



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

DEP USE ONLY	
Permittee's eFACTS ID 264776	Auth ID 1532266
Watershed Name	Quality

WELL PERMIT

Permittee LINDELL & MANEY, LLC		OGO.# OGO-67285	Permit Number 37-123-49193-00-00	Date Issued 08/01/2025
Address 760 BEECH ST		Farm Name & Well Number MUSANTE M 27		Well Serial #
		Municipality Brokenstraw Twp	County Warren	
WARREN, PA 16365-3670		7½' Quadrangle Name Youngsville		Map Section # 6
Phone (814) 726-2224	Project #		Latitude 41-49-41.4800	Longitude -79-17-29.3600
Surf Elev at Site 1490 feet	Anticipated Maximum TVD 1575 feet	Well Type OL	Offset distances referenced to NE corner of map section. South 1874 feet West 11308 feet	

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

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

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

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

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

Special Permit Conditions:

1) This permit is conditioned upon the well operator obtaining all appropriate approvals, including local, municipal, and zoning approvals, and any revision or modification of those approvals.

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

The Operator shall comply with the following:

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

This permit expires **08/01/2026** unless drilling is commenced on or before that date and prosecuted with due diligence.

Susan Price for Thomas Donohue 8/01/2025

Subsurface Permits Environmental Program Manager

ERIC WYMER

310 BEST AVE
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

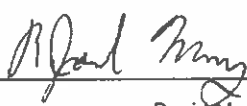
Notes OK # 6772 5 APPS Aum NC PNDI 4/4/2024		DEP USE ONLY		
		OGO # 67285	Objection Date - Do not issue before: 6/27/2025	API #s37- 123-49193
		Client Id 264776	Date Approved:	and - - - - -
		Bond # 12202	SGP 7/21/25	Watershed Name: Designation: ☐ HQ ☐ EV
		C:6/30/25 dg G: 7/15/25 BEH	Special Cond. FRAC/STIM 24; ZONING	
INV:	Site Id 881209	PF Id 884881	SF Id 1450038	
APS #1140376	Auth Id 1532266			

Please read instructions before you begin filling in this form.

WELL INFORMATION							
Well Operator Lindell & Maney LLC		DEP ID# 264776	Well API # 37- - - -	Well Farm Name Musante	Well # M-27		
Address 760 Beech Street		LAT 41°49' 41.48"	NAD 83	Project Number N/A	Serial # N/A		
City Warren		State PA	Zip 16365	Municipality Name/ City, Borough, Township Brokenstraw Township	County Warren County		
Phone 814-726-2224	Fax 814-726-3678	Email Lm760@verizon.net		USGS 7.5 min. quadrangle map Youngsville, PA 0411	Section 6		
☐ Check if this is a new address		24/7 Emergency Phone contact number Jake A. Lindell (814-688-5157)		911 address of well site (if available) N/A			
Freshwater Impoundment Name/ Identification N/A	Centralized Impoundment Name/ Identification N/A	Well Pad Name/Identification N/A		Borrow Area Name/Identification N/A			
Surface Elev 1490	Deepest Formation to be penetrated: Balltown	Anticipated TVD 1575	PERMIT TYPE Check applicable. Application is to: ☒ Drill a new Re-permit expired ☐ Deepen well ☐ Redrill wellbore ☐ Alter well ☐ Other (specify)		TYPE OF WELL Check applicable. ☐ Gas ☒ Oil ☐ Comb. (gas & oil/condensate) ☐ Injection, recovery ☐ Injection, disposal ☐ Coalbed Methane ☐ Gas Storage ☐ Other (specify)		APPLICATION FEE Check applicable. ☒ Conventional ☐ \$200 (Home Use Well) Total Application Fee \$ 400
Target Formation(s) proposed for production Balltown		Anticipated Target Top/Bottom TVD 1425 / 1575		Configuration ☒ Vertical ☐ Horizontal ☐ Deviated ☐ Multiple laterals		Bond Agreement Id Treasury Bond CUSIP #912833KW9	
Number of wellbore laterals proposed under this application N/A		Total feet of wellbore to be drilled under this application 1575 Ft.		If applying for a permit to rework an existing well not registered or permitted, check this box ☐ and enter date drilled, if known: (see instructions)			
PNDI Attached: ☒ Any threatened or endangered "hit" must include a copy of the clearance letter from the applicable agency(ies).		Application submitted as: Coal well: ☐ Attach Coal Module CBM well ☐ Attach Coal Module Non coal well ☒ Attach justification.		RECEIVED JUN 27 2025 Environmental Protection Northwest Regional Office			

COORDINATION WITH REGULATIONS AND OTHER PERMITS

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1. Will the well be subject to the Oil and Gas Conservation Law? If "No," go to 2). | ☐ | ☒ |
| a. If "Yes" to #1, is the well at least 330 feet from outside lease or unit boundary? | ☐ | ☐ |
| b. Does the location fall within an area covered by a spacing order? | ☐ | ☐ |
| 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? | ☐ | ☒ |
| If yes, is a waiver request (form 5500-FM-OG0057) and site-specific E&S control plan attached? | ☐ | ☐ |

3. Will the well penetrate or be within 2,000 feet of an active gas storage reservoir boundary?	☐	☒
a. If Yes, print the names of: Storage Field: Operator:		
4. Is the proposed well location within the permitted area of a landfill ?	☐	☒
5. Will the well be drilled within 200 feet from any existing building or an existing water supply?	☐	☒
a. If "Yes," is written consent from the owner attached?	☐	☐
b. If written consent is not attached, is a variance request (form 8000-FM-OOGM0058) attached?	☐	☐
6. Will the well be located where it may impact a public resource as outlined in the "Coordination of a Well Location with Public Resources" form 5500-PM-OG0076? If yes, attach a completed copy of the form and clearance letters from applicable agencies.	☐	☒
7. Will any portion of the well site be in a Special Protection High Quality ☐ (HQ) or Exceptional Value ☐ (EV) watershed?	☐	☒
Provide name of special protection stream _____.		
7.1 Will the well be drilled using enhanced drilling or completion technologies into a formation that typically produces gas or petroleum?	☐	☒
8. Is this well part of a development which requires an Earth Disturbance Permit for Oil and Gas Activities disturbing more than 5 acres? If yes, list the number of the ESCGP approval if the permit has been issued.	☐	☒
8.1 Is the disturbed area of the well site between 1 to 5 acres and in a Special Protection Watershed	☐	☒
9. Is waste, including drill cuttings, from the drilling of this well is to be disposed of on this well site? Yes ☒ No ☐		
10. Will the well or well site be located within a defined 100 year floodplain or where the floodplain is undefined, within 100 feet of the top of the bank of a perennial stream or within 50 feet of the top of the bank of an intermittent stream. Yes ☐ No ☒		
a. If yes, is a waiver request attached that will protect the Waters of the Commonwealth? Yes ☐ No ☒		
11. Is the well to be located within a H ₂ S area pursuant to §78.77a? Yes ☐ No ☒		
12. Attach a current Ownership & Control form 8000-FM-OOGM0118. (Also On File with DEP)		
Signature of Applicant	The person signing this form attests that they have the authority to submit this application on behalf of the applicant, and that the information, including all related submissions, is true and accurate to the best of their knowledge.	
Signature of Person Authorized to Submit Application	(Print or Type)	Name of Signer: R. Joseph Maney
	Title: Partner	Date 6/24/25
Application Preparer/Contact: David M. See PLS, David See Surveyors LLC david@geometronics.com		Phone: 814-723-7522

