

**From:** [Hogue, Kate](#)  
**To:** [Pennhills Info](#); [tmorris3@pennhillsresources.com](mailto:tmorris3@pennhillsresources.com)  
**Cc:** [Ayers, Brian](#)  
**Subject:** Auth 1553093 083-57910, 083-57911, 083-57908, 083-57909  
**Date:** Thursday, February 19, 2026 2:15:00 PM  
**Attachments:** [Auth 1553093 083-57910.pdf](#)  
[Auth 1553168 083-57911.pdf](#)  
[Auth 1553088 083-57908.pdf](#)  
[Auth 1553091 083-57909.pdf](#)  
[083-57910 AWM approved 01.07.26.pdf](#)  
[083-57911 AWM denied 01.07.26.pdf](#)  
[083-57908 AWM approved 01.07.26.pdf](#)  
[083-57909 AWM approved 01.07.26.pdf](#)  
[Well Permit Cover Letter \(conventional\) 1-12-23.pdf](#)

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**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](http://www.dep.pa.gov)



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

DEP USE ONLY	
Permittee's eFACTS ID <b>306870</b>	Auth ID <b>1553088</b>
Watershed Name	Quality

## WELL PERMIT

Permittee <b>PENNHILLS RESOURCES LLC</b>	OGO.# <b>OGO-68600</b>	Permit Number <b>37-083-57908-00-00</b>	Date Issued <b>02/19/2026</b>
Address <b>PO BOX 426</b>	Farm Name & Well Number <b>PHR WT 3132 10</b>		Well Serial #
	Municipality <b>Wetmore Twp</b>	County <b>McKean</b>	
<b>MT JEWETT, PA 16740</b>	7½' Quadrangle Name <b>Kane</b>	Map Section # <b>5</b>	
Phone <b>(814) 975-3009</b>	Project #	Latitude <b>41-41-36.9996</b>	Longitude <b>-78-48-33.7284</b>
Surf Elev at Site <b>1977 feet</b>	Anticipated Maximum TVD <b>2747 feet</b>	Well Type <b>OG</b>	Offset distances referenced to NE corner of map section. <b>South 5364 feet      West 4835 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:

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 **02/19/2027** unless drilling is commenced on or before that date and prosecuted with due diligence.

Thomas Donohue      2/19/26  
Subsurface Permits Environmental Program Manager

CHAD EDWARD MCNELLIE

310 BEST AVE  
KNOX, PA 16232

814-343-3361

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

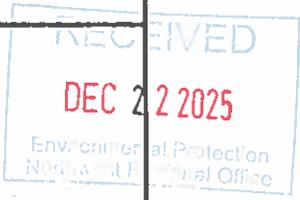
Notes ANF <b>NC</b> <b>AWM</b> <b>CK# 16006-#600</b> <b>PNDI 9/19/2025</b>		DEP USE ONLY		Object Date - Do not issue before: <b>12/22/2025</b>		API #s37- <b>083-57908</b>	
OGO # <b>68600</b>		Client Id <b>306870</b>		Date Approved: <b>SGP 2/18/26</b>		and - - - - -	
Bond # <b>16332</b>		C:12/23/25-trs G:ACM 2/17/26		Special Cond 24 hr/ zoning		Watershed Name: Designation: <input type="checkbox"/> HQ <input type="checkbox"/> EV	
INV: APS #1152810		Auth Id 1553088		Site Id <b>885270</b>		PF Id <b>889101</b> SF Id <b>1464905</b>	

Please read instructions before you begin filling in this form.

WELL INFORMATION

Well Operator <b>PENNHILLS RESOURCES, LLC</b>		DEP ID# <b>306870</b>	Well API # <b>37- - -</b>	Well Farm Name <b>PHR WT. 3132</b>	Well # <b>10</b>
Address <b>PO BOX 426</b>		LAT <b>41°41' 37.00"</b>	LONG - <b>78°48' 33.00".73</b>	NAD <b>83</b>	Project Number <b>83</b>
City <b>MT. JEWETT</b>	State <b>PA</b>	Zip <b>16740</b>	Municipality Name/ City, Borough, Township <b>WETMORE Township</b>		County <b>MCKEAN</b>
Phone <b>814-975-3009</b>	Fax <b>814-778-6874</b>	Email		USGS 7.5 min. quadrangle map <b>KANE, PA</b>	Section <b>5</b>

<input type="checkbox"/> Check if this is a new address		247 Emergency Phone contact number <b>814-598-0237</b>		911 address of well site (if available)	
Freshwater Impoundment Name/ Identification <b>N/A</b>	Centralized Impoundment Name/ Identification <b>N/A</b>	Well Pad Name/Identification <b>N/A</b>		Borrow Area Name/Identification <b>COMMERCIAL PIT</b>	
Surface Elev <b>1977</b> ✓	Deepest Formation to be penetrated: <b>HASKELL</b>	Anticipated TVD <b>2747</b> ✓	<b>PERMIT TYPE</b> Check applicable. Application is to: <input checked="" type="checkbox"/> Drill a new <input type="checkbox"/> Re-permit expired permit <input type="checkbox"/> Deepen well <input type="checkbox"/> Redrill wellbore <input type="checkbox"/> Alter well <input type="checkbox"/> Other (specify)	<b>TYPE OF WELL</b> Check applicable. <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Comb. (gas & oil/condensate) <input type="checkbox"/> Injection, recovery <input type="checkbox"/> Injection, disposal <input type="checkbox"/> Coalbed Methane <input type="checkbox"/> Gas Storage <input type="checkbox"/> Other (specify)	<b>APPLICATION FEE</b> Check applicable. <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> \$200 (Home Use Well) Total Application Fee \$ <u><b>600.00</b></u>  Bond Agreement Id
Target Formation(s) proposed for production <b>HASKELL</b>		Anticipated Target Top/Bottom TVD <b>2395 2600</b>			
Number of wellbore laterals proposed under this application <b>0</b>					
Total feet of wellbore to be drilled under this application <b>2747 Ft.</b> ✓					
If applying for a permit to rework an existing well not registered or permitted, check this box <input type="checkbox"/> and enter date drilled, if known: (see instructions)					
PNDI Attached: <input checked="" type="checkbox"/> Any threatened or endangered "hit" must include a copy of the clearance letter from the applicable agency(ies).					
Application submitted as: Coal well: <input type="checkbox"/> Attach Coal Module CBM well <input type="checkbox"/> Attach Coal Module Non coal well <input checked="" type="checkbox"/> Attach justification.					



