



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

| DEP USE ONLY                           |                           |
|----------------------------------------|---------------------------|
| Permittee's eFACTS ID<br><b>300597</b> | Auth ID<br><b>1528461</b> |
| Watershed Name                         | Quality                   |

## WELL PERMIT

|                                        |                                              |                                                   |                                                                                                         |                                   |
|----------------------------------------|----------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| Permittee<br><b>SCORPIO ENERGY INC</b> |                                              | OGO.#<br><b>OGO-68500</b>                         | Permit Number<br><b>37-053-31161-00-00</b>                                                              | Date Issued<br><b>07/02/2025</b>  |
| Address<br><b>203 CENTER ST</b>        |                                              | Farm Name & Well Number<br><b>HASTINGS SDT 58</b> |                                                                                                         | Well Serial #                     |
|                                        |                                              | Municipality<br><b>Howe Twp</b>                   | County<br><b>Forest</b>                                                                                 |                                   |
| <b>SHEFFIELD, PA 16347</b>             |                                              | 7½ ' Quadrangle Name<br><b>Lynch</b>              |                                                                                                         | Map Section #<br><b>1</b>         |
| Phone<br><b>(814) 727-7717</b>         | Project #                                    |                                                   | Latitude<br><b>41-35-20.2000</b>                                                                        | Longitude<br><b>-79-6-18.2000</b> |
| Surf Elev at Site<br><b>1652 feet</b>  | Anticipated Maximum TVD<br><b>13137 feet</b> | Well Type<br><b>OL</b>                            | Offset distances referenced to NE corner of map section.<br><b>South 13137 feet      West 5942 feet</b> |                                   |

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:

Contact the Inspector at least 24 hours prior to commencing any frac/stimulation procedures.

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.

The operator shall provide notice to the appropriate Department Water Quality Specialist (WQS) & WQS Supervisor at least 3 business days prior to excavating a pit at this location.

The operator shall provide notice to the appropriate Department Water Quality Specialist (WQS) & WQS Supervisor at least 3 business days prior to encapsulation of residual waste (including drill cuttings) in a pit at this location.

No tree cutting during the northern long-eared bat summer occupancy season from April 1 to September 30.

This permit expires **07/02/2026** unless drilling is commenced on or before that date and prosecuted with due diligence.

Thomas Donohue      7/2/25  
 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<br><b>Check # 13503<br/>\$2,000 (5 apps)</b> |                                                                | DEP USE ONLY                                                                           |                |
| OGD #<br><b>68500</b>                              | Objection Date - Do not issue before:<br><b>05/27/2025</b>     | API #s37- <b>053-31161</b>                                                             |                |
| Client Id<br><b>300597</b>                         | Date Approved:<br><b>SGP 6/30/25</b>                           | and - - - - -                                                                          |                |
| Bond #<br><b>13425</b>                             | Special Cond.<br><b>Frac/stim 24, zoning, PNDI (bat), WQSS</b> | Watershed Name<br>Designation: <input type="checkbox"/> HQ <input type="checkbox"/> EV |                |
| C: 05/28/25-trs GLS 06/30/2025                     | INV:                                                           |                                                                                        |                |
| PNDI: 05/12/25                                     | APS #1 138071                                                  | Auth Id 1528461                                                                        | Site Id 880446 |
|                                                    |                                                                | PF Id 884099                                                                           | SF Id 1447586  |

*Please read instructions before you begin filling in this form*

| <b>WELL INFORMATION</b>                                                                                                                                                                                             |  |                                                      |                                                 |                                                         |                                                            |                                                                                                                                                                                         |                                                                    |                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Well Operator<br><b>Scorpio Energy, Inc.</b>                                                                                                                                                                        |  |                                                      | DEP ID#<br><b>300597</b>                        |                                                         | Well API #<br><b>37- - - -</b>                             |                                                                                                                                                                                         | Well Farm Name<br><b>Hastings</b>                                  |                                                                                                                                                                                                                                                                                                    | Well #<br><b>SDT-58</b>                  |                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                                              |  |
| Address<br><b>203 Center Street</b>                                                                                                                                                                                 |  |                                                      |                                                 | LAT <b>41°35' 20.2"</b>                                 |                                                            | NAD<br><b>83</b>                                                                                                                                                                        |                                                                    | Project Number                                                                                                                                                                                                                                                                                     |                                          | Serial #                                                                                                                                                                                                                                                                                                                                                         |                                             |                                                                                                                                              |  |
|                                                                                                                                                                                                                     |  |                                                      |                                                 | LONG - <b>79°6' 18.2"</b>                               |                                                            |                                                                                                                                                                                         |                                                                    |                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                                              |  |
| City<br><b>Sheffield</b>                                                                                                                                                                                            |  |                                                      | State<br><b>PA</b>                              |                                                         | Zip<br><b>16347</b>                                        |                                                                                                                                                                                         | Municipality Name/ City, Borough, Township<br><b>Howe Township</b> |                                                                                                                                                                                                                                                                                                    |                                          | County<br><b>Forest County</b>                                                                                                                                                                                                                                                                                                                                   |                                             |                                                                                                                                              |  |
| Phone<br><b>814-727-7717</b>                                                                                                                                                                                        |  |                                                      | Fax<br><b>814-727-7718</b>                      |                                                         | Email                                                      |                                                                                                                                                                                         |                                                                    | USGS 7.5 min. quadrangle map<br><b>Lynch - 613</b>                                                                                                                                                                                                                                                 |                                          |                                                                                                                                                                                                                                                                                                                                                                  | Section<br><b>1</b>                         |                                                                                                                                              |  |
| <input type="checkbox"/> Check if this is a new address                                                                                                                                                             |  |                                                      |                                                 |                                                         | 24/7 Emergency Phone contact number<br><b>814-688-0388</b> |                                                                                                                                                                                         |                                                                    | 911 address of well site (if available)                                                                                                                                                                                                                                                            |                                          |                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                                              |  |
| Freshwater Impoundment Name/<br>Identification                                                                                                                                                                      |  |                                                      | Centralized Impoundment Name/<br>Identification |                                                         |                                                            | Well Pad Name/Identification                                                                                                                                                            |                                                                    |                                                                                                                                                                                                                                                                                                    | Borrow Area Name/Identification          |                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                                              |  |
| Surface Elev<br><b>1652</b>                                                                                                                                                                                         |  | Deepest Formation to be penetrated:<br><b>Cooper</b> |                                                 |                                                         | Anticipated TVD<br><b>2000</b>                             |                                                                                                                                                                                         | <b>PERMIT TYPE</b><br>Check applicable.                            |                                                                                                                                                                                                                                                                                                    | <b>TYPE OF WELL</b><br>Check applicable. |                                                                                                                                                                                                                                                                                                                                                                  | <b>APPLICATION FEE</b><br>Check applicable. |                                                                                                                                              |  |
| Target Formation(s) proposed for production<br><b>Cooper</b>                                                                                                                                                        |  |                                                      |                                                 | Anticipated Target Top/Bottom TVD<br><b>1970' 2000'</b> |                                                            |                                                                                                                                                                                         |                                                                    | Application is to:<br><input checked="" type="checkbox"/> Drill a new<br><input type="checkbox"/> Re-permit expired permit<br><input type="checkbox"/> Deepen well<br><input type="checkbox"/> Redrill wellbore<br><input type="checkbox"/> Alter well<br><input type="checkbox"/> Other (specify) |                                          | <input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Oil<br><input type="checkbox"/> Comb. (gas & oil/condensate)<br><input type="checkbox"/> Injection, recovery<br><input type="checkbox"/> Injection, disposal<br><input type="checkbox"/> Coalbed Methane<br><input type="checkbox"/> Gas Storage<br><input type="checkbox"/> Other (specify) |                                             | <input checked="" type="checkbox"/> Conventional<br><input type="checkbox"/> \$200 (Home Use Well)<br><b>Total Application Fee \$ 400.00</b> |  |
| Number of wellbore laterals proposed under this application 0                                                                                                                                                       |  |                                                      |                                                 |                                                         |                                                            | <div align="center"> <b>RECEIVED</b><br/><br/> <b>MAY 27 2025</b><br/> Environmental Protection<br/>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<br><b>NWSB #2123016798</b>                                                                                                                                            |                                                                    |                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                                              |  |
| Application submitted as: Coal well: <input type="checkbox"/> Attach Coal Module<br>CBM well <input type="checkbox"/> Attach Coal Module<br>Non coal well <input checked="" type="checkbox"/> Attach justification. |  |                                                      |                                                 |                                                         |                                                            | Configuration<br><input checked="" type="checkbox"/> Vertical<br><input type="checkbox"/> Horizontal<br><input type="checkbox"/> Deviated<br><input type="checkbox"/> Multiple laterals |                                                                    |                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                                              |  |
| Please see attached Map 11 or Map 61                                                                                                                                                                                |  |                                                      |                                                 |                                                         |                                                            |                                                                                                                                                                                         |                                                                    |                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                                              |  |

| <b>COORDINATION WITH REGULATIONS AND OTHER PERMITS</b>                                                                                                                                                                                                                                                         |  | 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"/>            |