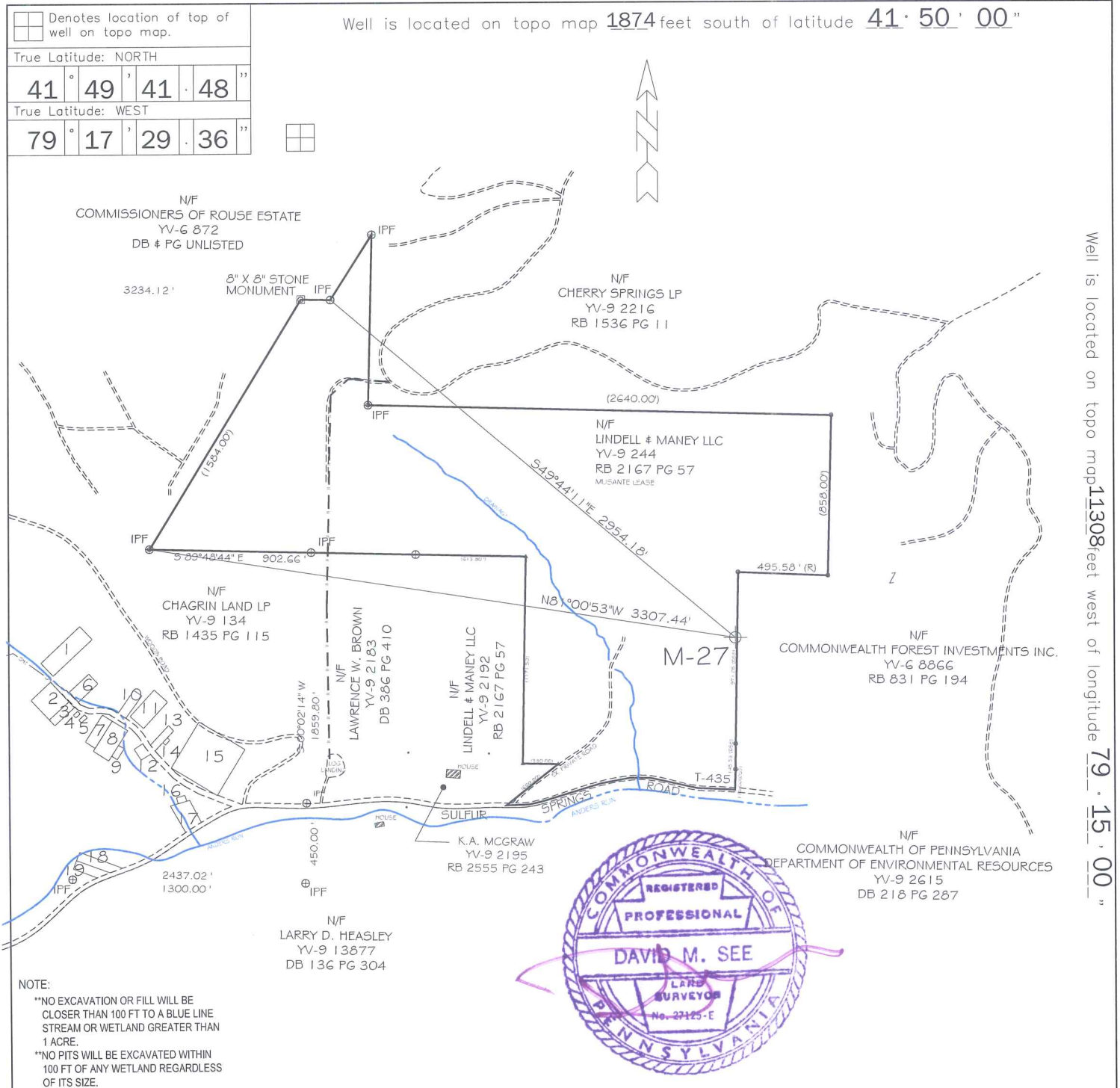


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OFFICE OF OIL AND GAS MANAGEMENT

WELL LOCATION PLAT

PAGE 1 Surface Location

DEP	Auth ID #:	G:
USE	Permit #:	C:
ONLY	Project #:	



Applicant/Well Operator Name: LINDELL & MANEY LLC		DEP ID # 264776	Well (Farm) Name: MUSANTE		Well #: M-27	Serial #:
Address: 760 BEECH STREET, WARREN, PA 16365			County: WARREN-62	Municipality: BROKENSTRAW TWP.	Well Type: OIL	
911 address of well site: N/A			USGS 7½' Quadrangle Map Name: YOUNGSHVILLE, PA - 0411	Map Section: 6	Surface Elevation: 1490 ft.	
Surveyor or Engineer: David M. See PLS	Phone #: (814)723-7522	Dwg #: 230921	Date: 3/22/2024	Scale: 1"= 800'	Tract Acreage: 111.8 ac	
Lat. & Long Metadata Method: GPSKN		Accuracy: ±1 FT ft.	Datum: NAD 83	Elevation Metadata Method: LIDAR	Accuracy: ±2 FT ft.	Datum: NAVD88
						Survey Date: 8/06/86

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**.

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OFFICE OF OIL AND GAS MANAGEMENT

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

Farm Name - Well # Musante M-27	
Applicant Name Lindell & Maney LLC	
DEP ID# 264776	
DEP USE ONLY	APS #

List the following: surface landowner; surface landowners and water purveyors with water supplies within 1000 feet; municipality where the well will be drilled; adjacent municipality; gas storage operator if within 2000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties. Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification		Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <1000'	Municipalities	Notification Note the means and attach proof.			
						Certified Mail Dates		Address Affidavit	Written Consent
						Sent	Return Receipt		
Print Name: Lindell & Maney LLC	Address: 760 Beech Street Warren, PA 16365	X							X
Signature									
Print Name: Brokenstraw Township	Address: c/o Taryne Brown , Sec. Lewis 770 Rouse Avenue Youngsville, PA 16371				X	4/30/24	5/2/24		
Signature									
Print Name: Conewango Township	Address: c/o Secretary 4 Fireman Street Warren, PA 16365				X	4/30/24	5/2/24		
Signature									
Print Name: Sugar Grove Township	Address: c/o Melanie Eggleston, Sec. 195 Creek Road Sugar Grove, PA 16350				X	4/30/24	5/2/24		
Signature									
Print Name: Pittsfield Township	Address: c/o Taryne Lewis, Sec. 488 Dalrymple Street Pittsfield, PA 16340				X	4/30/24	5/8/24		
Signature									