COORDINATION WITH REGULATIONS AND OTHER PERMITS	Yes	No
1. Will the well be subject to the Oil and Gas Conservation Law? If "No," go to 2).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes" to #1, is the well at least 330 feet from outside lease or unit boundary?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the location fall within an area covered by a spacing order?	<input type="checkbox"/>	<input type="checkbox"/>
c. If the well will be multilateral, identify the wellbores on the sketch on page 3 of the plat that will be completed as conservation and non-conservation.		
2. Will the edge of the disturbed area of any portion of the well site of a conventional well be within 100 feet from the edge of any solid blue lined stream, spring or body of water identified on the most current 7 1/2' 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Auth ID #:	ACM 01/21/26
Permit #: 083-57908	C:
Project #:	



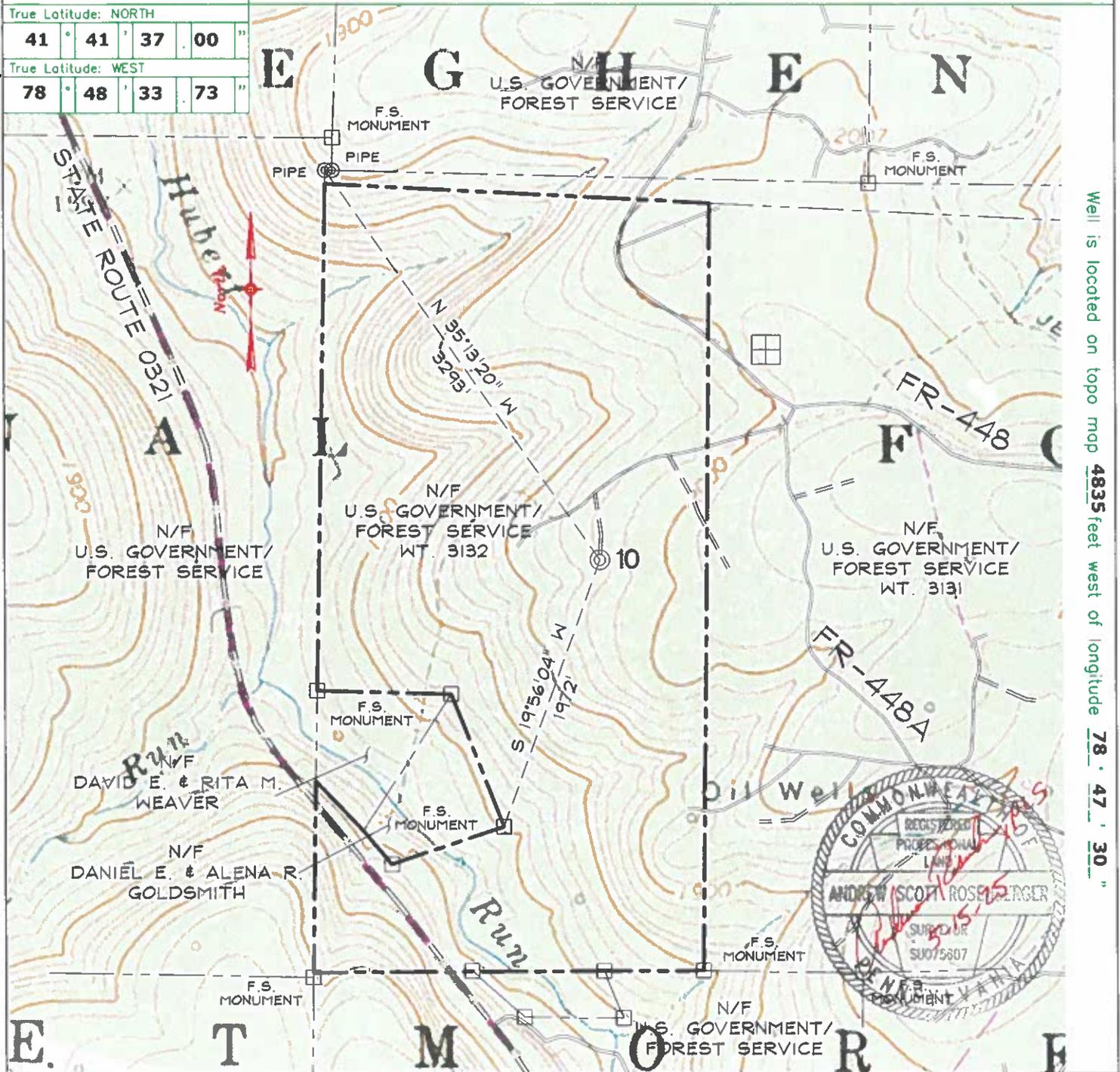
**WELL LOCATION PLAT**

PAGE 1 Surface Location

Denotes location of top of well on topo map.

Well is located on topo map **5364** feet south of latitude **41 · 42 · 30 "**

True Latitude: NORTH			
41	41	37	00 "
True Latitude: WEST			
78	48	33	73 "



Well is located on topo map **4835** feet west of longitude **78 · 47 · 30 "**

Applicant/Well Operator Name: <b>PENNHILLS RESOURCES, LLC</b>		DEP ID # <b>306870</b>	Well (Farm) Name: <b>PHR WT. 3132</b>	Well #: <b>10</b>	Serial #:
Address: <b>P.O. BOX 426, MT. JEWETT, PA 16740</b>		County: <b>MCKEAN</b>	Municipality: <b>WETMORE</b>	Well Type: <b>COMBINATION</b>	
911 address of well site: <b>N/A</b>		USGS 7½' Quadrangle Map Name: <b>KANE, PA</b>	Map Section: <b>5</b>	Surface Elevation: <b>1977</b> ft.	
Surveyor or Engineer: <b>ANDREW S. ROSENBERGER</b>	Phone #: <b>(814) 368-4139</b>	Dwg #: <b>06416.10</b>	Date: <b>5/15/25</b>	Scale: <b>1"=1000'</b>	Tract Acreage: <b>306 AC.</b>
Lat. & Long Metadata Method: <b>SURVEY GRADE GPS</b>	Accuracy: <b>+/- 10</b> ft.	Datum: <b>NAD 83</b>	Elevation Metadata Method: <b>SURVEY GRADE GPS</b>	Accuracy: <b>+/-10</b> ft.	Datum: <b>NAVD 88</b>
					Survey Date: <b>5/25</b>





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 # PHR WT. 3132 WELL # 10	
Applicant Name PENNHILLS RESOURCES, LLC	DEP ID# 306870
DEP USE ONLY	APS #

List the following: surface landowner; surface landowners and water purveyors with water supplies within 1000 feet; municipality where the well will be drilled; adjacent municipality; gas storage operator if within 2000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties. <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 Note the means and attach proof.			
						Certified Mail Dates		Address Affidavit	Written Consent
						Sent	Return Receipt		
Print Name: ALLEGHENY NATIONAL FOREST Signature	Address: 4 FARM COLONY DRIVE WARREN, PA 16365	X				5/24/25	5/27/25		
Print Name: WETMORE TOWNSHIP Signature	Address: 318 SPRING STREET KANE, PA 16735				X	5/24/25	5/28/25		
Print Name: HAMILTON TOWNSHIP Signature	Address: PO BOX 23 LUDLOW, PA 16333				X	5/24/25	5/28/25		
Print Name: HAMLIN TOWNSHIP Signature	Address: PO BOX 235 HAZEL HURST, PA 16733				X	5/24/25	5/27/25		
Print Name: HIGHLAND TOWNSHIP Signature	Address: PO BOX 505 JAMES CITY, PA 16734				X	5/24/25	5/27/25		

**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"/>



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 # PHR WT. 3132- WELL # 10	
Applicant Name PENNHILLS RESOURCES, LLC	DEP ID# 306870
DEP USE ONLY	APS #

