, PA 16740			County: FOREST	Municipality: HOWE	Well Type: COMBINATION	
911 address of well site: N/A			USGS 7½' Quadrangle Map Name: LYNCH, PA	Map Section: 3	Surface Elevation: 1884 ft.	
Surveyor or Engineer ANDREW S. ROSENBERGER	Phone #: (814) 368-4139	Dwg #: 05956.8	Date: 6/14/23	Scale: 1"=500'	Tract Acreage: 115± 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: 6/23



WT. 2850 Lot 1 – WELL #8

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 bleed line, eliminating dust. The pit will be located more than 1,000' from a stream or wetland and more than 4,000' from an existing building or water supply. The Bald Hill Run Creek lies +/-4,500' south of any clearing limits, and the Tuttle Run Creek lies +/-2,000' east 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 Hazelton Very Stony Loam (HvB).

Historical records indicate fresh water will be encountered at a depth of 85-415'

Prior to casing, 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.

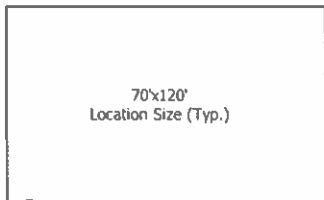
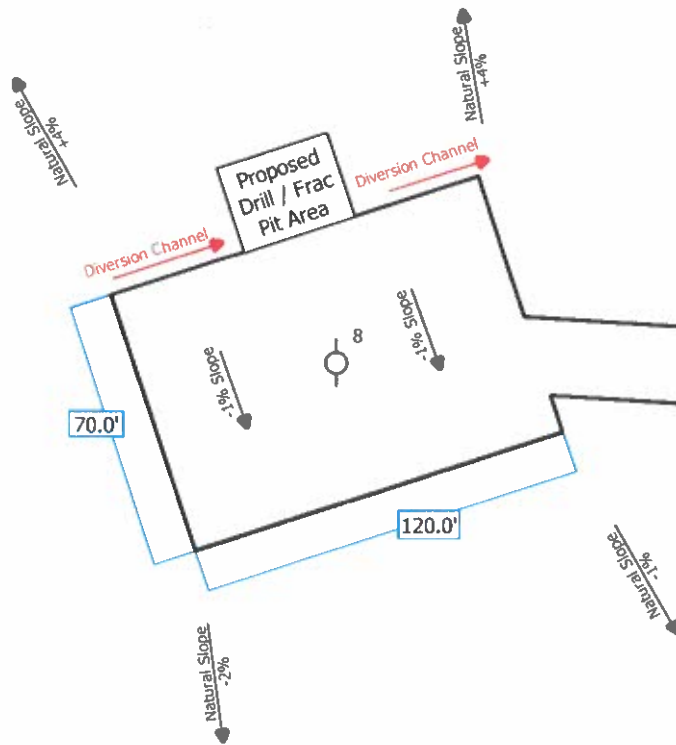
PH and conductivity will be tested and reported according to regulations.



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.



20x25'
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 2850 Lot 1 - Well 8		
County: Forest	Twp: Howe	State: PA
Date: 05/13/2025	Scale: Not to Scale	Dwn By: TPR



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.