Record of Written Consent

Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable. Check applicable box				Surface Owner	Water Well within 200 feet	Building within 200 feet
Print and Sign Name: R. Joseph Maney	Address: 760 Beech Street Warren, PA 16365	Date: 6/24/25		☒	☐	☐
Print and Sign Name:	Address:	Date:		☐	☐	☐
Print and Sign Name:	Address:	Date:		☐	☐	☐
Print and Sign Name:	Address:	Date:		☐	☐	☐
Print and Sign Name:	Address:	Date:		☐	☐	☐



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DEP USE ONLY	APS #

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						Certified Mail Dates		Address Affidavit	Written Consent
						Sent	Return Receipt		
Print Name: Deerfield Township	Address: c/o Jeri Graham, Sec. PO Box 188 Youngsville, PA 16371				X	4/30/24	5/4/24		
Signature									
Print Name: Pleasant Township	Address: c/o Lea Ann Adams, Sec. 8 Chari Lane Warren, PA 16365				X	4/30/24	5/8/24		
Signature									
Print Name: Youngsville Boro	Address: c/o Allie Benedict, Sec. 40 Railroad Street Youngsville, PA 16371				X	4/30/24	5/2/24		
Signature									
Print Name:	Address:								
Signature									
Print Name:	Address:								
Signature									

Record of Written Consent

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

Check applicable box

			Surface Owner	Water Well within 200 feet	Building within 200 feet
Print and Sign Name:	Address:	Date	☐	☐	☐
Print and Sign Name:	Address:	Date:	☐	☐	☐
Print and Sign Name:	Address:	Date:	☐	☐	☐
Print and Sign Name:	Address:	Date:	☐	☐	☐
Print and Sign Name:	Address:	Date:	☐	☐	☐

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

Postmark Here

0365 55

04/30/2024

Postage \$3.65
Certified Fee \$0.00
Return Receipt Fee (Endorsement Required) \$0.00
Restricted Delivery Fee (Endorsement Required) \$0.00

Total Due \$3.65

Conewango Twp.
c/o [REDACTED], Sec.
4 Fireman Street
Warren, PA 16365

Instructions

6E06 EE20 2000 0510 4102

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postmark Here

0365 55

04/30/2024

Postage \$3.65
Certified Fee \$0.00
Return Receipt Fee (Endorsement Required) \$0.00
Restricted Delivery Fee (Endorsement Required) \$0.00

Total Due \$3.65

Brokenstraw Twp.
c/o Taryne Lewis, Sec.
770 Rouse Avenue
Youngsville, PA 16371

Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Conewango Twp.
c/o [REDACTED], Sec.
4 Fireman Street
Warren, PA 16365

2. Article Number (Transfer from service label)
7014 0150 0002 0733 9022

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
5/2/24

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery (00)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ 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.

1. Article Addressed to:
Brokenstraw Twp.
c/o Taryne Lewis, Sec.
770 Rouse Avenue
Youngsville, PA 16371

2. Article Number (Transfer from service label)
7014 0150 0002 0733 9039

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Taryne Lewis

C. Date of Delivery
5/2/24

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery (00)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.
 Sugar Grove, PA 16350
 0365
 APR 20 2024
 Postmark Here
 04/30/2024
 \$3.65
 \$0.00
 \$0.00
 \$0.00
 \$0.00
 \$2.59
 Total Postage & Fees
 Sugar Grove Twp.
 c/o Melanie Eggleston, Sec.
 195 Creek Road
 Sugar Grove, PA 16350

5106 EE20 2000 0510 4102

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.
 Pittsfield, PA 16340
 0365
 APR 20 2024
 Postmark Here
 04/30/2024
 \$3.65
 \$0.00
 \$0.00
 \$0.00
 \$0.00
 \$2.59
 Total Postage & Fees
 Pittsfield Twp.
 c/o Taryne Lewis, Sec.
 488 Dalrymple Street
 Pittsfield, PA 16340

8006 EE20 2000 0510 4102

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Sugar Grove Twp.
 c/o Melanie Eggleston, Sec.
 195 Creek Road
 Sugar Grove, PA 16350

2. Article Number (Transfer from service label)
 7014 0150 0002 0733 9015

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *M. Eggleston* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 Melanie Eggleston

C. Date of Delivery
 5/2/24

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery (X)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 L7M Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Pittsfield Twp.
 c/o Taryne Lewis, Sec.
 488 Dalrymple Street
 Pittsfield, PA 16340

2. Article Number (Transfer from service label)
 7014 0150 0002 0733 9008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Taryne Lewis* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 Taryne Lewis

C. Date of Delivery
 5/18/24

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery (X)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 L7M Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Youngsville, PA 16371

Postage \$3.65
 Certified Fee \$0.00
 Return Receipt Fee (Endorsement Required) \$0.00
 Restricted Delivery Fee (Endorsement Required) \$0.00
 Total \$3.65

04/30/2024

Deerfield Township
 c/o Jeri Graham, Sec.
 PO Box 188
 Youngsville, PA 16371

0906 EE20 2000 0570 HT02

SENDER: COMPLETE THIS SECTION

☒ Complete items 1, 2, and 3.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Deerfield Township
 c/o Jeri Graham, Sec.
 PO Box 188
 Youngsville, PA 16371

2. Article Number (Transfer from service label)
 7014 0150 0002 0733 9060

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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

PS Form 3811, April 2015 PSN 7530-02-000-9053 L2 M

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Warren, PA 16365

Postage \$3.65
 Certified Fee \$0.00
 Return Receipt Fee (Endorsement Required) \$0.00
 Restricted Delivery Fee (Endorsement Required) \$0.00
 Total \$3.65

04/30/2024

Pleasant Twp.
 c/o Lea Ann Adams, Sec.
 8 Chari Lane
 Warren, PA 16365

5506 EE20 2000 0570 HT02

SENDER: COMPLETE THIS SECTION

☒ Complete items 1, 2, and 3.
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☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
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 c/o Lea Ann Adams, Sec.
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 Warren, PA 16365

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☐ 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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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 If YES, enter delivery address below: ☒ No

PS Form 3811, April 2015 PSN 7530-02-000-9053 L2 M

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Youngsville, PA 16371

Postage \$4.40
 Certified Fee \$3.65
 Return Receipt Fee (Endorsement Required) \$0.00
 Restricted Delivery Fee (Endorsement Required) \$0.00
 \$2.55

Postmark Here APR 2024

Youngsville Boro
 c/o Allie Benedict, Sec.
 40 Railroad Street
 Youngsville, PA 16371

