



DEP USE ONLY
Application Tracking # 1560128

Received electronically on 02/23/20226 bgr
Site 12897 Client 159257 OGO-37312
eFacts: CNX GAS CO LLC

Proposed Alternate Method or Material for Casing, Plugging, Venting or Equipping a Well

Well Operator CNX GAS COMPANY LLC		DEP ID# 159257	Well Permit or Registration Number 37-005-25462	
Address 1000 HORIZON VUE DRIVE		Well Farm Name William T. Guthrie		
City CANONSBURG	State PA	Zip Code 15317	Well # 1	Serial #
Phone 724-485-4140	Fax	County Armstrong		Municipality Kiskiminetas Township

A proposed alternate method is subject to provisions in §3221 of the 2012 Oil and Gas Act, 58 Pa. C.S. §3221 Section 13 of the Coal and Gas Resource Coordination Act, 58 P.S. §513 and 25 PA Code §§78.75-78.75a (relating to Alternate Methods.) Attach proof of notification of coal operator(s).

Describe in reasonable detail using a written description and / or diagram:

- 1. the proposed alternate method or materials, and**
- 2. the manner in which the alternative will satisfy the goals of the laws and regulations.**

This well falls under 78a.94(a) as being a non cemented noncoal well. Per the regulations, the cemented surface casing must be filled with noncementing material from 50' above the shoe to surface. We propose with our alternate method to cement from attainable bottom to surface. The well will be cemented with a solid column of cement with no gel spacers eliminating all vertical flow of fluid or gas within the wellbore and eliminating the need for a surface vent. In doing this we will meet the requirements set forth in 78a.91(h).

Optional: Approval by Coal Owner or Operator	Signature of Applicant / Well Operator
Signature _____ Date _____	Signature <i>Joshua Horvath</i> Date 1/26/2026
Print or Type Signer's Name and Title _____	Print or Type Signer's Name and Title JOSH HORVATH - PLUGGING MANAGER

If optional approval is signed by coal owner or operator, the 15-day objection period may be waived.

DEP USE ONLY		
Approved by (DEP Manager) <i>Scott Goldthwaite</i>	Conditions <input type="checkbox"/> YES, See Attached <input checked="" type="checkbox"/> NO	Date 2/25/26



Well Name: William T. Guthrie 1

County: Armstrong

State: PA

API: 37-005-25462

Date: 1/26/2026

9 5/8" Casing set @ 14', sanded in

7" Casing set @ 930', cemented with 155 sks of Class A (volume to surface)

4 1/2" Casing set @ 3581', cemented with 170 sacks (cement ETOC ~1596'

TD – 3600'

Elevation: 1408'

Fresh Water @ N/A

Coal @ 300'-303', 410'-415'

SW @ N/A

Oil Shows @ N/A

Gas Shows @ N/A

Perf'd & Stimulation: 2071'-2075', 2770'-2824', 2928'-3000', 3461'-3473'

1. Notify DEP Inspector **Scott Goldthwaite, 814-573-3569**, 48 hours in advance of commencement of operations.
2. Install containment under rig and necessary equipment.
3. Conduct Pre Job Safety meetings and complete JSA's as required.
4. As per the approved Alternate Methods, base plan is to cement from attainable bottom to surface.
5. MIRU rig. Begin plugging and abandonment operations.
6. RIH with sandline/tools to check TD. Notify CNX and OGI of attainable bottom.
7. Load hole with FW.
8. Run a CBL on the 4 1/2" casing from 3581' to Surface.
9. Run a gyro with Gyrodata.
10. TIH with tubing and set a solid class A plug from 3600' to 50' below the top of cement on the 4 1/2" casing in 1000' plug lengths. TOOH with tubing and allow cement to cure. (Reverse circulate prior to TOOH)
11. RIH with wireline and based on previous CBL, determine free point and cut 4 1/2" and TOOH with casing.
12. TIH with tubing and set a 1000' class a plug from previous cement top to 980'. TOOH with tubing and allow cement to cure. (TOOH to 970' and reverse circulate).
13. Hook onto and attempt to recover 7" casing by exerting a pulling force 120% of string weight or 5k over, whichever is greater. Notify CNX and OGI of recovery attempt.
14. RIH with wireline and run a CBL on the 7" casing from 930' to surface. Determine free point and cut 7" casing. POOH with wireline.
15. TOOH with casing.