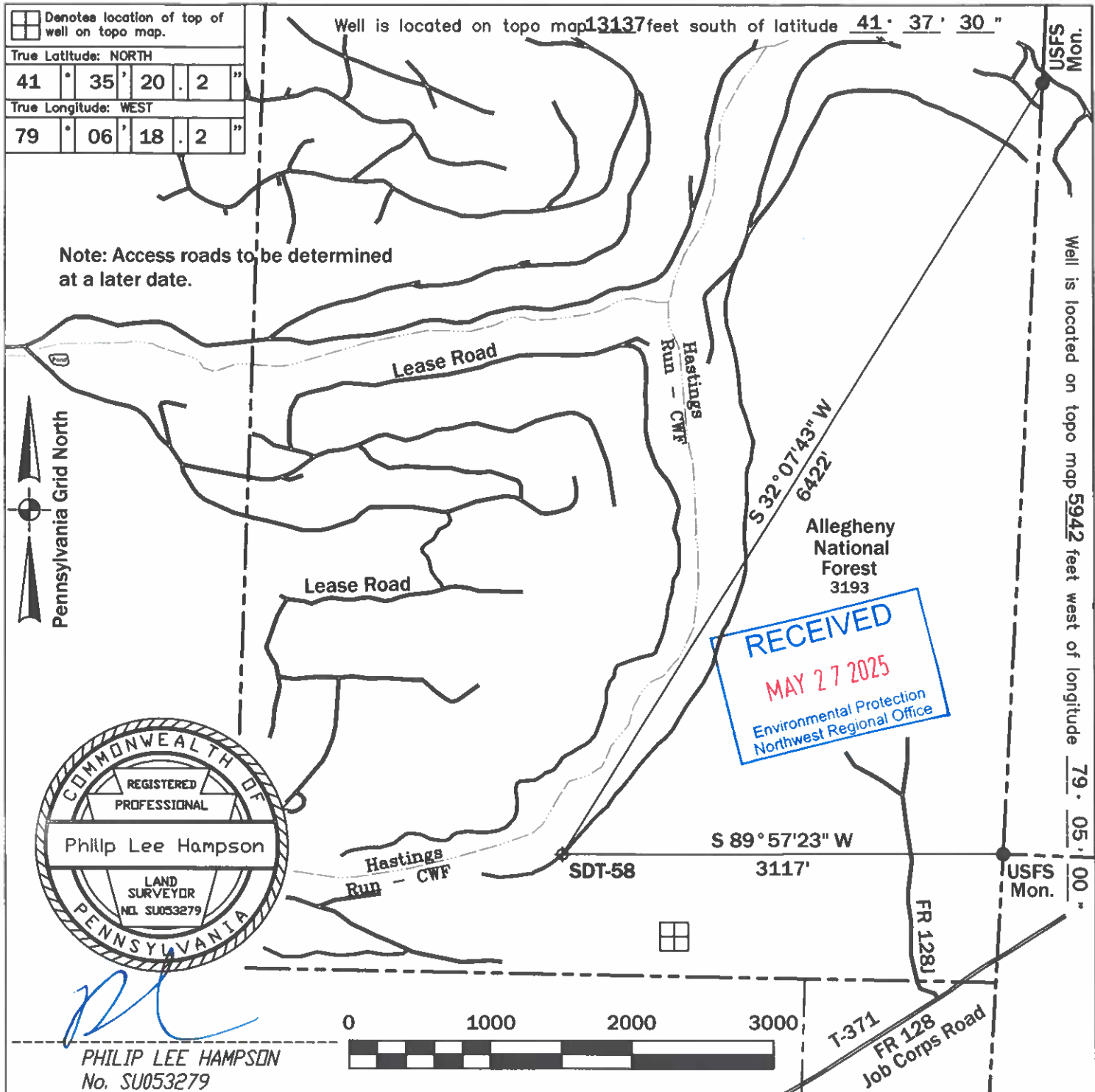


COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF OIL AND GAS MANAGEMENT

## WELL LOCATION PLAT

PAGE 1 Surface Location

|      |                     |         |
|------|---------------------|---------|
| DEP  | Auth ID #:          | LS      |
| USE  | Permit #: 053-31161 | 6/30/25 |
| ONLY | Project #:          |         |



|                                                       |                          |                         |                                              |                                            |                                |                         |
|-------------------------------------------------------|--------------------------|-------------------------|----------------------------------------------|--------------------------------------------|--------------------------------|-------------------------|
| Applicant/Well Operator Name:<br>Scorpio Energy, Inc. |                          | DEP ID #<br>300597      | Well (Form) Name:<br>Hastings                |                                            | Well #<br>SDT-58               | Serial #                |
| Address:<br>203 Center Street, Sheffield, PA 16347    |                          |                         | County:<br>Forest                            | Municipality:<br>Howe Township             | Well Type:<br>Oil              |                         |
| 911 address of well site:<br>N/A                      |                          |                         | USGS 7½' Quadrangle Map Name:<br>Lynch - 613 | Map Section:<br>1                          | Surface Elevation:<br>1652 ft. |                         |
| Surveyor or Engineer:<br>Philip L. Hampson, PLS       | Phone #:<br>814-730-1822 | Dwg #:<br>SDT-58        | Date:<br>4/23/25                             | Scale:<br>1"=1000'                         | Tract Acreage:<br>+/-950 Acres |                         |
| Lat. & Long Metadata Method:<br>Direct GPS            |                          | Accuracy:<br>+/-15' ft. | Datum:<br>NAD 83                             | Elevation Metadata Method:<br>Scaled LIDAR | Datum:<br>NGVD 29              | Survey Date:<br>4/22/25 |

## Page 2 Notifications

DEP Statewide toll-free phone number for reporting cases of water contamination which may be associated with development of oil and gas resources is **1-866-255-5158**.

[illegible]



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

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

|                                         |                   |
|-----------------------------------------|-------------------|
| Farm Name - Well #<br>Hastings / SDT-58 |                   |
| Applicant Name<br>Scorpio Energy, Inc.  | DEP ID#<br>300597 |
| 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.<br><b>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification</b> |                                                        | Surface Landowner | Gas Storage Operator | Surface Landowners & Water Purveyors with water supplies <1000' | Municipalities | Notification<br>Note the means and attach proof. |                |                   |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|----------------------|-----------------------------------------------------------------|----------------|--------------------------------------------------|----------------|-------------------|-----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                   |                      |                                                                 |                | Certified Mail Dates                             |                | Address Affidavit | Written Consent |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                   |                      |                                                                 |                | Sent                                             | Return Receipt |                   |                 |
| Print Name: Allegheny National Forest<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Address: 4 Farm Colony Drive<br>Warren, PA 16365       | X                 |                      |                                                                 |                | 4/24/25                                          | 4/28/25        |                   |                 |
| Print Name: Howe Township<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address: 7947 Route 666<br>Sheffield, PA 16347         |                   |                      |                                                                 | X              | 4/24/25                                          | 4/26/25        |                   |                 |
| Print Name: Cherry Grove Township<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address: 6039 Cherry Grove Road<br>Clarendon, PA 16313 |                   |                      |                                                                 | X              | 4/24/25                                          | 4/29/25        |                   |                 |
| Print Name: Sheffield Township<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address: P.O. Box 784<br>Sheffield, PA 16347           |                   |                      |                                                                 | X              | 4/24/25                                          | 4/29/25        |                   |                 |
| Print Name: Wetmore Township<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address: 318 Spring Street<br>Kane, PA 16735           |                   |                      |                                                                 | X              | 4/24/25                                          | 5/6/25         |                   |                 |

**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 #<br>Hastings / SDT-58 |                   |
| Applicant Name<br>Scorpio Energy, Inc.  | DEP ID#<br>300597 |
| <b>DEP USE ONLY</b>                     | 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.<br><b>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification</b> |                                                | Surface Landowner | Gas Storage Operator | Surface Landowners & Water Purveyors with water supplies <1000' | Municipalities | Notification<br>Note the means and attach proof. |                |                   |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|----------------------|-----------------------------------------------------------------|----------------|--------------------------------------------------|----------------|-------------------|-----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                   |                      |                                                                 |                | Certified Mail Dates                             |                | Address Affidavit | Written Consent |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                   |                      |                                                                 |                | Sent                                             | Return Receipt |                   |                 |
| Print Name: Highland Township<br><br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address: P.O. Box 505<br>James City, PA 16734  |                   |                      |                                                                 | <b>X</b>       | 4/24/25                                          | 4/29/25        |                   |                 |
| Print Name: Jenks Township<br><br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address: P.O. Box 436<br>Marienville, PA 16239 |                   |                      |                                                                 | <b>X</b>       | 4/24/25                                          | 4/28/25        |                   |                 |
| Print Name: Kingsley Township<br><br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address: P.O. Box 339<br>Marienville, PA 16239 |                   |                      |                                                                 | <b>X</b>       | 4/24/25                                          | 4/28/25        |                   |                 |
| Print Name: Watson Township<br><br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address: 2011 Route 337<br>Tidioute, PA 16351  |                   |                      |                                                                 | <b>X</b>       | 4/24/25                                          | 4/29/25        |                   |                 |
| Print Name:<br><br>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

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

- 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.

Howe Township  
7947 Route 666  
Sheffield, PA 16347

9590 9402 9216 4295 0367 06

2. Article Number (Transfer from service label)  
9589 0710 5270 1280 6485 45

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) Darryl Keller C. Date of Delivery 4/29/21  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

7947 Route 666

3. Service Type  
☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☐ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Collect on Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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.

Allegheny National Forest  
4 Farm Colony Drive  
Warren, PA 16365

9590 9402 9216 4295 0365 39

2. Article Number (Transfer from service label)  
9589 0710 5270 1280 6485 38

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 4/29/21  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type  
☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☐ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Collect on Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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.

Cherry Grove Township  
6039 Cherry Grove Road  
Clarendon, PA 16313

9590 9402 9216 4295 0366 90

2. Article Number (Transfer from service label)  
9589 0710 5270 1280 6485 52

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 4/29  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type  
☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☐ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Collect on Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

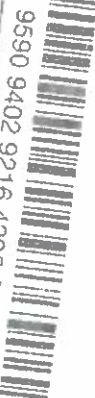
Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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- 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 9216 4295 0365 84

2. Article Number (Transfer from service label)

9589 0710 5270 1280 6485 76

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) Joe Bunkley ☐ Addressee
- C. Date of Delivery 11/24/25
- D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No

**318 Spring St**  
**Kane PA**

**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 Mail™
- ☐ Registered Mail Restricted Delivery
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1. Article Addressed to:

**Sheffield Township**  
**P.O. Box 784**  
**Sheffield, PA 16347**



9590 9402 9216 4295 0365 91

2. Article Number (Transfer from service label)

9589 0710 5270 1280 6485 69

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) Joe Bunkley ☐ Addressee
- C. Date of Delivery 11/24/25
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**3. Service Type**

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- ☐ Adult Signature Restricted Delivery
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- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
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(over \$500)

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1. Article Addressed to:

**Highland Township**  
**P.O. Box 505**  
**James City, PA 16734**



9590 9402 9216 4295 0365 77

2.