List the following: surface landowner; surface landowners and water purveyors with water supplies within 1000 feet; municipality where the well will be drilled; adjacent municipality; gas storage operator if within 2000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties. <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 Note the means and attach proof.			
					Certified Mail Dates		Address Affidavit	Written Consent
					Sent	Return Receipt		
Print Name: HOWE TOWNSHIP Signature	Address: 7947 ROUTE 666 SHEFFIELD, PA 16347			X	5/24/25	5/28/25		
Print Name: JONES TOWNSHIP Signature	Address: PO BOX 25 WILCOX, PA 15870			X	5/24/25	5/29/25		
Print Name: KANE BOROUGH Signature	Address: 112 BAYARD STREET KANE, PA 16735			X	5/24/25	5/28/25		
Print Name: LAFAYETTE TOWNSHIP Signature	Address: 7534 ROUTE 59 LEWIS RUN, PA 16738			X	5/24/25	5/27/25		
Print Name: SERGEANT TOWNSHIP Signature	Address: 14225 WILCOX ROAD MT. JEWETT, PA 16740			X	5/24/25	5/27/25		

**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"/>



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 # PHR WT. 313Z WELL # 10	
Applicant Name PENNHILLS RESOURCES, LLC	DEP ID# 306870
DEP USE ONLY	APS #

List the following: surface landowner; surface landowners and water purveyors with water supplies within 1000 feet; municipality where the well will be drilled; adjacent municipality; gas storage operator if within 2000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties. <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 Note the means and attach proof.			
						Certified Mail Dates		Address Affidavit	Written Consent
						Sent	Return Receipt		
Print Name: SHEFFIELD TOWNSHIP	Address: PO BOX 784 SHEFFIELD, PA 16347				X	5/24/25	5/27/25		
Signature									
Print Name:	Address:								
Signature									
Print Name:	Address:								
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

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

9589 0710 5270 2924 9754 85

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Warren, PA 16365

Certified Mail Fee	\$4.85	0701
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$2.31	
Total Postage and Fees	\$11.26	

Postmark  
MAY 24 2025  
05/24/2025

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ALLEGHENY NATIONAL FOREST  
4 FARM COLONY DRIVE  
WARREN, PA 16365



9590 9402 9139 4225 0178 14

2. Article Number (Transfer from service label)  
9589 0710 5270 2924 9754 85

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X J. Boutelle  Agent  Addressee

B. Received by (Printed Name)  
Judie Boutelle

C. Date of Delivery  
5-27-2025

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery

9589 0710 5270 2924 9755 08

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Hazel Hurst, PA 16733

Certified Mail Fee	\$4.85	0701
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$2.31	
Total Postage and Fees	\$11.26	

Postmark  
MAY 24 2025  
05/24/2025

Sent To  
Street and City, State  
HAMLIN TOWNSHIP  
PO BOX 235  
HAZEL HURST PA 16733

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:

HAMLIN TOWNSHIP  
PO BOX 235  
HAZEL HURST PA 16733



9590 9402 9139 4225 0178 38

2. Article Number (Transfer from service label)  
9589 0710 5270 2924 9755 08

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X Bob Carr  Agent  Addressee

B. Received by (Printed Name)  
MAY 24 2025

C. Date of Delivery  
5/27/25

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery

9589 0710 5270 2924 9754 92

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

LUDLOW, PA 16333

Certified Mail Fee	\$4.85	0701
Extra Services & Fees (check box, add fee as appropriate)	\$4.10	33
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$2.31	
Total Postage and Fees	\$11.26	

Sent To: HAMILTON TOWNSHIP  
 Street and #: PO BOX 23  
 City, State: LUDLOW, PA 16333

PS Form 3811, January 2020 PSN 7530-02-000-8053 See Reverse for Instructions

**SENDER, COMPLETE THIS SECTION**

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

1. Article Addressed to:

HAMILTON TOWNSHIP  
 PO BOX 23  
 LUDLOW, PA 16333

9590 9402 9139 4225 0178 21

2. Article Number (Transfer from service label)

9

PS Form

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Billy Davidson*  Agent  Addressee

B. Received by (Printed Name): *Billy Davidson* C. Date of Delivery: *5-28-25*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation®
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

Domestic Return Receipt

9589 0710 5270 2924 9755 15

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

JAMES CITY, PA 16734

Certified Mail Fee	\$4.85	0701
Extra Services & Fees (check box, add fee as appropriate)	\$4.10	33
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$2.31	
Total Postage and Fees	\$11.26	

Sent To: HIGHLAND TOWNSHIP  
 Street and #: PO BOX 505  
 City, State: JAMES CITY, PA 16734

PS Form 3811, January 2020 PSN 7530-02-000-8053 See Reverse for Instructions

**SENDER, COMPLETE THIS SECTION**

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

1. Article Addressed to:

HIGHLAND TOWNSHIP  
 PO BOX 505  
 JAMES CITY, PA 16734

9590 9402 9139 4225 0178 45

2. Article Number (Transfer from service label)

9589 0710 5270 2924 9755 15

PS Form 3811, July 2020 PSN 7530-02-000-8053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Ann Dempsey*  Agent  Addressee

B. Received by (Printed Name): *Ann Dempsey* C. Date of Delivery: *5-27-25*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation®
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

Domestic Return Receipt

9589 0710 5270 2924 9755 22

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Sheffield, PA 16343

Certified Mail Fee \$4.85

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$0.00

Return Receipt (electronic) \$0.00

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

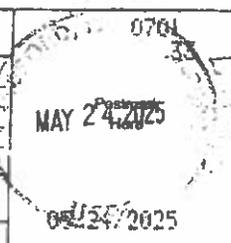
Adult Signature Restricted Delivery \$0.00

Postage \$2.31

Total Postage and Fees \$11.26

Sent To  
 HOWE TOWNSHIP  
 7947 ROUTE 666  
 SHEFFIELD, PA 16347

PS Form 3811, January 2020 PSN 7530-02-000-9053 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

HOWE TOWNSHIP  
 7947 ROUTE 666  
 SHEFFIELD, PA 16347

9590 9402 9139 4225 0178 52

2. Article Number (Transfer from service label)

9589 0710 5270 2924 9755 22

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Beverly Pollock  Agent  Addressee

B. Received by (Printed Name)  
 Beverly Pollock

C. Date of Delivery  
 5-28-2025

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

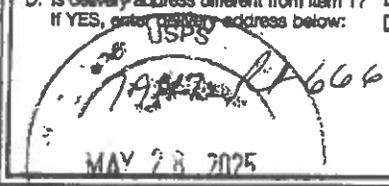
Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Restricted Delivery

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



9589 0710 5270 2924 9755 39

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

WILCOX, PA 15870

Certified Mail Fee \$4.85

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$0.00

Return Receipt (electronic) \$0.00

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

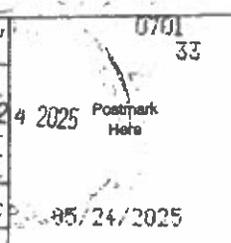
Adult Signature Restricted Delivery \$0.00

Postage \$2.31

Total Postage and Fees \$11.26

Sent To  
 JONES TOWNSHIP  
 PO BOX 25  
 WILCOX, PA 15870

PS Form 3811, January 2020 PSN 7530-02-000-9053 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JONES TOWNSHIP  
 PO BOX 25  
 WILCOX, PA 15870