16. TIH with tubing and set a solid class A plug from 980' to Surface. TOOH with tubing and allow the cement to cure.
17. Top off well with cement as needed.
18. Install monument per RP. Monument to contain API#, well name, company name, and date plugged.

WELL LOCATION PLAT

Well is located on topo map 6020 feet south of LATITUDE 40 ° 35 ' 00 "



GW 22857

JOHN GEORGE, et al

LAWRENCE WAL TENBAUGH

DENVER L. CLAYPOOL, JR.

FRED ALTMIRE

5748871
M 1:10
TOPOGRAPHIC MAP
TOPO MARK

Well is located on topo map 2620 feet west of LONGITUDE 79 ° 30 ' 00 "

WILLIAM T. GUTHRIE,

80 ACRES

ANTHONY T. MARTIN

CURTIS D. WEBB, et ux

CURTIS D. WEBB et ux

PHILIP L. RUPERT

LOC - A S 19°-23' E - 737.85'
LOC - B N 52°-28' E - 2094.94'
A - B = N 35°-41' E - 2428.18'

A = CL ROAD & PROPERTY LINE
B = PROPERTY CORNER

DEPARTMENT USE ONLY

G	125	C	Q
2/22/95			

INCLUDE DESCRIPTION OF THE PROPERTY AND COURSES AND DISTANCES OF THE WELL(S) LOCATION TO TWO OR MORE PERMANENT IDENTIFIABLE POINTS OR LAND MARKS, ALL BUILDINGS AND WATER SUPPLIES WITHIN 200', ALL SPRINGS, BODIES OF WATER AND STREAMS WITHIN 100' IDENTIFIED ON THE MOST CURRENT 7 1/2' TOPOGRAPHIC MAP AND WETLANDS WITHIN 100' REFERENCE TO BUILDINGS, SPRINGS, BODIES OF WATER, WETLANDS AND WATER SUPPLIES WITHIN 1,000' IS NOT REQUIRED FOR WELL PLUGGING.



DENOTES LOCATION OF WELL ON 7 1/2' TOPO MAP

PERMIT NO. 37-005-25462-00

PROJECT NO. _____

U. S. ENERGY EXPLORATION CORP.		REVISION ALTERATION <input type="checkbox"/> STORAGE RECONDITION <input type="checkbox"/> NEW LOCATION <input checked="" type="checkbox"/> DRILL DEEPER <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> REGISTRATION <input type="checkbox"/> PLUGGING <input type="checkbox"/>	WILLIAM E. CAGLE		
Well Permittee/Registrant RD 1, P.O. BOX 237			Surveyor/Engineer SU-033129-E BK 92 PG 01 GUTH-A.DWG		
Address RURAL VALLEY, PA. 16249			Drawing Number 01-11-95		
WILLIAM T. GUTHRIE, et al			Date 1 INCH = 500 FEET		
Surface Owner N/A		SURFACE LANDOWNER AND WATER PURVEYOR WITH WATER SUPPLY WITHIN 1,000'		APPROXIMATE COURSE AND DISTANCE TO WATER SUPPLY	
Surface Lessor (if any) WILLIAM T. GUTHRIE		W-174 ANTHONY T. MARTIN		S 01-44 W - 633'	
Farm Name 1		W-175 CURTIS D. WEBB, et ux		S 00-23 W - 970'	
Well No. 80		W-185 WILLIAM T. GUTHRIE, et al		S 54-25 E - 988'	
Tract		Serial No. 1408			
Acres N/A		Ground Elevation 4000			
Angle of Deviation (Drilling) ARMSTRONG		Anticipated TD KISKIMINETAS TWP		RECEIVED	
County VANDERGRIFT		Municipality 6		Workable Coal Seams Owner/Operator/Lessee JOHN GEORGE, et al/OWNER	
Topo Quadrangle		Section		Name of Seam ALL SEAMS	
COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF OIL AND GAS MANAGEMENT				MAR 7 1995	
				PA GEOLOGICAL SURVEY Oil & Gas Geology Division	