04/30/2024

Instructions

9406 EE20 2000 0570 4702

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Youngsville Boro
 c/o Allie Benedict, Sec.
 40 Railroad Street
 Youngsville, PA 16371

2. Article Number (Transfer from service label)
 7014 0150 0002 0733 9046

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Allie Benedict ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Allie Benedict

C. Date of Delivery
 5/2/24

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

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

1. PROJECT INFORMATION

Project Name: **L & M MUSANTE LEASE 2024**

Date of Review: **4/4/2024 11:41:34 AM**

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

Project Area: **12.57 acres**

County(s): **Warren**

Township/Municipality(s): **BROKENSTRAW TOWNSHIP**

ZIP Code:

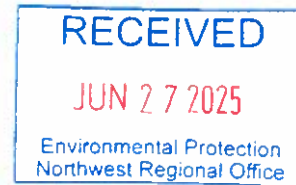
Quadrangle Name(s): **YOUNGSVILLE**

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

Watersheds HUC 12: **Stewards Island-Allegheny River**

Decimal Degrees: **41.828544, -79.293121**

Degrees Minutes Seconds: **41° 49' 42.7588" N, 79° 17' 35.2348" W**

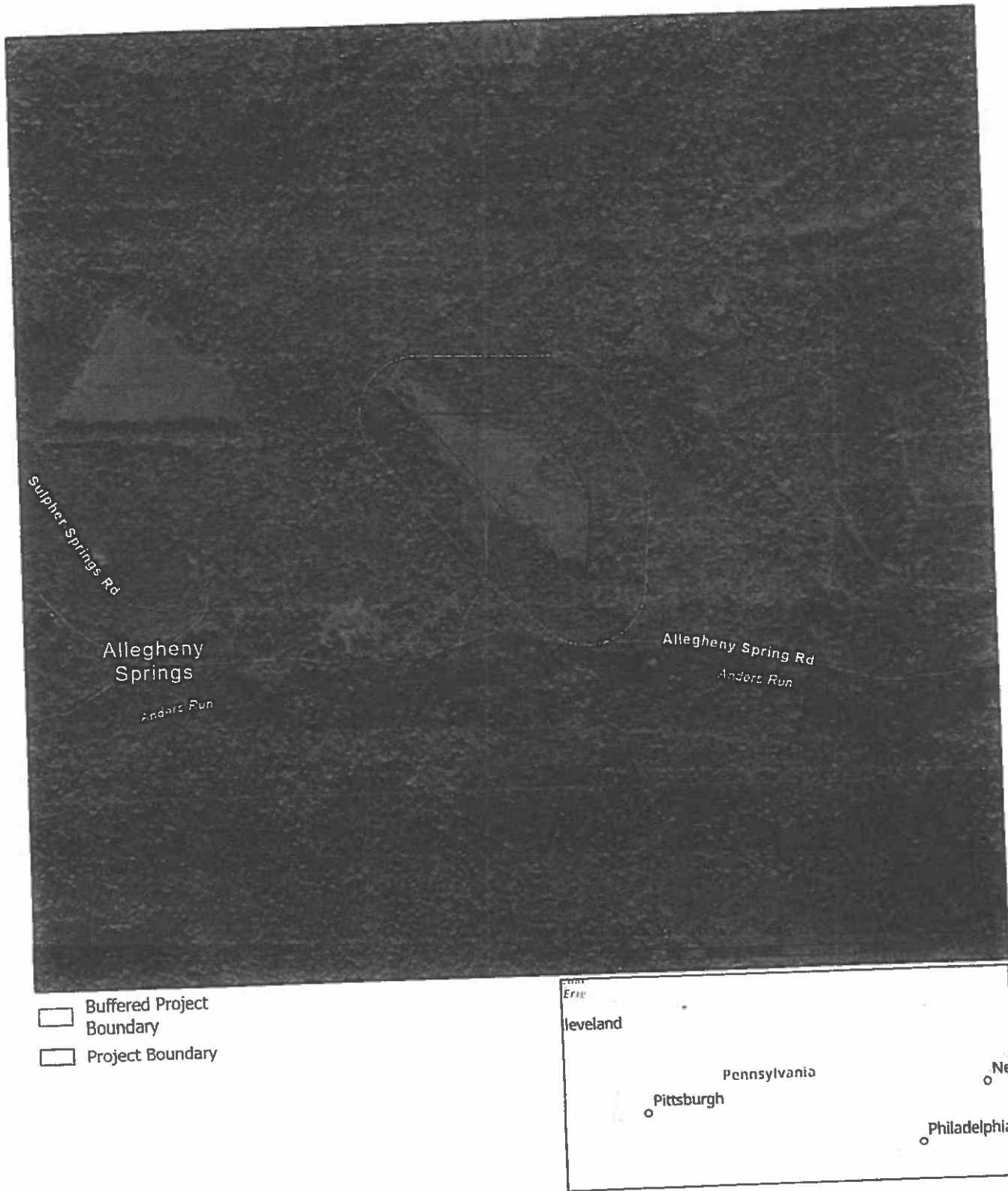


2. SEARCH RESULTS

Agency	Results	Response
PA Game Commission	No Known Impact	No Further Review Required
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	No Known Impact	No Further Review Required