9590 9402 9139 4225 0178 69

2. Article Number (Transfer from service label)

9589 0710 5270 2924 9755 39

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  Agent  Addressee

B. Received by (Printed Name)  
 [Name]

C. Date of Delivery  
 5-29-25

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

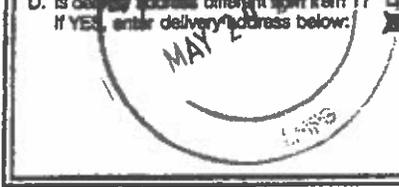
Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Restricted Delivery

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



9589 0710 5270 2924 9755 46

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Kane PA 16735

Certified Mail Fee	\$4.85	0701
Extra Services & Fees (check box, add fee as appropriate)		33
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$2.31	
Total Postage and Fees	\$11.26	

Postmark Here  
 05/24/2025

Sent To  
 Street and Ap  
 KANE BOROUGH  
 112 BAYARD STREET  
 City, State, Zi  
 KANE, PA 16735

PS Form 3811, July 2020 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

KANE BOROUGH  
 112 BAYARD STREET  
 KANE, PA 16735

9590 9402 9139 4225 0178 76

2. Article Number (Transfer from service label)  
 9589 0710 5270 2924 9755 46

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 5/28/20

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

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  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Restricted Delivery

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

9589 0710 5270 2924 9755 53

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Lewis Run PA 16738

Certified Mail Fee	\$4.85	0701
Extra Services & Fees (check box, add fee as appropriate)		33
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$2.31	
Total Postage and Fees	\$11.26	

Postmark Here  
 05/24/2025

Sent To  
 Street and/A  
 LAFAYETTE TOWNSHIP  
 7534 ROUTE 59  
 City, State, Zi  
 LEWIS RUN PA 16738

PS Form 3811, July 2020 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

LAFAYETTE TOWNSHIP  
 7534 ROUTE 59  
 LEWIS RUN PA 16738

9590 9402 9139 4225 0178 83

2. Article Number (Transfer from service label)  
 9589 0710 5270 2924 9755 53

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 5/27/20

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  
 Insured Mail  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Restricted Delivery

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

9589 0710 5270 2924 9755 60

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)  
Mount Jewett, PA 16740

Certified Mail Fee \$4.85

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$0.00  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$2.31

Total Postage and Fees \$7.16

Sent To  
Street and  
City, State  
SERGEANT TOWNSHIP  
14225 WILCOX ROAD  
MT. JEWETT, PA 16740



PS Form 3800, January 2023 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SERGEANT TOWNSHIP  
14225 WILCOX ROAD  
MT. JEWETT, PA 16740



9590 9402 9139 4225 0178 90

2. Article Number (Transfer from service label)

9589 0710 5270 2924 9755 60

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *K. Carlson*  Agent  Addressee

B. Received by (Printed Name)  
*K. Carlson*

C. Date of Delivery  
*5/27/25*

D. Is delivery address different from item 1?  Yes  
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  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery

Restricted Delivery

9589 0710 5270 2924 9755 77

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)  
Sheffield, PA 16347

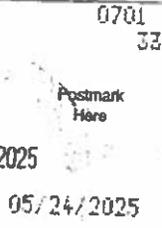
Certified Mail Fee \$4.85

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$0.00  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$2.31

Total Postage and Fees \$7.16

Sent To  
Street and  
City, State  
SHEFFIELD TOWNSHIP  
PO BOX 784  
SHEFFIELD, PA 16347



PS Form 3800, January 2023 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SHEFFIELD TOWNSHIP  
PO BOX 784  
SHEFFIELD, PA 16347



9590 9402 9139 4225 0179 06

2. Article Number (Transfer from service label)

9589 0710 5270 2924 9755 77

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Cara Schroeder*  Agent  Addressee

B. Received by (Printed Name)  
*Cara Schroeder*

C. Date of Delivery  
*5.27.25*

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

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

Restricted Delivery

Domestic Return Receipt

9589 0710 5270 2924 9755 84

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)  
 Kane PA 16735

Certified Mail Fee \$4.85

Extra Services & Fees (check box, add fee to postage)  
 Return Receipt (hardcopy) \$0.00  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$2.31

Total Postage and Fees \$11.28

Sent to  
 Street and  
 City, State

WETMORE TWP.  
 318 SPRING STREET  
 KANE, PA 16735

0701 33  
 2025  
 Postmark Here  
 05/24/2025

PS Form 3811, July 2020 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER, COMPLETE THIS SECTION**

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

1. Article Addressed to:

WETMORE TWP.  
 318 SPRING STREET  
 KANE, PA 16735

9590 9402 9139 4225 0179 13

2. Article Number (Transfer from service label)  
 9589 0710 5270 2924 9755 84

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Bob Brinkley*  Agent  Addressee

B. Received by (Printed Name) *Bob Brinkley* C. Date of Delivery *May 5 2025*

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

318 Spring St  
 Kane

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

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



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

## COORDINATION OF A WELL LOCATION WITH PUBLIC RESOURCES

Well Operator PENNHILLS RESOURCES, LLC		DEP ID No. 306870	Well Farm Name and No. PHR WT. 3132		10
Address PO BOX 426			Project No. (if previously assigned)		
City MT. JEWETT	State PA	Zip Code 16740	County MCKEAN	Municipality WETMORE	
Phone No. 8149753009	Fax No. 8147786874	Latitude N 41° 41' 37.00"		Longitude W 78° 48' 33.73"	
1. Will the well be located in or within 200 ft. of a publicly owned park, forest, gameland, designated wildlife area, or Natural National Landmark?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Will the well be located within the corridor of a state or national scenic river?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If answering "Yes" to questions 1 or 2, name the public resource(s). ALLEGHENY NATIONAL FOREST					
List the name, address, and phone number of the person responsible for management of the public resource. FOREST SUPERVISOR, 4 FARM COLONY DRIVE, WARREN, PA 16365 Phone: (814) 728-6100					
Must the administrator of the public resource approve or otherwise authorize the proposed well, well site, access road, or gathering pipeline?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the approval or authorization been received?					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the search of the proposed well location against the Pennsylvania Natural Diversity Inventory (PNDI), or any other evaluation, identified a potential conflict with a species of special concern?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide PNDI Search Number <u>842738</u> or attach a copy of the PNDI Search Results.					
If a potential conflict with a species of special concern was identified, give the name of the responsible agency. PA GAME COMMISSION					
5. Will the well be located within 200 ft. of any historical or archaeological sites listed as national or state historic places?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. If the proposed well is an unconventional well, will the well be located within 1000 ft. of water wells, surface water intakes, reservoirs, or other water supply extraction points used by a water purveyor?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. If the answer to questions 1, 2, 4, 5, or 6 is "YES", describe in detail the coordination with applicable resource agencies, the potential impacts to any public resource identified above, if any, and the additional measures proposed to avoid, minimize, or otherwise mitigate the impacts to public resources.  THE PA GAME COMMISSION HAS REPLIED WITH NO IMPACT ANTICIPATED (SEE RESPONSE LETTER FROM PGC). PENNHILLS HAS ALSO BEEN IN CONTACT WITH THE ANF PRIOR TO, AND WILL CONTINUE TO BE IN CONTACT THROUGHOUT THE PROCESS. AN EROSION AND SEDIMENTATION CONTROL PLAN IS BEING PREPARED FOR THE PROJECT AS WELL.					