9589 0710 5270 1280 6485 83

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

**COMPLETE THIS SECTION ON DELIVERY**

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- B. Received by (Printed Name) Joe Bunkley ☐ Addressee
- C. Date of Delivery 11/24/25
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If YES, enter delivery address below: ☐ No

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(over \$500)

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1. Article Addressed to:

**Kingsley Township**  
**P.O. Box 339**  
**Marienville, PA 16239**

9590 9402 9216 4295 0365 53



2. Article Number (Transfer from service label)

9589 0710 5270 1280 6485 90

Restricted Delivery

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

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
 Received by (Printed Name) Donna Williams C. Date of Delivery 4/28/25  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

## 3. Service Type

- ☐ Adult Signature  
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1. Article Addressed to:

**Jenks Township**  
**P.O. Box 436**  
**Marienville, PA 16239**



9590 9402 9216 4295 0365 60

2. Article Number (Transfer from service label)

9589 0710 5270 1280 6486 06

(over \$500)

Restricted Delivery

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

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 Received by (Printed Name) Donna Williams C. Date of Delivery 4/28/25  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

## 3. Service Type

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☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
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☐ Collect on Delivery Restricted Delivery

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- 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:

**Watson Township**  
**2011 Route 337**  
**Tidioute, PA 16351**



9590 9402 9216 4295 0365 46

2. Article Number (Transfer from service label)

9589 0710 5270 1280 6486 13

Restricted Delivery

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

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
 Received by (Printed Name) Donna Williams C. Date of Delivery 4-29  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
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## 1. PROJECT INFORMATION

Project Name: **Wt. 3193 Scorpio 2025**

Date of Review: **5/12/2025 08:22:51 AM**

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

Project Area: **221.32 acres**

County(s): **Forest**

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

ZIP Code:

Quadrangle Name(s): **LYNCH**

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

Watersheds HUC 12: **Lower Sheriff Run-Tionesta Creek**

Decimal Degrees: **41.590532, -79.103861**

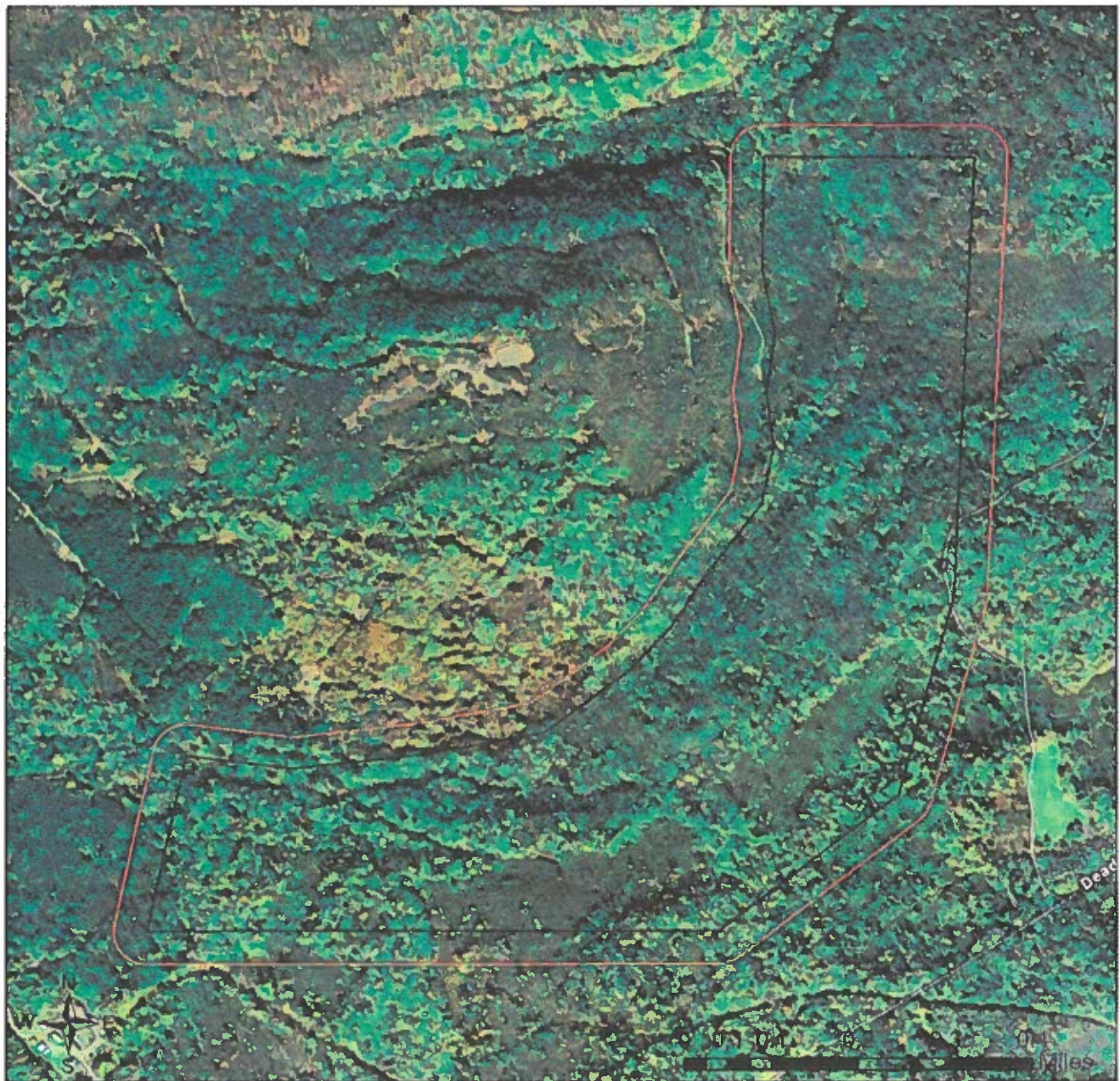
Degrees Minutes Seconds: **41° 35' 25.9155" N, 79° 6' 13.8979" W**

## 2. SEARCH RESULTS

| Agency                                              | Results                     | Response                                               |
|-----------------------------------------------------|-----------------------------|--------------------------------------------------------|
| PA Game Commission                                  | <b>Conservation Measure</b> | <b>No Further Review Required, See Agency Comments</b> |
| 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                      | <b>Potential Impact</b>     | <b>MORE INFORMATION REQUIRED, See Agency Response</b>  |

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. 3193 Scorpio 2025

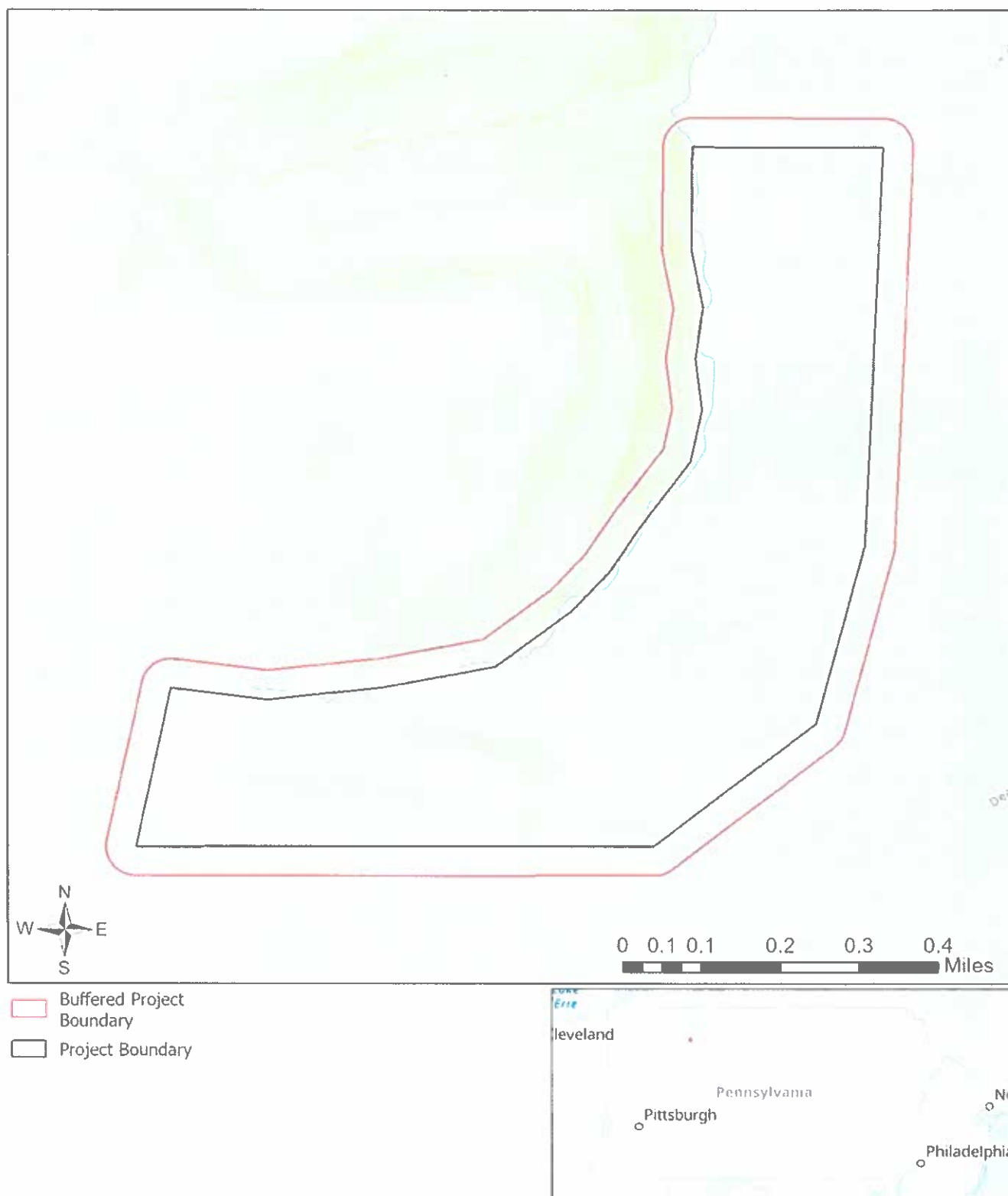


-  Buffered Project Boundary
-  Project Boundary



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. 3193 Scorpio 2025



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:** Will the action include disturbance to trees such as tree cutting (or other means of knocking down, or bringing down trees, tree topping, or tree trimming), pesticide/herbicide application or prescribed fire?

**Your answer is:** Yes

**Q3:** Does the action area contain any caves (or associated sinkholes, fissures, or other karst features), mines, rocky outcroppings, culverts, or tunnels that could provide habitat for hibernating bats?