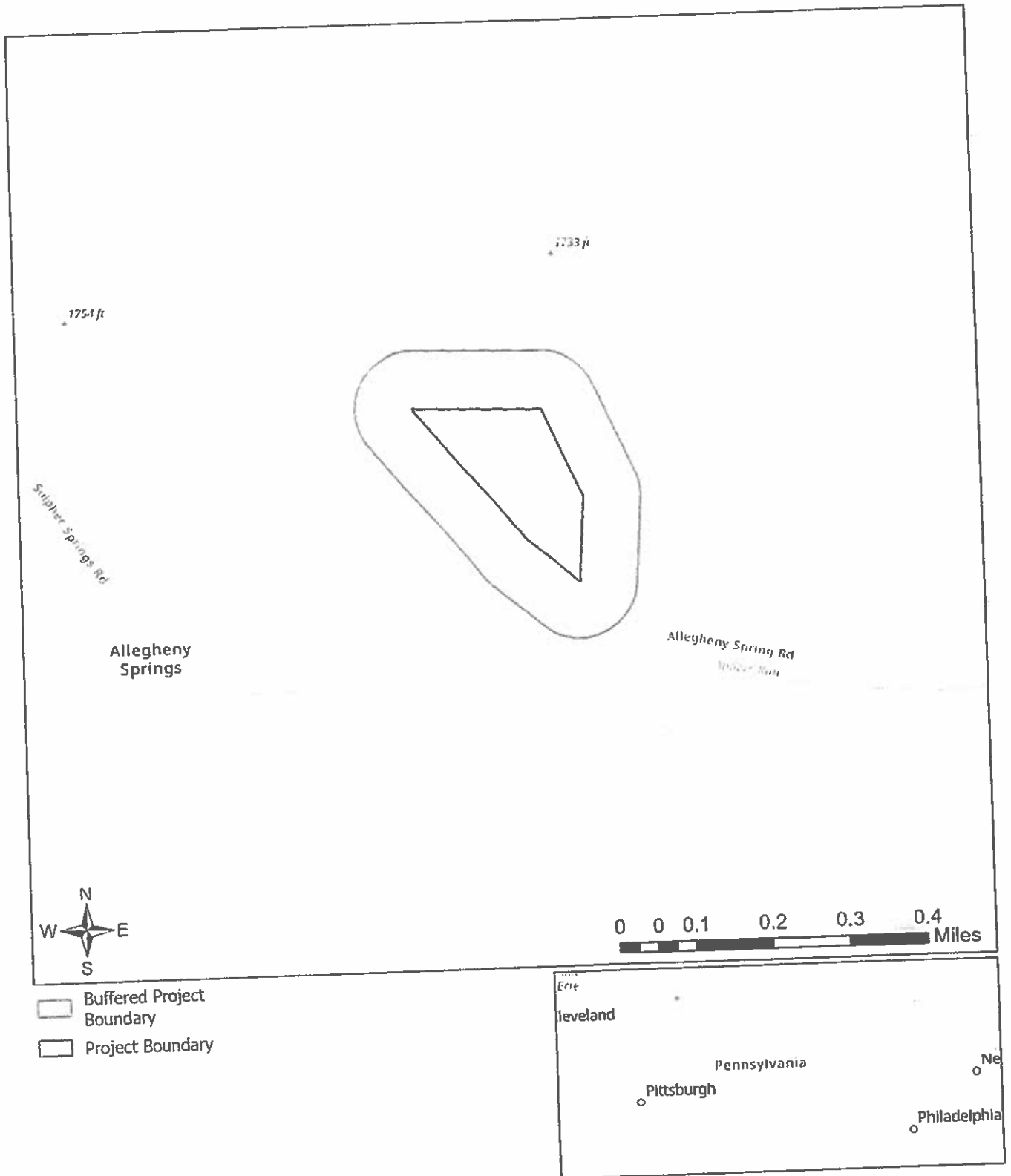
As summarized above, Pennsylvania Natural Diversity Inventory (PNDI) records indicate no known impacts to threatened and endangered species and/or special concern species and resources within the project area. Therefore, based on the information you provided, no further coordination is required with the jurisdictional agencies. This response does not reflect potential agency concerns regarding impacts to other ecological resources, such as wetlands.

L & M MUSANTE LEASE 2024



Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodastylelsen, Rijkswaterstaat, GSA, Geoland, FEMA, Intermap and the GIS user community

L & M MUSANTE LEASE 2024



Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatastyrelsen, Rijkswaterstaat, GSA, Geoland, FEMA, Intermap and the GIS user community

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:

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

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:

No impacts to **federally** listed or proposed species are anticipated. Therefore, no further consultation/coordination under the Endangered Species Act (87 Stat. 884, as amended; 16 U.S.C. 1531 et seq. is required. Because no take of federally listed species is anticipated, none is authorized. This response does not reflect potential Fish and Wildlife Service concerns under the Fish and Wildlife Coordination Act or other authorities.

4. DEP INFORMATION

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

5. ADDITIONAL INFORMATION

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

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

6. AGENCY CONTACT INFORMATION

PA Department of Conservation and Natural Resources

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

PA Fish and Boat Commission

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

U.S. Fish and Wildlife Service

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

PA Game Commission

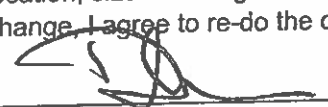
Bureau of Wildlife Management
Division of Environmental Review
2001 Elmerton Avenue, Harrisburg, PA 17110-9797
Email: RA-PGC_PNDI@pa.gov
NO Faxes Please

7. PROJECT CONTACT INFORMATION

Name: David M. See, PLS
Company/Business Name: David See Surveyors, LLC
Address: PO Box 1704
City, State, Zip: Warren, PA 16365
Phone: (814) 723-7522 Fax: ()
Email: david@geometronics.com

8. CERTIFICATION

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


applicant/project proponent signature

4/4/2024
date

N. Y.



ERIE

WARREN

MUSANTE LEASE

FORD

FOREST

VENANGO

LOCATION:

ALLEGHENY SPRINGS ROAD
BROKENSTRAW TOWNSHIP
WARREN COUNTY

MUSANTE LEASE
LINDELL & MANEY LLC
DEPARTMENT OF CONSERVATION
AND NATURAL RESOURCES
DISTRIBUTION OF PENNSYLVANIA COALS
MAP 11

SCALE: 1" = 24000'

DATE: OCTOBER 2021

REVISION:

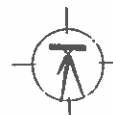
PARCEL NO:

REVISION:

OT # 230921

PROJECT NO:

DRAWN BY: D. See



DAVID SEE SURVEYORS, LLC
www.GEOMETRONICS.COM
P.O. BOX 1704
WARREN, PENNA. 16365
(814) 723-7522



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

**OIL AND GAS OPERATOR
OWNERSHIP AND CONTROL INFORMATION**

PLEASE TYPE OR PRINT

GENERAL OPERATOR INFORMATION		Enter the name and address under which you or your organization operate oil and gas wells in Pennsylvania which must be the same name as is providing the bond.			
Corporate, Company, Partnership or Registered Fictitious Name Lindell & Maney LLC		Type of Organization / Code Limited Liability Company		Federal Tax ID# 20-0921662	
Individual or Partner - Last Name	First Name	MI	Suffix		
Mailing Address 760 Beech Street		☐ Check if this is a new address.			
City Warren	State PA	ZIP+4 16365	Country (if Other Than USA)		
Phone (Daytime) 814-726-2224	Ext.	FAX 814-726-3678	Email Address lm760@verizon.net		
Person to Contact - Last Name Jake	First Name Lindell	MI A.	Suffix	Title Member	
If the applicant is an individual or partnership operating under a name that is different than your full personal name, the name must be registered as a fictitious name with the Department of State. Please attach a copy of your <u>APPROVED</u> fictitious name registration. ☐ Registration attached ☐ Registration previously submitted and still active.					
If the applicant is a domestic or foreign corporation or limited liability company, it must be registered to conduct business in Pennsylvania with the Department of State. Please attach a copy of your <u>APPROVED</u> corporate registration or authorization to conduct business in Pennsylvania. ☒ Registration attached ☐ Authorization to conduct business in PA attached ☐ Registration previously submitted still active					
If the applicant has NO parent company, check the following box. ☒ No parent. If the applicant has a parent company, include the following information for the parent company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation. Name _____ Phone No. (____) _____ Address _____ Taxpayer ID No. _____ _____ If corporation, state of incorporation _____					

If the applicant has NO subsidiaries, indicate by checking the following box.