## 1. PROJECT INFORMATION

Project Name: **PHR Kane Area wells**  
Date of Review: **9/19/2025 09:51:49 AM**  
Project Category: **Energy Storage, Production, and Transfer, Energy Production (generation), Oil or Gas - new wells, expansion of well field**  
Project Area: **750.98 acres**  
County(s): **McKean**  
Township/Municipality(s): **Wetmore Township**  
ZIP Code:  
Quadrangle Name(s): **KANE**  
Watersheds HUC 8: **Upper Allegheny**  
Watersheds HUC 12: **South Branch**  
Decimal Degrees: **41.690659, -78.797769**  
Degrees Minutes Seconds: **41° 41' 26.3732" N, 78° 47' 51.9692" W**

## 2. SEARCH RESULTS

Agency	Results	Response
PA Game Commission	Potential Impact	<b>FURTHER REVIEW IS REQUIRED, See Agency Response</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	No Known Impact	No Further Review Required

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.

### PHR Kane Area wells

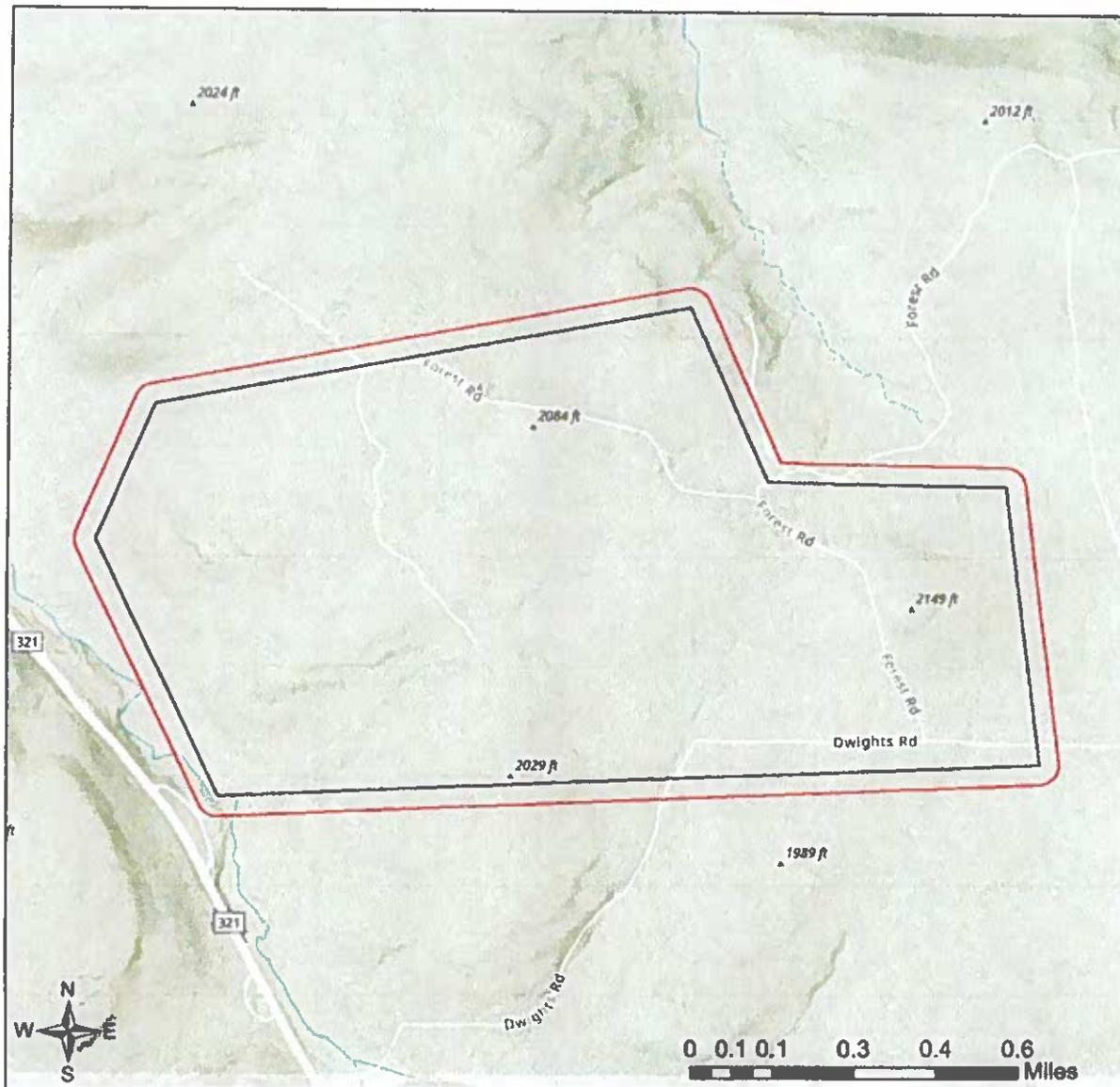


-  Buffered Project Boundary
-  Project Boundary



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

### PHR Kane Area wells



- Buffered Project Boundary
- Project Boundary



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

## RESPONSE TO QUESTION(S) ASKED

**Q1:** 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:** No

**Q2:** 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:

Further review of this project is necessary to resolve the potential impact(s). Please send project information to this agency for review (see **WHAT TO SEND**).

**PGC Species:** (Note: The Pennsylvania Conservation Explorer tool is a primary screening tool, and a desktop review may reveal more or fewer species than what is listed below.)

Scientific Name	Common Name	Current Status
Sensitive Species**		Endangered

#### 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.

\* Special Concern Species or Resource - Plant or animal species classified as rare, tentatively undetermined or candidate as well as other taxa of conservation concern, significant natural communities, special concern populations (plants or animals) and unique geologic features.

\*\* Sensitive Species - Species identified by the jurisdictional agency as collectible, having economic value, or being susceptible to decline as a result of visitation.

## 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 submit their project using [IPaC](#), following the [USFWS Project Submission](#) Instructions. USFWS will not accept or review project materials uploaded via the Conservation Explorer.

### 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)

**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 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)

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

### 8. CERTIFICATION

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

Stuart J. Morris  
applicant/project proponent signature

9/19/2025  
date



# PENNSYLVANIA GAME COMMISSION

## BUREAU OF WILDLIFE MANAGEMENT

2001 ELMERTON AVENUE HARRISBURG, PA 17110-9797 | (717) 787-5529

✓  
November 18, 2025

PGC ID Number: 202507240101

Michelle Eschrich  
Pennhills Resources  
PO Box 426  
Mt Jewett, Pennsylvania 16740  
[michelle.eschrich@pennhillsresources.com](mailto:michelle.eschrich@pennhillsresources.com)

PNDI Receipt File: *project\_receipt\_phr\_kane\_area\_wells\_842738\_FINAL\_2.pdf*  
Re: PHR Kane Area Wells  
Wetmore Township, McKean County, Pennsylvania

Dear Michelle Eschrich,

Thank you for submitting Pennsylvania Natural Diversity Inventory (PNDI) Environmental Review Receipt *project\_receipt\_phr\_kane\_area\_wells\_842738\_FINAL\_2.pdf* for review. The Pennsylvania Game Commission (PGC) screened this project for potential impacts to species and resources of concern under PGC responsibility, which includes birds and mammals only.

### **No Impact Anticipated – PNDI Species**

PNDI records indicate species or resources of concern are located within the vicinity of the project. However, based on the information you submitted concerning the nature of the project, the immediate location, and our detailed resource information, the PGC has determined that no impact is likely. Therefore, no further coordination with the PGC will be necessary for this project at this time.