**Your answer is:** No

**Q4:** Does the action area contain any caves (or associated sinkholes, fissures, or other karst features), mines, rocky outcroppings, culverts, or tunnels that could provide habitat for hibernating bats?

**Your answer is:** No

### 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:

Information Request: Enter project information into IPaC (<https://ecos.fws.gov/ipac/>). Follow the step-by-step process to review this project's potential effect on federally listed species.

## 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](mailto: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](http://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](mailto: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](mailto: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](mailto: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](mailto:RA-PGC_PNDI@pa.gov)  
NO Faxes Please

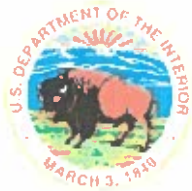
## 7. PROJECT CONTACT INFORMATION

Name: Philip L. Hampson  
Company/Business Name: Hampson Surveying  
Address: 105 Willoughby Avenue  
City, State, Zip: Warren, PA 16365  
Phone: ( 814 ) 730-1822 Fax: (        )         
Email: hampson@westpa.net

## 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.

Philip Digitally signed by Philip Hampson 5/12/25  
applicant/project proponent signature date  
Hampson Date: 2025.05.12  
08:33:05 -04'00'



## United States Department of the Interior

FISH AND WILDLIFE SERVICE  
Pennsylvania Ecological Services Field Office  
110 Radnor Road Suite 101  
State College, PA 16801-7987  
Phone: (814) 234-4090 Fax: (814) 234-0748  
<https://www.fws.gov/northeast/PAFO/index.html>



In Reply Refer To:  
Project code: 2025-0087832  
Project Name: Wt 3193 2025

04/24/2025 15:17:36 UTC

Federal Nexus: no  
Federal Action Agency (if applicable):

**Subject:** Technical assistance for 'Wt 3193 2025'

Dear Philip Hampson:

This letter records your determination using the Information for Planning and Consultation (IPaC) system provided to the U.S. Fish and Wildlife Service (Service) on April 24, 2025, for 'Wt 3193 2025' (here forward, Project). This project has been assigned Project Code 2025-0087832 and all future correspondence should clearly reference this number. **Please carefully review this letter. Your Endangered Species Act (Act) requirements may not be complete.**

### Ensuring Accurate Determinations When Using IPaC

The Service developed the IPaC system and associated species' determination keys in accordance with the Endangered Species Act of 1973 (ESA; 87 Stat. 884, as amended; 16 U.S.C. 1531 et seq.) and based on a standing analysis. All information submitted by the Project proponent into IPaC must accurately represent the full scope and details of the Project.

Failure to accurately represent or implement the Project as detailed in IPaC or the Northern Long-eared Bat and Tricolored Bat Range-wide Determination Key (Dkey), invalidates this letter. ***Answers to certain questions in the DKey commit the project proponent to implementation of conservation measures that must be followed for the ESA determination to remain valid. Note that conservation measures for northern long-eared bat and tricolored bat may differ. If both bat species are present in the action area and the key suggests more conservative measures for one of the species for your project, the Project may need to apply the most conservative measures in order to avoid adverse effects. If unsure which conservation measures should be applied, please contact the appropriate Ecological Services Field Office***

**Determination for the Northern Long-Eared Bat and Tricolored Bat**

Based upon your IPaC submission and a standing analysis completed by the Service, your project has reached the following effect determination(s):

| Species                                                   | Listing Status | Determination |
|-----------------------------------------------------------|----------------|---------------|
| Northern Long-eared Bat ( <i>Myotis septentrionalis</i> ) | Endangered     | NLAA          |

#### Other Species and Critical Habitat that May be Present in the Action Area

The IPaC-assisted determination key for the northern long-eared bat and tricolored bat does not apply to the following ESA-protected species and/or critical habitat that also may occur in your Action area:

- Monarch Butterfly *Danaus plexippus* Proposed Threatened

You may coordinate with our Office to determine whether the Action may cause prohibited take of the animal species and/or critical habitat listed above. Note that if a new species is listed that may be affected by the identified action before it is complete, additional review is recommended to ensure compliance with the Endangered Species Act.

#### Next Steps

Coordination with the Service is complete. This letter serves as technical assistance. All conservation measures should be implemented as proposed. Thank you for considering federally listed species during your project planning.

If no changes occur with the Project or there are no updates on listed species, no further consultation/coordination for this project is required for the northern long-eared bat. However, the Service recommends that project proponents re-evaluate the Project in IPaC if: 1) the scope, timing, duration, or location of the Project changes (includes any project changes or amendments); 2) new information reveals the Project may impact (positively or negatively) federally listed species or designated critical habitat; or 3) a new species is listed, or critical habitat designated. If any of the above conditions occurs, additional coordination with the Service should take place before project implements any changes which are final or commits additional resources.

If you have any questions regarding this letter or need further assistance, please contact the Pennsylvania Ecological Services Field Office and reference Project Code 2025-0087832 associated with this Project.

**Action Description**

You provided to IPaC the following name and description for the subject Action.

**1. Name**

Wt 3193 2025

**2. Description**

The following description was provided for the project 'Wt 3193 2025':

Expansion of an oil and gas well exploration project. Located in the Allegheny National Forest, Howe Township, Forest County, Pennsylvania. Less than five acres will be disturbed with this project. Operations will start this summer / fall.

The approximate location of the project can be viewed in Google Maps: <https://www.google.com/maps/@41.592360850000006,-79.100269485566,14z>



## DETERMINATION KEY RESULT

Based on the answers provided, the proposed Action is consistent with a determination of “may affect, but not likely to adversely affect” for a least one species covered by this determination key.

## QUALIFICATION INTERVIEW

1. Does the proposed project include, or is it reasonably certain to cause, intentional take of listed bats or any other listed species?

**Note:** Intentional take is defined as take that is the intended result of a project. Intentional take could refer to research, direct species management, surveys, and/or studies that include intentional handling/encountering, harassment, collection, or capturing of any individual of a federally listed threatened, endangered or proposed species?

No

2. Is the action area wholly within Zone 2 of the year-round active area for northern long-eared bat and/or tricolored bat?

**Automatically answered**

No

3. Does the action area intersect Zone 1 of the year-round active area for northern long-eared bat and/or tricolored bat?

**Automatically answered**

No

4. Does any component of the action involve leasing, construction or operation of wind turbines? Answer 'yes' if the activities considered are conducted with the intention of gathering survey information to inform the leasing, construction, or operation of wind turbines.

**Note:** For federal actions, answer 'yes' if the construction or operation of wind power facilities is either (1) part of the federal action or (2) would not occur but for a federal agency action (federal permit, funding, etc.).

No

5. Is the proposed action authorized, permitted, licensed, funded, or being carried out by a Federal agency in whole or in part?

No

6. [Semantic] Is the action area located within 0.5 miles of a known bat hibernaculum?

**Note:** The map queried for this question contains proprietary information and cannot be displayed. If you need additional information, please contact your State wildlife agency.

**Automatically answered**

No

7. Does the action area contain any winter roosts or caves (or associated sinkholes, fissures, or other karst features), mines, rocky outcroppings, or tunnels that could provide habitat for hibernating bats?

No

8. Does the action area contain (1) talus or (2) anthropogenic or naturally formed rock shelters or crevices in rocky outcrops, rock faces or cliffs?

No

9. Will the action cause effects to a bridge?

**Note:** Covered bridges should be considered as bridges in this question.

No

10. Will the action result in effects to a culvert or tunnel at any time of year?

No

11. Are trees present within 1000 feet of the action area?

**Note:** If there are trees within the action area that are of a sufficient size to be potential roosts for bats answer "Yes". If unsure, additional information defining suitable summer habitat for the northern long-eared bat and tricolored bat can be found in Appendix A of the USFWS' Range-wide Indiana Bat and Northern long-eared bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>.

Yes

12. Does the action include the intentional exclusion of bats from a building or structure?

**Note:** Exclusion is conducted to deny bats' entry or reentry into a building. To be effective and to avoid harming bats, it should be done according to established standards. If your action includes bat exclusion and you are unsure whether northern long-eared bats or tricolored bats are present, answer "Yes." Answer "No" if there are no signs of bat use in the building/structure. If unsure, contact your local Ecological Services Field Office to help assess whether northern long-eared bats or tricolored bats may be present. Contact a Nuisance Wildlife Control Operator (NWCO) for help in how to exclude bats from a structure safely without causing harm to the bats (to find a NWCO certified in bat standards, search the Internet using the search term "National Wildlife Control Operators Association bats"). Also see the White-Nose Syndrome Response Team's guide for bat control in structures.

No

13. Does the action involve removal, modification, or maintenance of a human-made structure (barn, house, or other building) **known or suspected to contain roosting bats**?

No

14. Will the action cause construction of one or more new roads open to the public?

For federal actions, answer 'yes' when the construction or operation of these facilities is either (1) part of the federal action or (2) would not occur but for an action taken by a federal agency (federal permit, funding, etc.).

No

15. Will the action include or cause any construction or other activity that is reasonably certain to increase average night-time traffic permanently or temporarily on one or more existing roads? **Note:** For federal actions, answer 'yes' when the construction or operation of these facilities is either (1) part of the federal action or (2) would not occur but for an action taken by a federal agency (federal permit, funding, etc.).

No

16. Will the action include or cause any construction or other activity that is reasonably certain to increase the number of travel lanes on an existing thoroughfare?

For federal actions, answer 'yes' when the construction or operation of these facilities is either (1) part of the federal action or (2) would not occur but for an action taken by a federal agency (federal permit, funding, etc.).

No

17. Will the proposed Action involve the creation of a new water-borne contaminant source (e.g., leachate pond, pits containing chemicals that are not NSF/ANSI 60 compliant)?

**Note:** For information regarding NSF/ANSI 60 please visit <https://www.nsf.org/knowledge-library/nsf-ansi-standard-60-drinking-water-treatment-chemicals-health-effects>

No

18. Will the proposed action involve the creation of a new point source discharge from a facility other than a water treatment plant or storm water system?

No

19. Will the action include drilling or blasting?

Yes

20. Will the drilling or blasting produce noise or vibrations above existing background levels that will affect suitable summer habitat for northern long-eared bats and/or tricolored bats?