☒ No subsidiary.

If the applicant has one or more subsidiaries, include the following information for each subsidiary company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation.

Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____

(Attach additional sheet, in the same format, if necessary.)

SIGNATURES

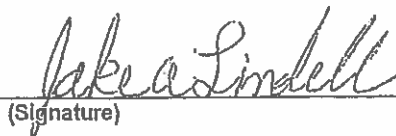
Under penalty of law, the undersigned hereby certify that they have the authority to submit this application on behalf of the applicant, that they have reviewed the information contained in this application and certify that the information is true and correct to the best of their knowledge and belief.

Lindell & Maney LLC

(Print Name of Applicant)

Jake A. Lindell, Member

(Print Name & Title of Signatory)



(Signature)

Date 12-18-2012

Please call 717-772-2199 with any questions.

11 12 01:09p

Lindell & Maney LLC

814-726-3678

p.1
COPY

2004042-1545

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Entry Number

3218332

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Name
Andrea L. Stapleford, Esquire

Address
600 Market Street

City State Zip Code
Warren, Pennsylvania 16365

Document will be returned to the
name and address you enter in
the left.

Fee: \$125

Filed in the Department of State on APR 25 2004

Rebecca C. Cantor

Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned
desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited
liability company" or abbreviation):
Lindell & Maney, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of
its commercial registered office provider and the county of venue is:

(a) Number and Street City State Zip Code County
760 Beech Street Extension Warren, Pennsylvania 16365 Warren

(b) Name of Commercial Registered Office Provider County
w/o:

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on
page 2):

Name Address
R. Joseph Maney 760 Beech Street Extension, Warren, PA 16365
Jake A. Lindell R.R. #1, Box 19, Youngsville, PA 16371

PA. DEPT. OF STATE

APR 26 2004

7/2/04

2004042-1546

DSCB:15-0913-2

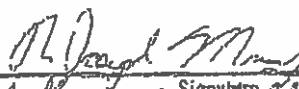
4. ~~Strike out if inapplicable term~~~~XXXXXX~~5. ~~Strike out if inapplicable:~~~~XXXXXX~~

6. The specified effective date, if any is: 05/01/04

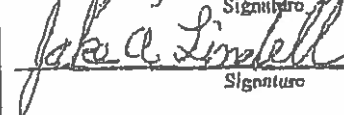
month date year hour, if any

7. ~~Strike out if inapplicable: The following provisions shall apply to the organization~~
~~XXXXXX~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this20th day of April, 2024

Signature



Signature

Signature

2004042-1547

ATTACHMENT TO CERTIFICATE OF ORGANIZATION
FOR LINDELL & MANEY, LLC

8. The Operating Agreement for Lindell & Maney, LLC, pursuant to 15 Pa.C.S.A. § 8971(4) states that:

11. DISSOCIATION AND DISSOLUTION

No specific event shall trigger the automatic or involuntary dissociation of a Member or dissolution of the LLC; the LLC shall have perpetual existence. Any event which may have the effect of changing the structure of the LLC is set forth herein at Paragraph 10 and Paragraph 12.

From: [David-GEO](#)
To: [Hanes, Barbara](#)
Cc: ["Marysue See"](#)
Subject: [External] RE: Lindell & Maney, LLC, Musante Applications
Date: Thursday, July 17, 2025 9:39:48 AM
Attachments: [PLATS REVISED TO DEP_07172025.pdf](#)

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](#).*

Thank you Barbara-

Had them switched around on the Model Pat for this Lease.

The Township secretary name change to Taryne Lewis is OK to also.

Have a good day1

David See, PLS

From: Hanes, Barbara [mailto:bhanes@pa.gov]
Sent: Wednesday, July 16, 2025 3:08 PM
To: David-GEO
Subject: Lindell & Maney, LLC, Musante Applications

Hello David,

Review of the Lindell & Maney, LLC, Musante applications for M-22, M-23, M-24, M-26, and M-27, yields the following deficiencies:

All Applications:

On the Record of Notification, the name given for Brokenstraw Township secretary is Taryne Brown; green cards for Brokenstraw and Pittsfield Townships, and the Record of Notification for Pittsfield Township give the name as Taryne Lewis. This is presumed to be a mistake, and I can change it to Lewis on the Records of Notification, if so. Also, it is not necessary to address the secretary by name; notification may be addressed only to the appropriate township, but either way is acceptable.

M-22; M-23; M-24:

Reference coordinates given for the west topo offset on the plat is 79° 15' but should be 79°17'30"; distances given are correct.

M-26; M-27:

Reference coordinates given for the west topo offset on the plat is 79° 17' 30" but should be

79°15'; distances given are correct.

Please update plats accordingly and send quality copies of sealed Page 1 of the plats to me via email.

Also, for future reference, if a well permit was previously issued and subsequently expired, please select "Drill a new" check box. The application has the option for "Re-permit expired permit", but our electronic system does not have this option, so new API numbers are generated and are considered new wells.

Please let me know if you have any questions.

Thank You,

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

 Virus-free. www.avg.com



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

WELL LOCATION PLAT

PAGE 1 Surface Location

DEP	Auth ID #: 1532266	G:
USE	Permit #: 123-49193	C:
ONLY	Project #:	

Denotes location of top of well on topo map.