This response represents the most up-to-date summary of the PNDI data files and is valid for two (2) years from the date of this letter. An absence of recorded information does not necessarily imply actual conditions on site. Should project plans change or additional information on listed or proposed species become available, this determination may be reconsidered.

Should the proposed work continue beyond the period covered by this letter, please resubmit the project to this agency as an “Update” (including an updated PNDI receipt, project narrative and accurate map). If the proposed work has not changed and no additional information concerning listed species is found, the project will be cleared for PNDI requirements under this agency for two additional years.

This finding applies to impacts to birds and mammals only. To complete your review of state and federally-listed threatened and endangered species and species of special concern, please be sure that the U.S. Fish and Wildlife Service, the PA Department of Conservation and Natural Resources, and/or the PA Fish and Boat Commission have been contacted regarding this project as directed by the online PNDI ER Tool found at [www.naturalheritage.state.pa.us](http://www.naturalheritage.state.pa.us).

**Please be sure to include the above-referenced PGC ID Number on any future correspondence with the PGC regarding this project.**

Sincerely,



Amber Nolder  
Wildlife Biologist  
Bureau of Wildlife Management  
Phone: 717-787-4250, Extension 73410  
Fax: 717-787-6957  
E-mail: [anolder@pa.gov](mailto:anolder@pa.gov)

A PNHP Partner



Pennsylvania Natural Heritage Program

ADN/adn

cc: H:\OIL&GAS\_PNDI\_Reviews\Northwest Region



**RE: – Non-workable Coal Seam**

To Whom It May Concern:

According to the Pennsylvania Mine Map Atlas (<http://www.paminemaps.psu.edu>), the area where we are working (Wts. 3131 and 3132 – Wetmore Township, McKean County) is considered to be a Non-workable Coal Seam. The well is located where the Pottsville Group is at the surface, and the Pottsville Group is stratigraphically below known coal seams.

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

Regards,

Michelle Eschrich

526

SOURCE  
Based on 1960  
state map com-  
pilation sheet.

EXPLANATION

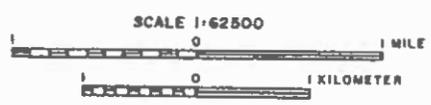
- IPa Allegheny Gp.
- IPp Pottsville Gp.
- MDso Shenango Fm. through Oswayo Fm., undiv.
- Dck Catskill Fm.

NOTE: Reliability of contacts is poor.

WL 3131  
# 69  
area



BRADFORD IV 4 S 219 24 M  
4.5 MI TO US 219  
JUNE US 219 S N  
MAY 9 M



Compiled by W E EDMUNDS, 1977

KANE 15' (NE)

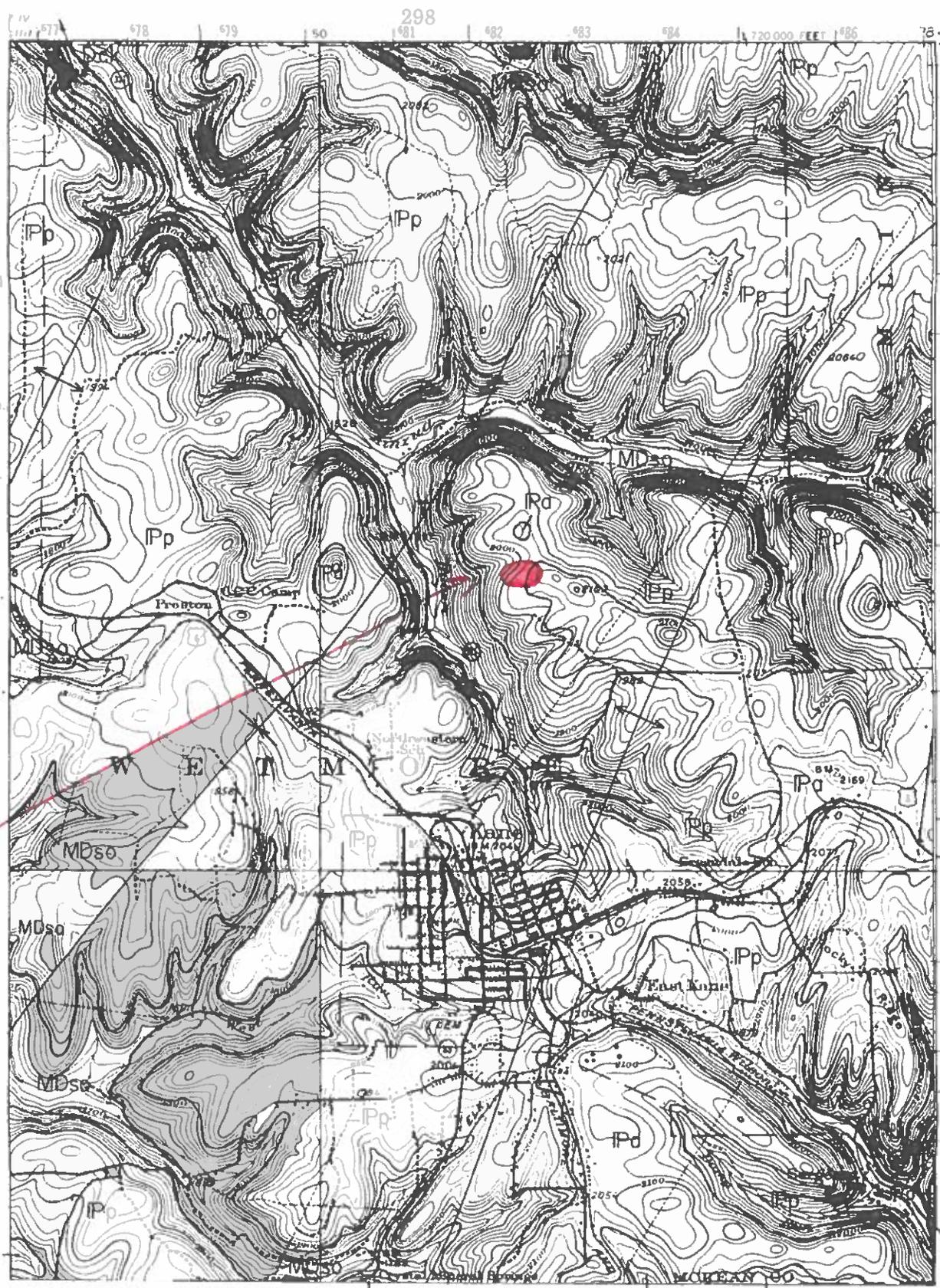
5267  
Harris

SOURCE  
Based on 1960  
state map com-  
pilation sheet.

EXPLANATION  
IPa  
Allegheny Gp.  
IPp  
Pottsville Gp.  
MDso  
Shenango Fm.  
through  
Oswayo Fm.,  
undiv.  
Dck  
Catskill Fm.

NOTE: Reliability  
of contacts is poor.