**Note:** Additional information defining suitable summer habitat for the northern long-eared bat and/or tricolored bat, can be found in Appendix A in the USFWS' Range-wide Indiana Bat and Northern long-eared Bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>

No

21. Will the action involve military training (e.g., smoke operations, obscurant operations, exploding munitions, artillery fire, range use, helicopter or fixed wing aircraft use)?

No

22. Will the proposed action involve the use of herbicides or other pesticides other than herbicides (e.g., fungicides, insecticides, or rodenticides)?

No

23. Will the action include or cause activities that are reasonably certain to cause chronic or intense nighttime noise (above current levels of ambient noise in the area) in suitable summer habitat for the northern long-eared bat or tricolored bat during the active season?

Chronic noise is noise that is continuous or occurs repeatedly again and again for a long time. Sources of chronic or intense noise that could cause adverse effects to bats may include, but are not limited to: road traffic; trains; aircraft; industrial activities; gas compressor stations; loud music; crowds; oil and gas extraction; construction; and mining.

**Note:** Additional information defining suitable summer habitat for the northern long-eared bat and tricolored bat can be found in Appendix A of the USFWS' Range-wide Indiana Bat and Northern long-eared bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>.

No

24. Does the action include, or is it reasonably certain to cause, the use of permanent or temporary artificial lighting within 1000 feet of suitable northern long-eared bat or tricolored bat roosting habitat?

**Note:** Additional information defining suitable summer habitat for the northern long-eared bat and tricolored bat can be found in Appendix A of the USFWS' Range-wide Indiana Bat and Northern long-eared bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>.

No

25. Will the action include tree cutting or other means of knocking down or bringing down trees, tree topping, or tree trimming?

Yes

26. Will the proposed action occur exclusively in an already established and currently maintained utility right-of-way?

No

27. Does the action include emergency cutting or trimming of hazard trees in order to remove an imminent threat to human safety or property? See hazard tree note at the bottom of the key for text that will be added to response letters

**Note:** A "hazard tree" is a tree that is an immediate threat to lives, public health and safety, or improved property.

No

28. Does the project intersect with the 0- 9.9% forest density category?

Automatically answered

No

29. Does the project intersect with the 10.0- 19.9% forest density category map?

**Automatically answered**

No

30. Does the project intersect with the 20.0- 29.9% forest density category map?

**Automatically answered**

No

31. Does the project intersect with the 30.0- 100% forest density category map?

**Automatically answered**

Yes

32. Will the action cause trees to be cut, knocked down, or otherwise brought down across an area greater than 100 acres in total extent?

No

33. Will the proposed action result in the use of prescribed fire?

**Note:** If the prescribed fire action includes other activities than application of fire (e.g., tree cutting, fire line preparation) please consider impacts from those activities within the previous representative questions in the key. This set of questions only considers impacts from flame and smoke.

No

34. Does the action area intersect the northern long-eared bat species list area?

**Automatically answered**

Yes

35. [Semantic] Is the action area located within 0.25 miles of a culvert that is known to be occupied by northern long-eared or tricolored bats?

**Automatically answered**

No

36. [Semantic] Is the action area located within 150 feet of a documented northern long-eared bat roost site?

**Note:** The map queried for this question contains proprietary information and cannot be displayed. If you need additional information, please contact your State wildlife agency.

**Automatically answered**

No

37. Is suitable summer habitat for the northern long-eared bat present within 1000 feet of project activities?

If unsure, answer "Yes."

**Note:** Additional information defining suitable summer habitat for the northern long-eared bat and tricolored bat can be found in Appendix A of the USFWS' Range-wide Indiana Bat and Northern long-eared bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>.

Yes

38. Are any of the trees proposed for cutting or other means of knocking down, bringing down, topping, or trimming suitable for northern long-eared bat roosting (i.e., live trees and/or snags  $\geq 3$  inches dbh that have exfoliating bark, cracks, crevices, and/or cavities)?

**Note:** Additional information defining suitable summer habitat for the northern long-eared bat and tricolored bat can be found in Appendix A of the USFWS' Range-wide Indiana Bat and Northern long-eared bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>.

Yes

39. Will any tree cutting/trimming or other knocking or bringing down of trees occur during the **Summer Occupancy season** for northern long-eared bats in the action area? **Note:** Bat activity periods for your state can be found in Appendix L of the Service's Range-wide Indiana Bat and Northern long-eared Bat Survey [Guidelines](#).

No

40. Do you have any documents that you want to include with this submission?

Yes

**SUBMITTED DOCUMENTS**

- US Fish and Wildlife 04-24-2025 Signed.pdf <https://ipac.ecosphere.fws.gov/project/6JTJ5HOJOBEDNLO5PSHKOD3NYU/projectDocuments/161293724>
- Location Model 1.pdf <https://ipac.ecosphere.fws.gov/project/6JTJ5HOJOBEDNLO5PSHKOD3NYU/projectDocuments/161293764>
- Site 1000 Model 1.pdf <https://ipac.ecosphere.fws.gov/project/6JTJ5HOJOBEDNLO5PSHKOD3NYU/projectDocuments/161293772>

## PROJECT QUESTIONNAIRE

Enter the extent of the action area (in acres) from which trees will be removed - round up to the nearest tenth of an acre. For this question, include the entire area where tree removal will take place, even if some live or dead trees will be left standing.

2

## IPAC USER CONTACT INFORMATION

Agency: Private Entity  
 Name: Philip Hampson  
 Address: 105 Willoughby Avenue  
 City: Warren  
 State: PA  
 Zip: 16365  
 Email: hampson@westpa.net  
 Phone: 8147301822

**Philip Hampson**

**From:** DCNR BUREAU OF FORESTRY CONSERVATION EXPLORER <ch.noreply@fiserv.com>  
**Sent:** Thursday, April 24, 2025 10:11 AM  
**To:** hampson@westpa.net  
**Subject:** Email from HCO

## Your Order

| Quantity | Item                                                                                                                                                                                                       | Unit             | Price        |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|
| 1        | Id: PNDI-839471; Title: Wt. 3193 Scorpio 2025; Project Type: Energy Storage Production and Transfer Energy Production (generation) Oil or Gas - new wells expansion of well field; Project Size: Standard; | 40.00 USD        | 40.0         |
|          |                                                                                                                                                                                                            | <b>Total USD</b> | <b>40.00</b> |

**This order is now complete. Transaction Processed!**

**Here is your receipt:**

===== TRANSACTION RECORD =====  
BUREAU OF FORESTRY  
400 MARKET ST  
HARRISBURG, PA 17101  
USA  
<https://www.pa.gov>

TYPE: Pre-Authorization

ACCT: Visa \$ 40.00 USD

CARDHOLDER NAME : Philip L Hampson  
CARD NUMBER : #####7842  
DATE/TIME : 24 Apr 25 10:10:56  
REFERENCE # : 001 386253 T  
AUTHOR. # : 945420  
TRANS. REF. : 109166

Approved - Thank You 100

Please retain this copy for your records.

Cardholder will pay above amount to card issuer pursuant to cardholder agreement.

## Philip Hampson

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**From:** RA-NRHeritageexplore@pa.gov on behalf of PA Conservation Explorer <RA-NRHeritageexplore@pa.gov>  
**Sent:** Monday, May 12, 2025 8:24 AM  
**To:** hampson  
**Subject:** Wt. 3193 Scorpio 2025 Final Receipt Complete

Dear Philip Hampson,

This email is in response to the project you submitted via the PA Conservation Explorer entitled Wt. 3193 Scorpio 2025. A Final receipt has been generated based on the project boundary submitted and can be found at <https://conservationexplorer.dcnr.pa.gov/project/wt-3193-scorpio-2025-1244455>. The receipt can be downloaded and/or printed for your files.

*NOTE: You must be logged in to your account in order to review the report.*

**Final Receipt:** A Final Receipt is generated under the following circumstances.

- **Finalizing a Project for Environmental Review.** A Final Receipt is created when an applicant finalizes a project in order to initiate the environmental review process. A signed copy of the Final Receipt should be sent to DEP along with any required recommendation or clearance letters from the jurisdictional agencies. See more detailed DEP instructions below.
- **Revising or Updating a Finalized Project.** A new version of the Final Receipt will be generated if an applicant resubmits the project either by editing the project footprint or selecting 'Update Receipt' option. Response letters from the jurisdictional agencies will specify the receipt version; if a new version of the PNDI receipt is generated, a new response letter will be required.

If the project requires consultation with the Department of Conservation and Natural Resources, PA Game Commission, and/or PA Fish and Boat Commission, the agencies listed on the receipt have been automatically notified that the project is ready for environmental review. Agencies will not initiate the environmental review until all necessary documents have been uploaded or mailed. Direct correspondence with agencies is not required to initiate a review, provided the minimum necessary materials are uploaded.

If you have opted to mail in your project documentation, please mail (or email) the documents to the agencies requiring consultation. The agency addresses are listed in Section 6 of the PNDI receipt.

**Instructions for projects with potential impacts to the U.S. Fish and Wildlife Service (USFWS):** If your project requires consultation with the USFWS, email ([IR1\\_ESPenn@fws.gov](mailto:IR1_ESPenn@fws.gov)) or mail your project documents along with a signed copy of the final receipt to the USFWS address listed in Section 6 of the receipt.

**DEP instructions for projects with Potential Impacts:** 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>.

If you have questions about the contents of the receipt or need further assistance, please visit the [contact us](#) page.