1000 Horizon Vue Drive
Canonsburg, PA 15317

UNITED STATES POSTAL SERVICE® **CERTIFIED MAIL™**



9489 0090 0027 6426 0325 77

Label 880-PB, Oct. 2015
Pitney Bowes

Madison Guthrie Mondale,
aka Madison G. Sieczkowski
17750 S.R. 286
Saltsburg, PA 15681

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Madison Guthrie Mondale, aka Madison G. Sieczkowski 17750 S.R. 286 Saltsburg, PA 15681</p> </div> <p style="text-align: center;">9590 9402 8733 3310 1212 24</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)</p> <p>9489 0090 0027 6426 0325 77</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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1000 Horizon Vue Drive
Canonsburg, PA 15317

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Label 890-FB, Oct. 2015
Pitney Bowes

Rachel Ann Staley
PO Box 500
North Apollo, PA 15673

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>Rachel Ann Staley PO Box 500 North Apollo, PA 15673</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 8733 3310 1212 31</p>	<p>2. Article Number (Transfer from service label)</p> <p>9489 0090 0027 6426 0325 53</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	



1000 Horizon Vue Drive
Canonsburg, PA 15317

UNITED STATES POSTAL SERVICE CERTIFIED MAIL



Label 890-PB, Oct. 2015
Pitney Bowes

Donna M. Belajac
529 Dorseyville Road
Pittsburgh, PA 15238

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X																	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery																
Donna M. Belajac 529 Dorseyville Road Pittsburgh, PA 15238	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																	
 9590 9402 8733 3310 1212 17	3. Service Type <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" 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"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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2. Article Number (Transfer from service label) 9489 0090 0027 6426 0325 46	Domestic Return Receipt																	



1000 Horizon Vue Drive
Canonsburg, PA 15317

Mark M. Guthrie
2191 Hickory Nut Road
Apollo, PA 15613

9489 0090 0027 6426 0325 39



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Pitney Bowes



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mark M. Guthrie
2191 Hickory Nut Road
Apollo, PA 15613



9590 9402 8733 3310 1208 45

Article Number (Transfer from service label)
9489 0090 0027 6426 0325 39

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent

Addressee

X B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service type

Priority Mail Express®

Adult Signature Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt



1000 Horizon Vue Drive
Canonsburg, PA 15317

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CERTIFIED MAIL®

Mary Jane Edgington
660 Berkshire Drive
State College, PA 16803

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:

Mary Jane Edgington
660 Berkshire Drive
State College, PA 16803



9590 9402 8733 3310 1208 52

2. Article Number (Transfer from service label)
9489 0090 0027 6426 0325 22

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

COMPLETE THIS SECTION ON DELIVERY

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Collect on Delivery Restricted Delivery Restricted Delivery

Insured Mail Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt



1000 Horizon Vue Drive
Canonsburg, PA 15317



Label 800-PB, Oct. 2015
Pitney Bowes

Deborah S. Guthrie
1453 Edmon Road
Avonmore, PA 15618

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
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<p>1. Article Addressed to:</p> <p style="text-align: center;">Deborah S. Guthrie 1453 Edmon Road Avonmore, PA 15618</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
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CNX Center
1000 Horizon Vue Drive
Canonsburg, PA 15317-6506
724-485-4000
cnx.com

February 23, 2026

VIA EMAIL TO RA-EPSW-OGSUBMISSION@pa.gov

RE: William Guthrie 1
API NO. 37-005-25462
Kiski Township, Armstrong County
Proposed Alternate Method of Plugging Application Submittal

To Whom It May Concern:

In accordance with DEP requirements for plugging a well, please find the following signed documentation for the above referenced well(s).

- Application for Approval of Alternate Method
- Plugging Procedure
- Well Plat
- Proof of Coal Owner(s) Notification(s) (USPS Certified Mail)

Please contact us at Permitting@cnx.com , if you have any questions or need further information.

Sincerely,


CNX Permitting Department