WT 3132  
#s 8,9  
#10  
area



4.5 MI TO US 219  
BRADFORD 1/4 S 219 24 M  
UN . U.S. 219 5.3 MI  
GWAY 19 MI



Compiled by W E EDMUNDS, 1977

KANE 15' (NE)

**From:** [Michelle Eschrich](#)  
**To:** [McGill, Andrea](#)  
**Subject:** [External] RE: PHR WT 3131 #69 and WT 3132 #'s 8,9,10  
**Date:** Tuesday, February 10, 2026 1:55:20 PM

---

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

Hi Andrea,

I missed your email previously. In response to your question, tree take occurred previously per a Timber Agreement with the surface owner.

Please let me know if you need anything else.

Thank you,

**Michelle Eschrich**

**Human Resources**

Pennhills Resources, LLC

Phone: 814-975-3009 Mobile: 814-335-6148

Mailing: PO Box 426, Mt. Jewett, PA 16740

Physical: 3055 Route 219, Kane, PA 16735

Web: [www.pennhillsresources.com](http://www.pennhillsresources.com)

Email: [m.eschrich@pennhillsresources.com](mailto:m.eschrich@pennhillsresources.com)



---

**From:** McGill, Andrea <[anmcgill@pa.gov](mailto:anmcgill@pa.gov)>  
**Sent:** Thursday, January 22, 2026 11:57 AM  
**To:** Michelle Eschrich <[M.Eschrich@pennhillsresources.com](mailto:M.Eschrich@pennhillsresources.com)>  
**Subject:** PHR WT 3131 #69 and WT 3132 #'s 8,9,10

You don't often get email from [anmcgill@pa.gov](mailto:anmcgill@pa.gov). [Learn why this is important](#)

Good morning Michelle,

I am reviewing the above drilling applications and the PNDI has a question answered that there will be no tree removal (pg. 4 Question #1). However, the site looks heavily wooded. Can you please confirm there will be no tree removal. If there will be tree removal, please run an updated PNDI with the answer changed to indicate that tree removal is intended and submit

the update PNDI receipt.

Thank you,  
Andrea

**Andrea C. McGill, P.G.** | Licensed Professional Geologist

*She/her/hers*

Department of Environmental Protection | District Oil and Gas Operations

Northwest District Office

230 Chestnut Street | Meadville, PA 16335

Phone: 814.332.6145 | Fax: 814.332.6121

[www.dep.pa.gov](http://www.dep.pa.gov)

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DEP USE	
Auth No. 1553090	APS No. 1152810
Site No. 885270	Facility No. 889101
FIX Client No. 306870	Sub-fac No. 1464905

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

PROJECT IDENTIFICATION					
Well Operator <b>PENNHILLS RESOURCES, LLC</b>		DEP ID/OGO No. <b>306870</b>		U.S. Well No. (API No.) <b>083-57908</b>	
Address <b>PO BOX 426</b>			Well Farm Name <b>PHR WT. 3132</b>		
City <b>MT. JEWETT</b>		State <b>PA</b>	Zip Code <b>16740</b>	Well No. <b>10</b>	Serial No.
Telephone No. <b>(814) 975-3009</b>		Fax No. <b>(814) 778-6874</b>		County <b>MCKEAN</b>	Municipality <b>WETMORE TWP.</b>
<p><b>Note: All submittals must include the following information:</b></p> <ol style="list-style-type: none"> <li>1) United States Geological Survey (USGS) 7.5-minute quadrangle map showing the location of the proposed alternative waste management practices</li> <li>2) Full size set of plan design drawings showing proposed facility dimensions and location relative to existing facilities</li> <li>3) A brief detailed project narrative describing the proposed project</li> </ol>					
INTENDED ALTERNATIVE PRACTICE			<i>Check the appropriate box and complete the applicable section of the form.</i>		
<input type="checkbox"/> For temporary containment of polluttional substances and wastes generated during drilling, altering, or completing a well; complete section A. Pits and Tanks for Temporary Containment. See 25 Pa. Code § 78.56 for regulations.					
<input checked="" type="checkbox"/> For disposal of drill cuttings from above the surface casing seat, complete section B. Alternate Waste Disposal Practices. See 25 Pa. Code § 78.61 for regulations.					
<input checked="" type="checkbox"/> For disposal of residual waste and drill cuttings from below the surface casing seat, complete section B. Alternate Waste Disposal Practices. See 25 Pa. Code §§ 78.62 or 78.63 for regulations.					
A. PITS AND TANKS FOR TEMPORARY CONTAINMENT					
Complete this section if requesting approval of an alternative practice for temporary containment of polluttional substances and wastes from drilling, altering, or completing a well. See 25 Pa. Code § 78.56.					
1. Check the box below and fill in the dates the pit will be used if you are requesting a variance from the requirement that the bottom of the pit be at least 20 inches above the seasonal high groundwater table for a pit that exists only during dry times of the year and is located above groundwater. See 25 Pa. Code § 78.56(a)(4)(iii).					
<input type="checkbox"/> Variance requested; dates to be used, from _____ to _____					
2. Check the box below if you are requesting approval of an alternative practice for temporary containment.					
<input checked="" type="checkbox"/> Approval of another alternative practice is requested. Describe the type of waste and the temporary containment method. Include information that will demonstrate that the proposed alternative practices will provide equivalent or superior protection to the practices indentified in 25 Pa. Code section 78.56.					
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="color: blue; font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="color: red; font-size: 1.2em; margin: 0;">DEC 22 2025</p> <p style="color: blue; font-size: 0.8em; margin: 0;">Environmental Protection Northwest Regional Office</p> </div>					

Due: 02/06/25-  
12/23/25-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 sections 78.61, 78.62, or 78.63.

PLEASE SEE ATTACHED FOR DESCRIPTION

**SIGNATURE OF APPLICANT**

Signature of Applicant / Well Operator  <i>Stuart J. Morris</i>	Print or Type Signer's Name and Title  STUART J. MORRIS, CEO	Date  12/19/25
---	--	----------------------

**DEP USE ONLY**

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  DEP Representative: Brian Ayers	Conditions: <input checked="" type="checkbox"/> YES, see below or attached. <input type="checkbox"/> NO	Date  01.07.26
---	--	----------------------