Sincerely,

Pennsylvania Department of Conservation and Natural Resources  
<https://conservationexplorer.dcnr.pa.gov/>



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

| DEP USE ONLY |           |
|--------------|-----------|
| APS #        | Site #    |
| Permit #     | Auth ID # |

## Coordination of a Well Location with Public Resources

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                    |                                              |                                      |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------|----------------------------------------------|--------------------------------------|---------------|
| Well Operator<br><b>Scorpio Energy, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            | DEP ID#<br><b>300579</b>           | Well Farm Name and Number<br><b>Hastings</b> |                                      | <b>SDT-58</b> |
| Address<br><b>203 Center Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                    | Project Number (if previously assigned)      |                                      |               |
| City<br><b>Sheffield</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State<br><b>PA</b>         | Zip Code<br><b>16347</b>           | County<br><b>Forest</b>                      | Municipality<br><b>Howe Township</b> |               |
| Phone<br><b>814-727-7717</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fax<br><b>814-727-7718</b> | Latitude<br><b>N 41° 35' 20.2"</b> |                                              | Longitude<br><b>W 79° 06' 18.2"</b>  |               |
| <p>1. Will the well be located in or within 200 feet of a publicly owned park, forest, gameland, designated wildlife area or Natural National Landmark? <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                    |                                              |                                      |               |
| <p>2. Will the well be located within the corridor of a state or national scenic river? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>Portions of the Allegheny River and Clarion River are currently on the National Wild and Scenic Rivers list. Detailed descriptions are available on the National Scenic Rivers website: <a href="http://www.nps.gov/rivers/wildriverslist.html#pa">www.nps.gov/rivers/wildriverslist.html#pa</a></p> <p>Portions of three other creeks and streams in oil and gas producing areas are currently listed as Pennsylvania Scenic Rivers. These are: Pine Creek in Tioga County, Lick Run in Clinton County, and Bear Creek in Fayette County. The streams corridor maps are available on DCNR's web site: <a href="http://www.dcnr.state.pa.us/brc/rivers/scenicrivers/locationmap.htm">www.dcnr.state.pa.us/brc/rivers/scenicrivers/locationmap.htm</a></p> |                            |                                    |                                              |                                      |               |
| <p>3. If answering "Yes" to questions 1 or 2, name the public resource(s):</p> <p><b>Allegheny National Forest</b></p> <p>List the name, address and phone number of the person responsible for management of the public resource.</p> <p><b>Mitch Dysinger, 4 Farm Colony Drive, Warren, PA 16365 814-723-5150</b></p> <p>Must the administrator of the public resource approve or otherwise authorize the proposed well, well site, access road, or gathering pipeline? <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Has the approval or authorization been received? <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p>                                                                                                                                                                                                               |                            |                                    |                                              |                                      |               |
| <p>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? <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes, provide PNDI Search Number _____ or attach a copy of the PNDI Search Results.</p> <p>If a potential conflict with a species of concern was identified, give the name of the responsible agency.</p> <p><b>US Fish and Wildlife Service</b></p> <p>Has the potential conflict been resolved? <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p>                                                                                                                                                                                                                          |                            |                                    |                                              |                                      |               |
| <p>5. Will the well be located within 200 feet of any historical or archaeological sites listed as federal or state historic places? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                    |                                              |                                      |               |
| <p>6. Describe in detail the additional measures, facilities, or practices specific to this site to be employed during site construction, drilling and operation to ensure the safety of the public and to protect public resource identified above. Use additional sheets as needed.</p> <p><b>All operations will be carried out in cooperation with the Allegheny National Forest.</b></p> <p><b>US Fish and Wildlife Service, trees will not be cut during the summer occupancy season, April 1-September 30.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                    |                                              |                                      |               |

**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.

## REFERENCE

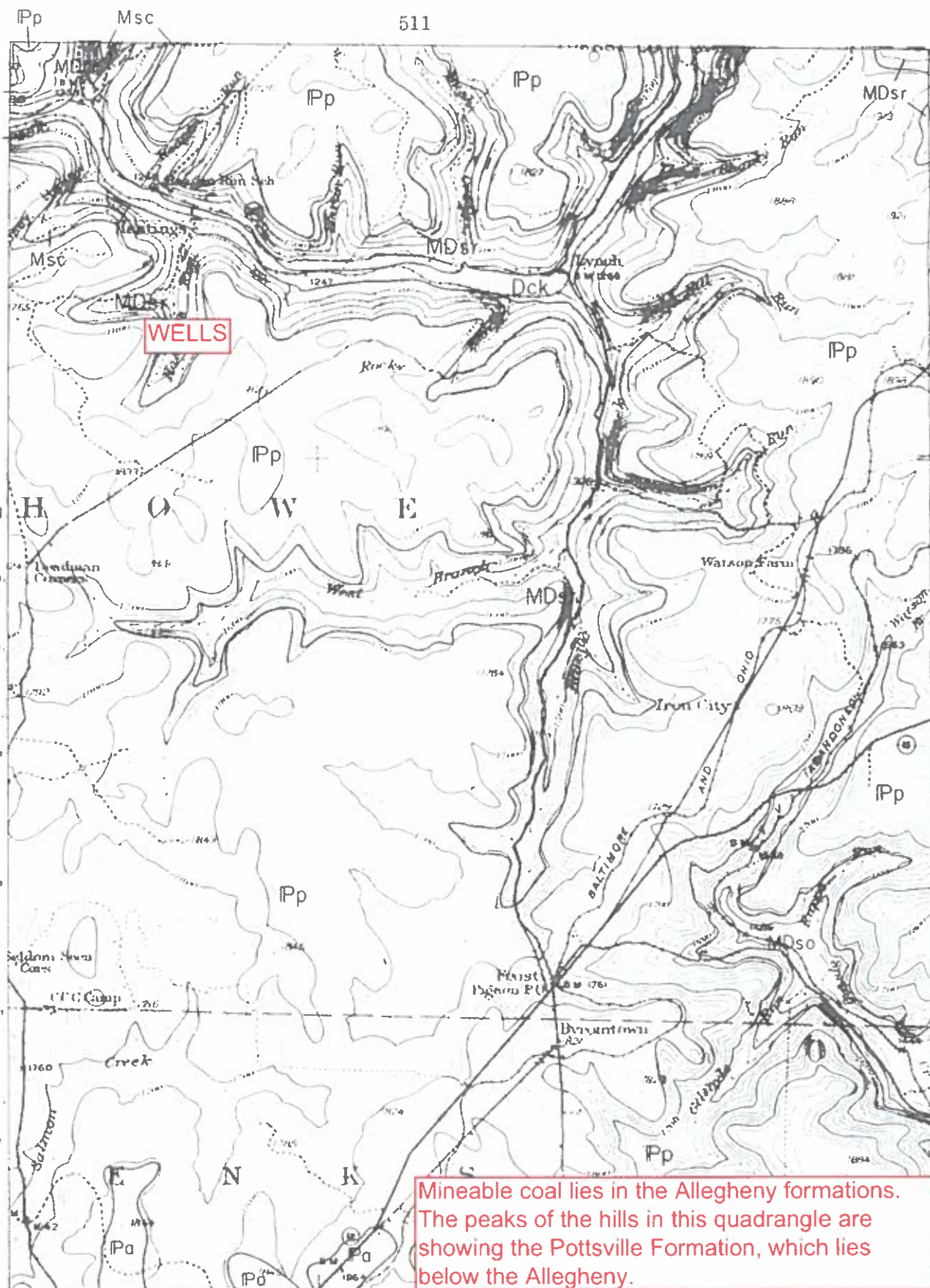
Ingham, A. I., Lytle, W. S., Matteson, L. S., and Sherrill, R. E. (1956), *Oil and gas geology of the Sheffield quadrangle, Pennsylvania*, Pennsylvania Geological Survey, 4th ser., Mineral Resource Report 38, 72 p.

SCALE 1:62500



Compiled by W. E. EDMUNDS, 1977

SHEFFIELD 15' (SE)





Outlook

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**RE: [External] RE: Hastings CDOWs - E&S Plan Request**

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**From** Philip Hampson <hampson@westpa.net>**Date** Mon 6/9/2025 3:06 PM**To** Sympson, Lane <lsympson@pa.gov>

4 attachments (2 MB)

76 Form SDT-56.pdf; PNDI Payment Receipt 04-24-2025.pdf; Wt 3193 Final Receipt Complete 5-12-2025.pdf; PNDI Combined New Wells Signed.pdf;

Lane,

Please see the attached revised SDT-56 76 form.

I started PNDI search PNDI-839471 4/24/2025, please see the attached payment receipt. The IPAC / PNDI process had me a little confused. I finished the IPAC review 4/24/2025, however it took me a while to work my way through how to properly finish the submittal to the DCNR. PNDI-839471 was submitted for final review 5/12/2025, which explains the different dates. Please see the attached Final Receipt Complete 5/12/2025. In the past, a PNDI search was completed on the same day, this one took me a little longer to hit the final submittal button. In the future, the dates will be more consistent. I think I have figured it out, hopefully.

Please let me know if there is anything else. Thanks for your help with this project.

Sincerely,

Phil

Philip L. Hampson, PLS  
Hampson Surveying  
105 Willoughby Avenue  
Warren, PA 16365  
814-730-1822

-----Original Message-----

From: Sympson, Lane [<mailto:lsympson@pa.gov>]

Sent: Monday, June 9, 2025 1:01 PM

To: Philip Hampson

Subject: Re: [External] RE: Hastings CDOWs - E&S Plan Request

Hi Phil,

Thanks for sending that E&S plan over. The WQS plans to review it with the biologist and field check the location soon.

Additionally, the Hastings SDT-56 Coordination form says 'SDT-55' instead of 56 and doesn't show the correct lat/long coordinates. With your written permission, I will write in the correct well number and coordinates.

The only other thing is the PNDI and the IPaC survey. The date on the final PNDI receipt is 5/12/25, but the IPaC results are dated 4/24/25. It looks like you had to expand the original PNDI search area from the renewals to include these new wells. Will you please include an updated IPaC response as well? I know it's unlikely it will be any different, but it has to match the PNDI project.

Please return the revised IPaC response by 6/23/25 and let me know if you have any questions in the meantime.

Thanks,

Lane

From: Philip Hampson <hampson@westpa.net>  
Sent: Friday, May 30, 2025 7:19 AM  
To: Sympson, Lane <lsympson@pa.gov>  
Subject: [External] RE: Hastings CDOWs - E&S Plan Request

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.