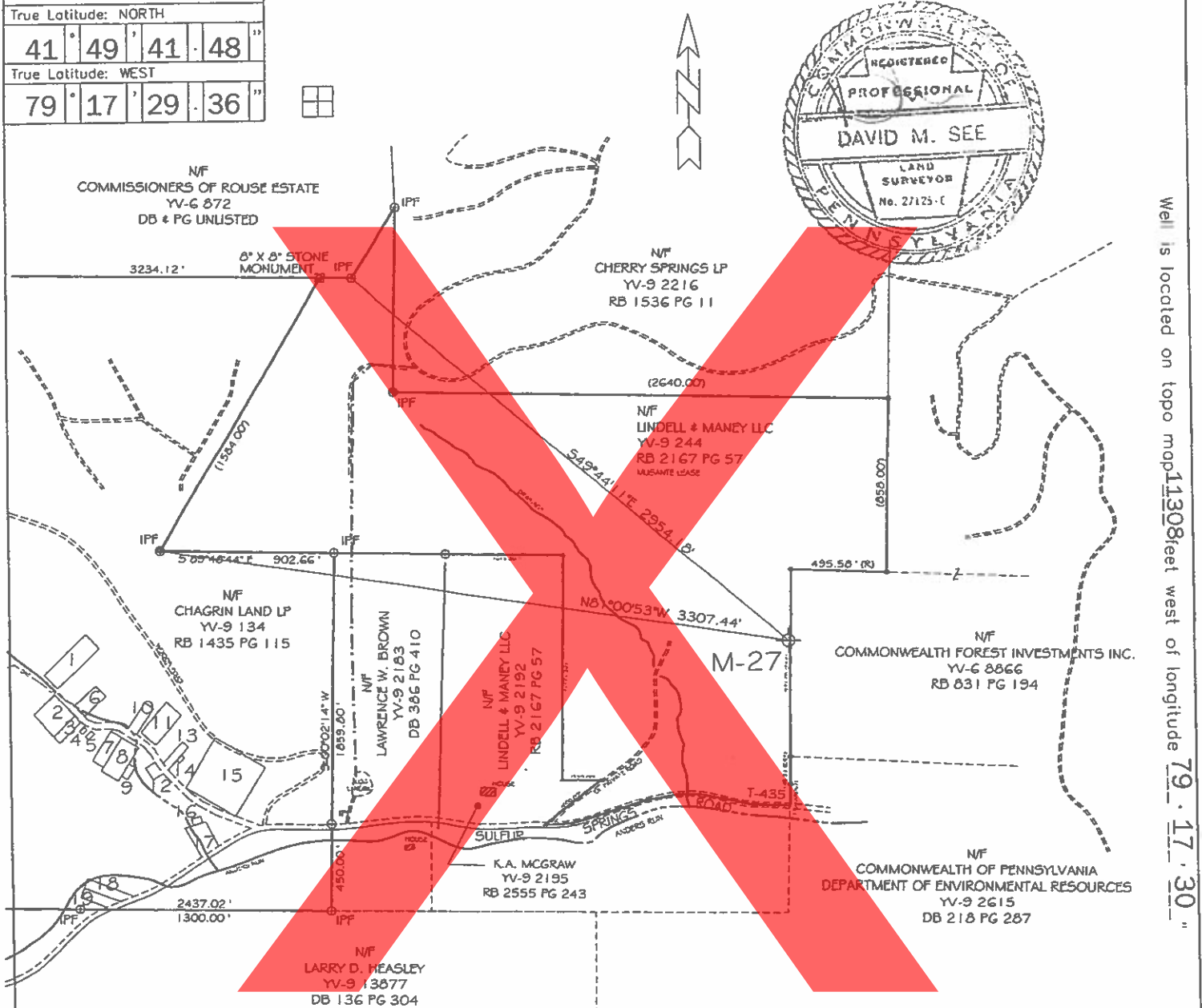
True Latitude: NORTH

41° 49' 41" 48"

True Latitude: WEST

79° 17' 29" 36"

Well is located on topo map 1874 feet south of latitude 41° 50' 00"



Well is located on topo map 1308 feet west of longitude 79° 17' 30"

NOTE:

"NO EXCAVATION OR FILL WILL BE CLOSER THAN 100 FT TO A BLUE LINE STREAM OR WETLAND GREATER THAN 1 ACRE.

"NO PITS WILL BE EXCAVATED WITHIN 100 FT OF ANY WETLAND REGARDLESS OF ITS SIZE.

Applicant/Well Operator Name: LINDELL & MANEY LLC		DEP ID # 264776	Well (Form) Name: MUSANTE		Well #: M-27	Serial #:
Address: 760 BEECH STREET, WARREN, PA 16365			County: WARREN-62	Municipality: BROKENSTRAW TWP.	Well Type: OIL	
911 address of well site: N/A			USGS 7½' Quadrangle Map Name: YOUNGVILLE, PA - 0411	Map Section: 6	Surface Elevation: 1490 ft.	
Surveyor or Engineer: David M. See PLS	Phone #: (814)723-7522	Dwg #: 230921	Date: 3/22/2024	Scale: 1" = 800'	Tract Acreage: 111.8 ac	
Lat. & Long Metadata Method: GPSKN		Accuracy: ±1 FT ft.	Datum: NAD 83	Elevation Metadata Method: LIDAR	Accuracy: ±2 FT ft.	Datum: NAVD88
						Survey Date: 8/06/86

Form



pennsylvania
DEPARTMENT OF ENVIRONMENTAL
PROTECTION

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

DEP USE	
Auth No. 1532268	APS No. 1140376
Site No. 881209	Facility No. 884881
FIX Client No. 264776	Sub-fac No. 1450038

RECEIVED

JUN 27 2025

Environmental Protection
Northwest Regional Office

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

PROJECT IDENTIFICATION					
Well Operator Lindell & Maney LLC		DEP ID/OGO No. 264776		U.S. Well No. (API No.) 123-49193	
Address 760 Beech Street			Well Farm Name Musante		
City Warren	State PA	Zip Code 16365	Well No. M-27	Serial No. N/A	
Telephone No. 814-726-2224	Fax No. 814-726-3678	County Warren		Municipality Brokenstraw	
Note: All submittals must include the following information: 1) United States Geological Survey (USGS) 7.5-minute quadrangle map showing the location of the proposed alternative waste management practices 2) Full size set of plan design drawings showing proposed facility dimensions and location relative to existing facilities 3) A brief detailed project narrative describing the proposed project					
INTENDED ALTERNATIVE PRACTICE			<i>Check the appropriate box and complete the applicable section of the form.</i>		
☐ For temporary containment of pollutorial substances and wastes generated during drilling, altering, or completing a well; complete section A. Pits and Tanks for Temporary Containment. See 25 Pa. Code § 78.56 for regulations.					
☒ 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.					
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.					
1. Check the box below and fill in the dates the pit will be used if you are requesting a variance from the requirement that the bottom of the pit be at least 20 inches above the seasonal high groundwater table for a pit that exists only during dry times of the year and is located above groundwater. See 25 Pa. Code § 78.56(a)(4)(iii).					
☐ Variance requested; dates to be used, from _____ to _____					
2. Check the box below if you are requesting approval of an alternative practice for temporary containment.					
☐ Approval of another alternative practice is requested. Describe the type of waste and the temporary containment method. Include information that will demonstrate that the proposed alternative practices will provide equivalent or superior protection to the practices identified in 25 Pa. Code section 78.56.					

Due Date 8/12/25
6/30/25 dg

B. ALTERNATIVE WASTE DISPOSAL PRACTICES

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

Lindell & Maney LLC is requesting DEP approval for the "dusting" of uncontaminated drill cuttings into an unlined pit, which will be on or immediately adjacent to the well location. The pit will not be within 100' of a surface water body or within 200' of a water supply. The cuttings will be discharged directly into the pit with a blooey line and diverter. (See continuation Pg 3)

SIGNATURE OF APPLICANT

Signature of Applicant / Well Operator

Print or Type Signer's Name and Title

Date

DEP USE ONLY

☐ Approved

☐ Denied

Conditions: ☐ YES, see below or attached.