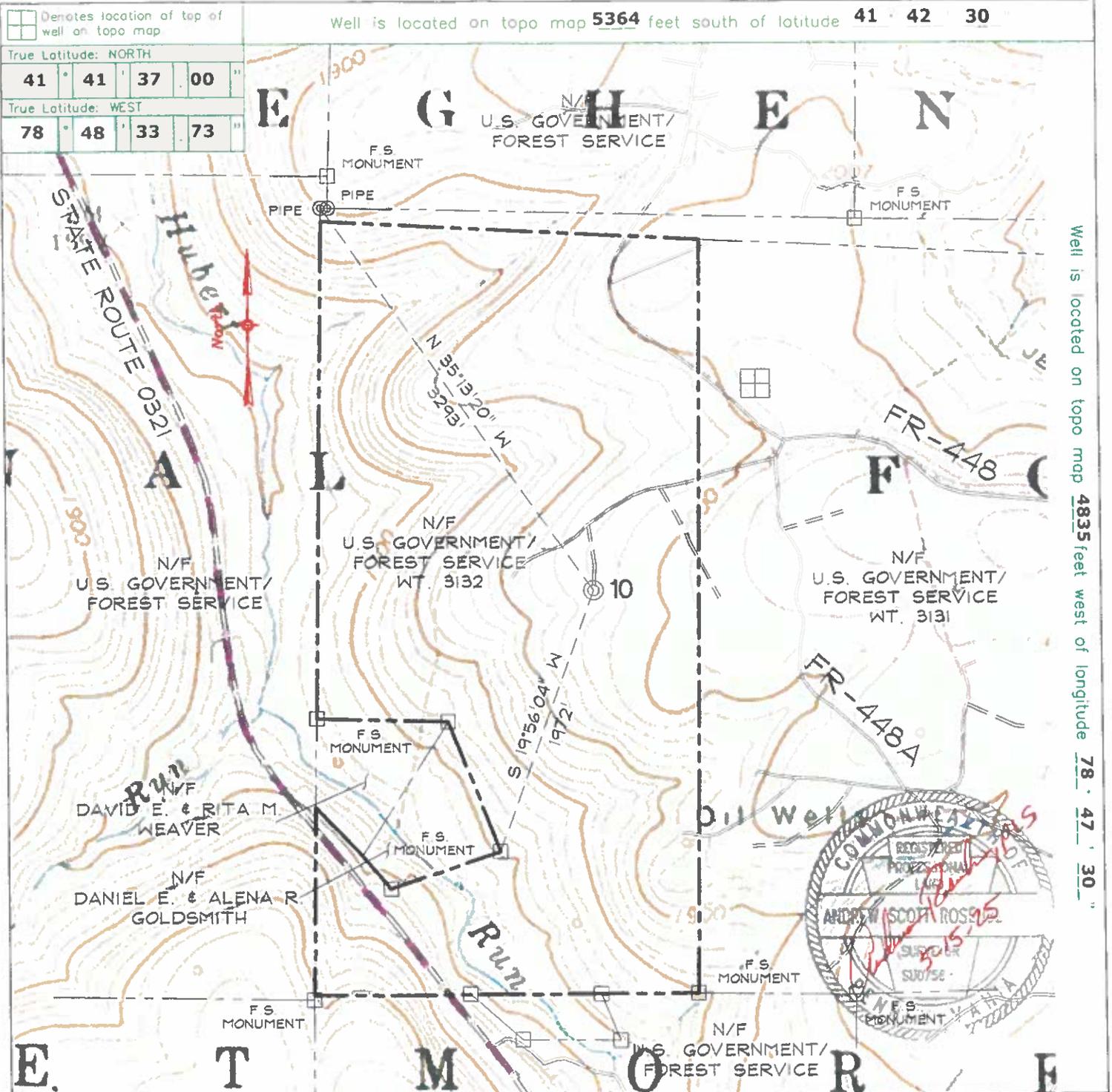
Conditions: Please abide by the attached special conditions.



WELL LOCATION PLAT

PAGE 1 Surface Location

Auth ID #	G
Permit #	C
Project #	



Applicant/Well Operator Name: <b>PENNHILLS RESOURCES, LLC</b>		DEP ID # <b>306870</b>	Well (Farm) Name: <b>PHR WT. 3132</b>	Well #: <b>10</b>	Serial #:
Address: <b>P.O. BOX 426, MT. JEWETT, PA 16740</b>		County: <b>MCKEAN</b>	Municipality: <b>WETMORE</b>	Well Type: <b>COMBINATION</b>	
911 address of well site: <b>N/A</b>		USGS 7 1/2' Quadrangle Map Name: <b>KANE, PA</b>	Map Section: <b>5</b>	Surface Elevation: <b>1977</b> ft.	
Surveyor or Engineer: <b>ANDREW S. ROSENBERGER</b>	Phone #: <b>(814) 368-4139</b>	Dwg #: <b>06416.10</b>	Date: <b>5/15/25</b>	Scale: <b>1"=1000'</b>	Tract Acreage: <b>306 AC.</b>
Lot. & Long Metadata Method: <b>SURVEY GRADE GPS</b>	Accuracy: <b>+/- 10</b> ft.	Datum: <b>NAD 83</b>	Elevation Metadata Method: <b>SURVEY GRADE GPS</b>	Accuracy: <b>+/-10</b> ft.	Datum: <b>NAVD 88</b>
			Survey Date: <b>5/25</b>		





**AWM1 (for “dusting” not land application)**

Pennhills Resources, LLC shall comply with the following:

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



## **Kane 2025 WT. 3132 – WELL #10**

### **ATTACHMENT FOR ALTERNATIVE WASTE MANAGEMENT PRACTICES (CONVENTIONAL OPERATIONS ONLY)**

#### **B. ALTERNATIVE WASTE DISPOSAL PRACTICES**

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

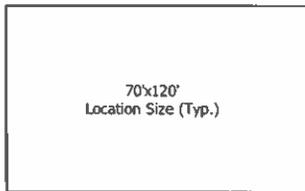
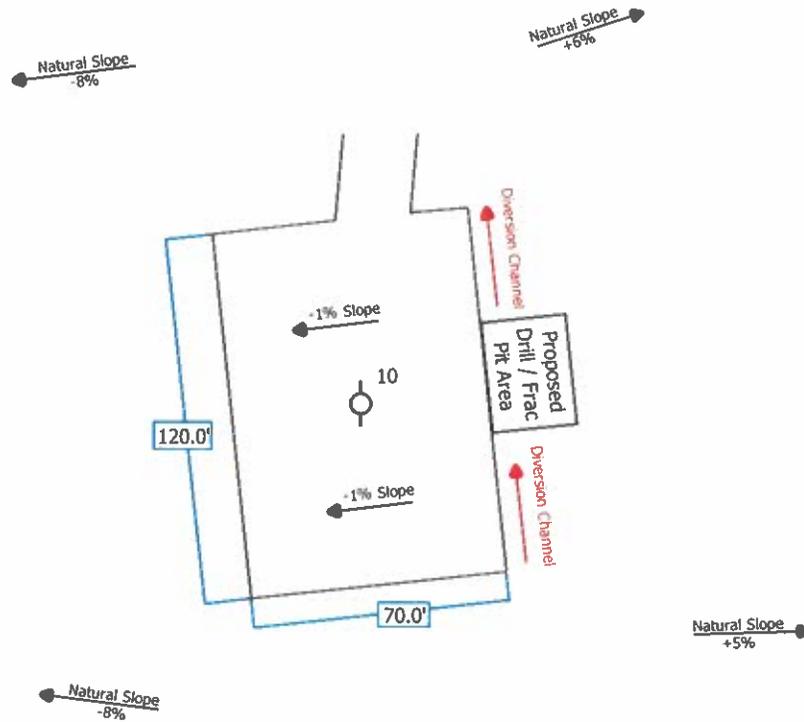
Before the drill cuttings enter the pit, fresh water will be injected into the blooie line, eliminating dust. The pit will be located approximately 2,200' from a stream, Hubert Run. The pit is located more than 5,000' from any wetlands and more than 1,500' from an existing building or water supply. Hubert Run, tributary to South Branch Kinzua Creek lies +/-2,200' west of any clearing limits. There aren't any wetlands or buildings within 1,500' of the project.

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

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

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

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



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

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

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

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

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

Not to Scale

Pennhills Resources, LLC		
WT 3132 - Well 10		
Kane 2025		
County: McKean	Twp: Wetmore	State: PA
Date: 12/15/2025	Scale: Not to Scale	Dwn By: TPR



## **Special Conditions:**

### **AWMI**

The Operator shall comply with the following:

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