<<https://gcc02.safelinks.protection.outlook.com/?>

url=https%3A%2F%2Fwww.pa.go%2F&data=05%7C02%7CIsympson%40pa.gov%7C618f32478f3e4db11bcb08dda787f860%7C418e284101284dd59b6c47fc5a9a1bde%7C0%7C0%7C638850927736385871%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIlwLjAuMDAwMCIsIIAiOiJXaW4zMilslkFOljoiTWFpbGlldUljoyfQ%3D%3D%7C80000%7C%7C%7C&sdata=Ph2bnZsD6bRUxEILAU2l3L8m2%2B3FpHYjuj3NZ9kRfg8%3D&reserved=0  
v%2Fcontent%2Fdam%2Fcopapwp-pagov%2Fen%2Ffoa%2Fdocuments%2Fdocuments%2Fcofense-report-phishing-user-guide.pdf&data=05%7C02%7CIsympson%40pa.gov%7C53ea27ea5084c0df17308dd9f6bd7f9%7C418e284101284dd59b6c47fc5a9a1bde%7C0%7C0%7C638842007923251559%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIlwLjAuMDAwMCIsIIAiOiJXaW4zMilslkFOljoiTWFpbGlldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=xrzL9TxeNVUL3T%2B0SY83k0BNXv4IRNz%2B%2BU2SWARUp0M%3D&reserved=0<https://gcc02.safelinks.protection.outlook.com/?

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gov/content/dam/copapwp-pagov/en/oa/documents/documents/cofense-report-phish  
ing-user-guide.pdf> >

Lane,

Please see the attached. I had to compress it for email, let me know if something went wonky in the process.

Thanks,

Phil

Philip L. Hampson, PLS  
Hampson Surveying  
105 Willoughby Avenue  
Warren, PA 16365  
814-730-1822

-----Original Message-----

From: Sympson, Lane [<mailto:lsympson@pa.gov>]  
Sent: Thursday, May 29, 2025 12:41 PM  
To: Philip Hampson  
Subject: Hastings CDOWs - E&S Plan Request

Good afternoon Phil,

The water quality specialist supervisor requested copies of the E&S plans for the Hastings conventional wells (SDT-56, SDT-58, SDT-59, & SDT-60) you submitted this week. Will you please email me copies of those when you get a chance? Let me know if you have any questions.

Thank you,

Lane Sympson, P.G. | Licensed Professional Geologist

Department of Environmental Protection | Oil and Gas Management

Northwest District Office

230 Chestnut Street | Meadville, PA 16335

Phone: 814.332.6854 | Fax: 814.332.6121

[https://gcc02.safelinks.protection.outlook.com/?](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.dep.pa.gov%2F&data=05%7C02%7CIsympson%40pa.gov%7C618f32478f3e4db11bcb08dda787f860%7C418e284101284dd59b6c47fc5a9a1bde%7C0%7C0%7C638850927736433867%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIIAiOiJXaW4zMilslkFOljoiTWFpbGlldUljoyfQ%3D%3D%7C80000%7C%7C%7C&sdata=IPg2dgvsp0OIZrZa2SRnj33Jr%2FM0ueNS4f8yzMumJdg%3D&reserved=0)

[url=http%3A%2F%2Fwww.dep.pa.gov%2F&data=05%7C02%7CIsympson%40pa.gov%7C618f32478f3e4db11bcb08dda787f860%7C418e284101284dd59b6c47fc5a9a1bde%7C0%7C0%7C638850927736433867%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIIAiOiJXaW4zMilslkFOljoiTWFpbGlldUljoyfQ%3D%3D%7C80000%7C%7C%7C&sdata=IPg2dgvsp0OIZrZa2SRnj33Jr%2FM0ueNS4f8yzMumJdg%3D&reserved=0](http%3A%2F%2Fwww.dep.pa.gov%2F&data=05%7C02%7CIsympson%40pa.gov%7C618f32478f3e4db11bcb08dda787f860%7C418e284101284dd59b6c47fc5a9a1bde%7C0%7C0%7C638850927736433867%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIIAiOiJXaW4zMilslkFOljoiTWFpbGlldUljoyfQ%3D%3D%7C80000%7C%7C%7C&sdata=IPg2dgvsp0OIZrZa2SRnj33Jr%2FM0ueNS4f8yzMumJdg%3D&reserved=0).

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<[https://gcc02.safelinks.protection.outlook.com/?](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.dep.pa.gov%2F&data=05%7C02%7CIsympson%40pa.gov%7C618f32478f3e4db11bcb08dda787f860%7C418e284101284dd59b6c47fc5a9a1bde%7C0%7C0%7C638850927736452005%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIIAiOiJXaW4zMilslkFOljoiTWFpbGlldUljoyfQ%3D%3D%7C80000%7C%7C%7C&sdata=%2BFS%2Flx0sikNmrI3b3JitCSXJvkVsztFtdGSNaWrMS4g%3D&reserved=0)

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.gov/>



## CHECKLIST FOR COMPLETING AN APPLICATION FOR A PERMIT TO DRILL, OPERATE OR ALTER AN OIL OR GAS WELL

(Forms 8000-PM-OOGM0001 and 8000-PM-OOGM0002)

|                                         |                   |
|-----------------------------------------|-------------------|
| Farm Name - Well #<br>Hastings / SDT-58 |                   |
| Applicant Name<br>Scorpio Energy, Inc.  | DEP ID#<br>300579 |
| <b>DEP USE ONLY</b>                     | Auth Id           |

This optional checklist is for your use to help assure that you submit a complete application. Failure to provide all required information will delay processing. Compare your finished application to this list to make sure you include all the required information, forms, and documents. Mark the box in the appropriate column for those items which are attached, or not applicable.

| REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Conventional             |                          | Unconventional           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Included                 | N/A                      | Included                 | N/A                      |
| a. Page 1 with all spaces filled in where applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| b. Page 2, with names, addresses, and signatures (surface owner, water supplies purveyors, coal mines, and gas storage operator municipality and adjacent municipalities).                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| c. Location plat, form 8000-PM-OOGM0002, Original and one copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| d. Application fee based on permit fee calculator, check or money order payable to "Commonwealth of Pennsylvania."                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Proof and record of notifications and/or written consent, as applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          |                          |
| 1. Attach copies of signed and dated certified mail receipt cards or a completed "Affidavit of Non-Delivery of Certified Mail" as proof that you notified the parties listed on page 2. Note that you are required to send a copy of the whole application (pages 1 and 2 of form 8000-PM-OOGM0001 as well as the plat, form 8000-PM-OOGM0002 and attachments). Also, to parties with water supplies within 1,000 or 3,000 feet of the well location as applicable, include "Landowner Notification of Well Drilling or Alterations," form (8000-FM-OOGM0052). | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| 2. For required or optional written consent from a notified party -- is the party's signature in ink on the appropriate blank on Page 2, or on a separate document.                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Bond instrument, if not already in effect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| g. Bond Agreement Id # provided on Page 1 if bond is in effect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| h. For a "Phased Deposit" bond -- additional collateral, if required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. "Coal well" -- spacing exception request or well cluster spacing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Request for Waiver for Distance Requirements from Springs, Stream, Body of Water, or Wetland, form 8000-FM-OOGM0057.                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Request For Variance From Distance Restriction From Existing Building Or Water Supply, form 8000-FM-OOGM0058.                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Request For Approval of Alternate Waste Management Practices (form 5500-PM-OG0071), if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Proposed Alternate Method of Casing, Plugging, Venting or Equipping (form 8000-PM-OOGM0024), if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Coordination of a Well Location with Public Resources (form 8000-PM-OOGM0076), if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. For a disposal well or an enhanced recovery well, include the additional information required by regulations §78.18 (EPA UIC permit; control and disposal plan; erosion and sedimentation control plan).                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Attach a copy of your PNDI check for the proposed well location shown on your plat.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Earth Disturbance Permit: Attached on prior ESCGP approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. WMP for Unconventional Well: Attached prior approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Signature of Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                          |
| s. On page 1 of the application -- the signature, and printed name and title of the person authorized to submit the application, and date. See instructions, <b>SIGNATURE OF APPLICANT.</b>                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |



**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OIL & GAS MANAGEMENT PROGRAM**

| DEP USE ONLY           |                      |
|------------------------|----------------------|
| Auth #<br>1528477      | APS #<br>1138071     |
| Site #<br>880446       | Facility #<br>884099 |
| FIX Client #<br>300597 | Sub-fac #<br>1447586 |

## Request for Approval of Alternative Waste Management Practices

*Please read instructions on back before completing this form.*

|                                       |                     |                         |                                                        |                               |
|---------------------------------------|---------------------|-------------------------|--------------------------------------------------------|-------------------------------|
| Well Operator<br>Scorpio Energy, Inc. |                     | DEP ID<br>300597        | Well Permit or Registration Number<br><b>053-31161</b> |                               |
| Address<br>203 Center Street          |                     |                         | Well Farm Name<br>Hastings                             |                               |
| City<br>Sheffield                     | State<br>PA         | Zip Code<br>16347       | Well #<br>SDT-58                                       | Serial #                      |
| Phone<br>814-727-7717                 | Fax<br>814-727-7718 | County<br>Forest County |                                                        | Municipality<br>Howe Township |

### INTENDED ALTERNATIVE PRACTICE

*Check the appropriate box and complete the applicable section of the form.*

- ☐ For temporary containment of fluids 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.
- ☒ 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.
- ☒ 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.
- ☐ For onsite pretreatment systems being used to treat frac flowback fluid for reuse/recycling or transportation to a permitted treatment/disposal facility, complete Sections A and C. See 25 PA Code 78.56; 78.61; 78.62 & 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 pollutorial substances and wastes from drilling, altering, or completing a well. See 25 Pa. Code § 78.56.

- a) 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).
- ☐ Variance requested; dates to be used, from \_\_\_\_\_ to \_\_\_\_\_
- b) Check the box below if you are requesting approval of an alternative practice for temporary containment.
- ☐ Approval of an other alternative practice is requested. Describe the type of waste and the temporary containment method. Include information which will demonstrate that the proposed alternative practices will provide equivalent or superior protection to the practices identified in 25 Pa. Code § 78.56.

**RECEIVED**

**MAY 27 2025**

Environmental Protection  
Northwest Regional Office

Due: 07/11/25-  
05/28/25-trs

**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 § 78.61, 78.62, or 78.63.

Scorpio Energy, LLC is requesting DEP approval for disposal of uncontaminated drill cuttings into a structurally sound and unlined drill pit.

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 100' from a stream or wetland and 200' from an existing building or water supply.

Hastings Run (CWF) lies +220' northwest of the clearing limits, there aren't any wetlands or buildings within 400' of the project.

The attached site plan depict well and pit location (depending upon 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 Map Unit Description of Warren and Forest Counties, the soil at the well location is Hazleton Channery Sandy Loam (HvF).