Date

☐ NO

DEP
Representative:

Conditions:

B. ALTERNATIVE WASTE DISPOSAL PRACTICES

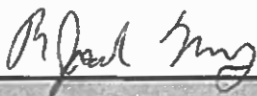
Complete this section if requesting approval of an alternative practice to dispose of drill cuttings or residual wastes at the well site. Describe the type of waste, including any additives, and the proposed alternative practice. Include information that will demonstrate the proposed practice will provide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

Continuation M-27:

An approved liner in the pit will be utilized to encapsulate frac components. All fluids will be hauled to an approved facility, then the liner will be encapsulated and covered. Upon completion the pit will be reclaimed to average contour, seeded, and protected from erosion.

SIGNATURE OF APPLICANT

Signature of Applicant / Well Operator



Print or Type Signer's Name and Title

R. Joseph Maney

Date

6/24/25

DEP USE ONLY

☒ Approved

☐ Denied

Conditions: ☒ YES, see below or attached.

Date

DEP

Brian Ayers

Representative:

☐ NO

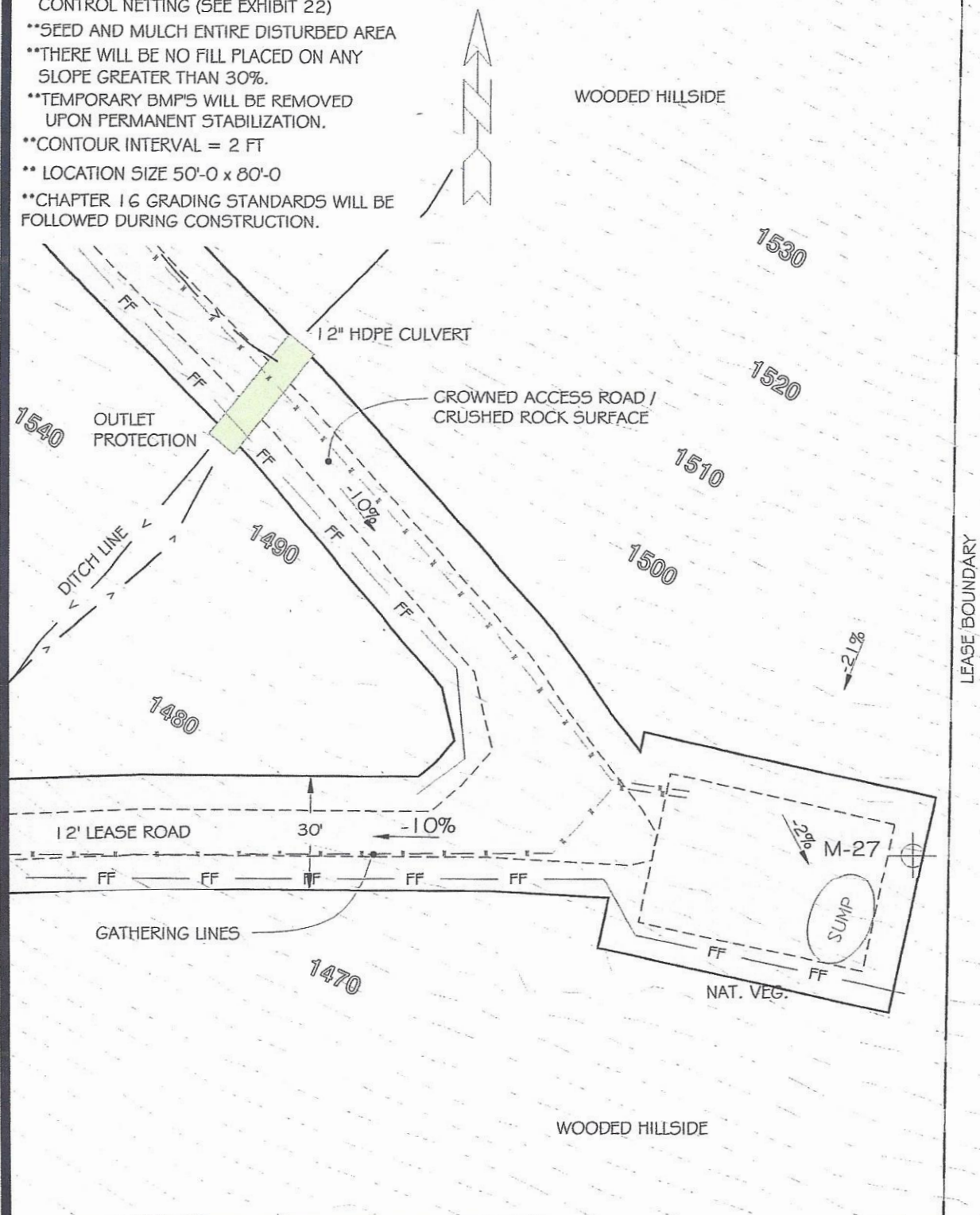
07.29.25

Conditions:

Please see the attached special conditions



- **THE SUMP WILL BE BACKFILLED TO AVERAGE GRADE AFTER DRILLING OPERATIONS ARE COMPLETED
- **STABILIZE CUT SLOPES >3:1 WITH EROSION CONTROL NETTING (SEE EXHIBIT 22)
- **SEED AND MULCH ENTIRE DISTURBED AREA
- **THERE WILL BE NO FILL PLACED ON ANY SLOPE GREATER THAN 30%.
- **TEMPORARY BMP'S WILL BE REMOVED UPON PERMANENT STABILIZATION.
- **CONTOUR INTERVAL = 2 FT
- **LOCATION SIZE 50'-0" x 80'-0"
- **CHAPTER 16 GRADING STANDARDS WILL BE FOLLOWED DURING CONSTRUCTION.



WELL LOCATION SITE PLAN

LINDELL & MANEY LLC
MUSANTE LEASE



DAVID SEE SURVEYORS LLC

P.O. BOX 1704
WARREN, PENNA. 16365
(814) 723-7522
www.GEOmetronics.com

EXHIBIT 5b - M - 27

SCALE - 1"=40'

APPROVED - DMS

DATE - MAY 2024

REVISED -

Special Conditions:

AWM1

The Operator shall comply with the following:

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

Hogue, Kate

From: Hogue, Kate
Sent: Monday, August 4, 2025 11:11 AM
To: lm760@verizon.net
Cc: Ayers, Brian
Subject: Auth 1532248 123-49191, 123-49192, 123-49193, 123-49190, 123-49189
Attachments: Auth 1532248 123-49191 .pdf; Auth 1532260 123-49192 Well Permit.pdf; Auth 1532266 123-49193.pdf; Auth 1532233 123-49190.pdf; Auth 1532236 123-49189.pdf; 123-49193 AWM approved 07.29.25.pdf; 123-49189 AWM approved 07.29.25.pdf; 123-49190 AWM approved 07.29.25.pdf; 123-49191 AWM approved 07.29.25.pdf; 123-49192 AWM approved 07.29.25.pdf; Well Permit Cover Letter (conventional) 1-12-23.pdf

Operator,

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

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

The cover letter for these permits is also attached.

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

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

Thanks,
Kate

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