Historical records indicate fresh water will be encountered at a depth of +/- 400'.

A second pit will be utilized for fracing.

The pit will be backfilled, graded and seeded and mulched.

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

**C. ONSITE PRETREATMENT OF DRILLING FLUIDS OR FRAC FLOWBACK FLUID**

Complete this section if requesting approval of an onsite mobile pretreatment system for drilling fluids and/or frac flowback for recycling/reuse or transportation to a permitted treatment/disposal facility.

a) Check the appropriate box or boxes that best describe the planned treatment on site.

☐ Use of chemicals or technologies not part of the original permitted well site or in the PPC plan.

☐ Storage of drilling fluids or frac flowback for recycle/reuse.

☐ Transportation of drilling fluids or frac flowback for recycle/reuse.

☐ Disposal of the original waste stream and/or any new waste streams created through pretreatment at an approved permitted facility.

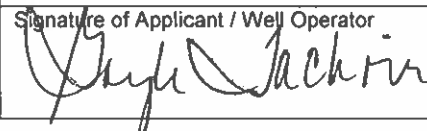
b) Provide a narrative description for all boxes checked above including pretreatment facility design and methodology (use additional pages if necessary)

c) Company/contractor for the onsite treatment facility including name, address, contact person and contact information.

d) Disposal location and permit number for all residual waste generated from the treatment process:

**SIGNATURE OF APPLICANT**

Signature of Applicant / Well Operator



Print or Type Signer's Name and Title  
Gayle Tachoir, President

Date

5-12-25

| DEP USE ONLY                                                                                                     |  |                                                                                                 |                  |
|------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|------------------|
| <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied                                     |  | Conditions: <input type="checkbox"/> YES, see below or attached.<br><input type="checkbox"/> NO | Date<br>06.26.25 |
| DEP Representative: Brian Ayers                                                                                  |  |                                                                                                 |                  |
| Conditions:<br>A site evaluation determined that this site is unsuited for Alternate Waste Management Practices. |  |                                                                                                 |                  |

### Instructions

Use this form to apply for approval of alternative waste management practices under 25 Pa. Code § 78.56, 78.61, 78.62, or 78.63.

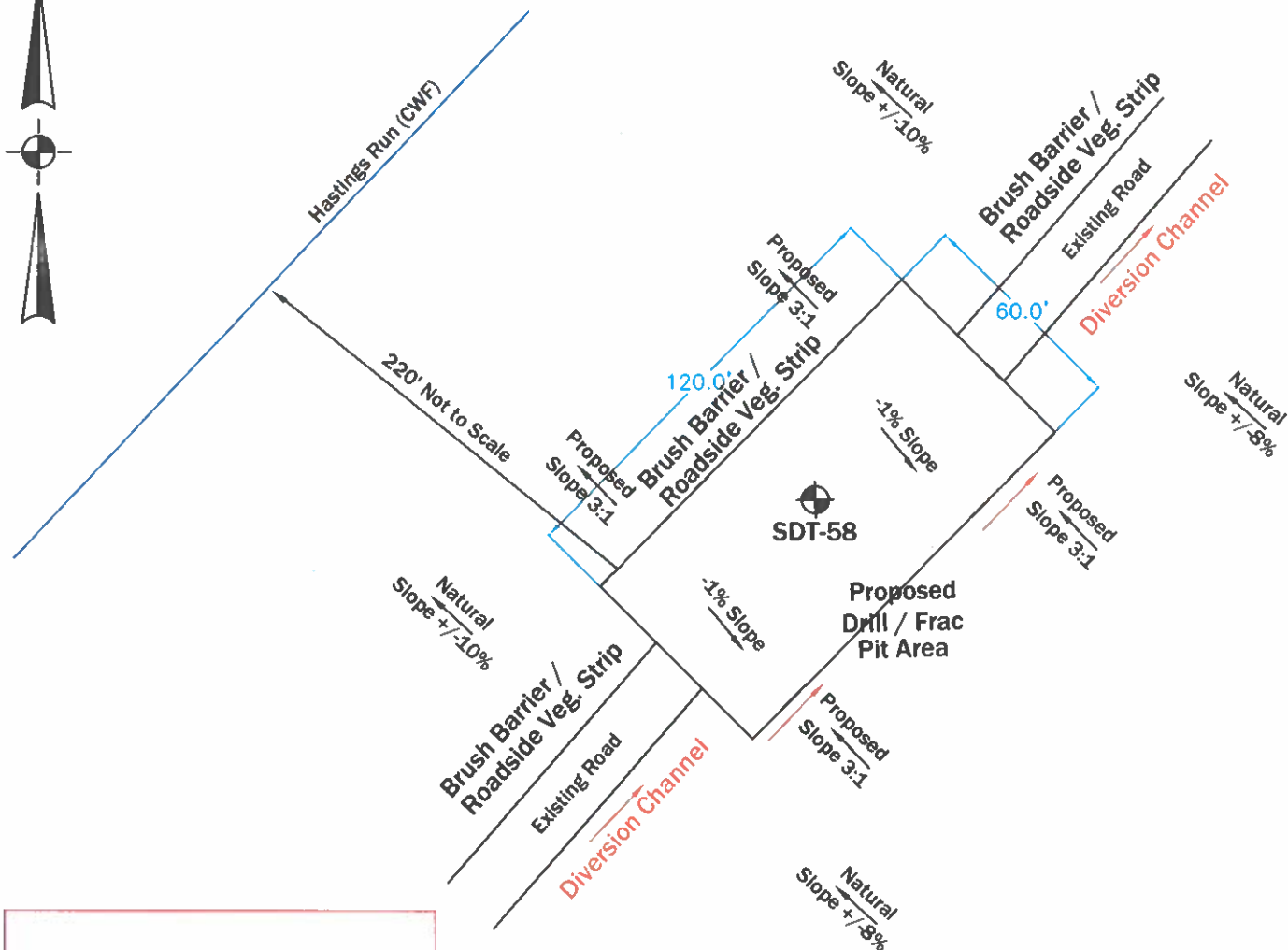
Complete this form and submit it with all other necessary documentation. Label each attachment with applicant's name and the information item it refers to.

Send your application to the Oil and Gas Management Program at the appropriate DEP regional office:

PA DEP  
 Oil & Gas Management Program  
 Northwest Regional Office  
 230 Chestnut Street  
 Meadville, PA 16335-3481  
 Phone: 814-332-6860  
 Fax: 814-332-6121

PA DEP  
 Oil & Gas Management Program  
 Southwest Regional Office  
 400 Waterfront Drive  
 Pittsburgh, PA 15222-4745  
 Phone: 412-442-4015  
 Fax: 412-442-4328

PA DEP  
 Oil & Gas Management Program  
 Northcentral Regional Office  
 208 West Third Street  
 Williamsport, PA 17701-6448  
 Phone: 570-321-6550  
 Fax: 570-327-3565



60'X120'  
Location (Typ.)



10'X15" Drill / Frac  
Pit (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 as described in the Erosion  
and Sediment Control Plan on an as needed  
basis.

Scale: Not to Scale

Date: 04/24/2025



105 Willoughby Avenue • Warren, PA 16365  
(814)730-1822 • hampson@westpa.net

Scorpio Energy, Inc. SDT-58

on

**Warrant 3193**

***Allegheny National Forest***

Howe Township, Forest County

Pennsylvania



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

## WELL LOCATION PLAT

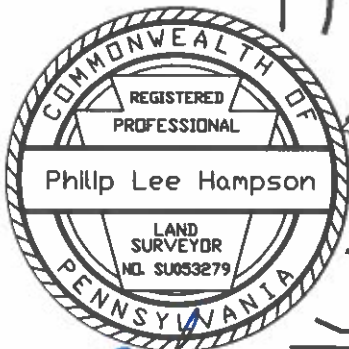
PAGE 1 Surface Location

|      |                     |    |
|------|---------------------|----|
| DEP  | Auth ID #           | G: |
| USE  | Permit #: 053-31161 | C: |
| ONLY | Project #:          |    |

|                                              |   |    |   |    |   |   |   |  |  |
|----------------------------------------------|---|----|---|----|---|---|---|--|--|
| Denotes location of top of well on topo map. |   |    |   |    |   |   |   |  |  |
| True Latitude: NORTH                         |   |    |   |    |   |   |   |  |  |
| 41                                           | ° | 35 | ' | 20 | . | 2 | " |  |  |
| True Longitude: WEST                         |   |    |   |    |   |   |   |  |  |
| 79                                           | ° | 06 | ' | 18 | . | 2 | " |  |  |

Well is located on topo map 13137 feet south of latitude 41° 37' 30"

Note: Access roads to be determined at a later date.



PHILIP LEE HAMPSON  
No. SU053279



|                                                       |                          |                    |                                              |                                |                                |                         |
|-------------------------------------------------------|--------------------------|--------------------|----------------------------------------------|--------------------------------|--------------------------------|-------------------------|
| Applicant/Well Operator Name:<br>Scorpio Energy, Inc. |                          | DEP ID #<br>300597 | Well (Farm) Name:<br>Hastings                |                                | Well #:<br>SDT-58              | Serial #:               |
| Address:<br>203 Center Street, Sheffield, PA 16347    |                          |                    | County:<br>Forest                            | Municipality:<br>Howe Township | Well Type:<br>Oil              |                         |
| 911 address of well site:<br>N/A                      |                          |                    | USGS 7½' Quadrangle Map Name:<br>Lynch - 613 | Map Section:<br>1              | Surface Elevation:<br>1652 ft. |                         |
| Surveyor or Engineer:<br>Philip L. Hampson, PLS       | Phone #:<br>814-730-1822 | Dwg #:<br>SDT-58   | Date:<br>4/23/25                             | Scale:<br>1"=1000'             | Tract Acreage:<br>+/-950 Acres |                         |
| Lat. & Long Metadata Method:<br>Direct GPS            | Accuracy:<br>+/-15' ft.  | Datum:<br>NAD 83   | Elevation Metadata Method:<br>Scaled         | Accuracy:<br>LIDAR ft.         | Datum:<br>NGVD 29              | Survey Date:<br>4/22/25 |

Page 2 Notifications

DEP Statewide toll-free phone number for reporting cases of water contamination which may be associated with development of oil and gas resources is **1-866-255-5158**.

[illegible]