

**From:** [Hogue, Kate](#)  
**To:** [MSL Oil and Gas](#)  
**Cc:** [Avers, Brian](#)  
**Subject:** 083-57925, 083-57926, 083-57927, 083-57928, 083-57929  
**Date:** Thursday, April 16, 2026 3:19:00 PM  
**Attachments:** [Auth 1561915 083-57925.pdf](#)  
[Auth 1561917 083-57926.pdf](#)  
[Auth 1561918 083-57927.pdf](#)  
[Auth 1561927 083-57928.pdf](#)  
[Auth 1561932 083-57929.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 | Clerical Supervisor II  
Department of Environmental Protection | Bureau of Oil and Gas Management  
230 Chestnut Street | 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>74858</b>	Auth ID <b>1561918</b>
Watershed Name <b>Bump Run</b>	Quality <b>HQ</b>

## WELL PERMIT

Permittee <b>MSL OIL AND GAS CORPORATION</b>	OGO.# <b>OGO-42580</b>	Permit Number <b>37-083-57927-00-00</b>	Date Issued <b>04/16/2026</b>
Address <b>PO BOX 151</b>	Farm Name & Well Number <b>ALLEN 67</b>		Well Serial #
	Municipality <b>Hamilton Twp</b>	County <b>McKean</b>	
<b>BRADFORD, PA 16701-0151</b>	7½' Quadrangle Name <b>Westline</b>		Map Section # <b>5</b>
Phone <b>(814) 362-6891</b>	Project #	Latitude <b>41-49-56.7600</b>	Longitude <b>-78-49-51.1400</b>
Surf Elev at Site <b>1986 feet</b>	Anticipated Maximum TVD <b>2000 feet</b>	Well Type <b>OL</b>	Offset distances referenced to NE corner of map section. <b>South 327 feet West 10685 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.

This permit expires **04/16/2027** unless drilling is commenced on or before that date and prosecuted with due diligence.

Thomas Donohue                      4/16/26  
 \_\_\_\_\_  
 Subsurface Permits Environmental Program Manager

WESTLEY MARTIN

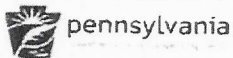
PO BOX 669  
 KNOX PA 16232

814-720-5746

Oil & Gas Inspector

Address

Phone Number



**PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL**

Notes		DEP USE ONLY	
NC	OGO #	Objection Date - Do not issue before: <b>03/15/2026</b>	API #'s37- <b>083-57927</b>
Check No. 31127 \$2,000 5-apps	Client Id <b>74858</b> Bond # <b>6031</b>	Date Approved: <b>SGP 4/14/26</b>	and _____ Watershed Name Designation: <input checked="" type="checkbox"/> HQ <input type="checkbox"/> EV <b>BUMP RUN</b>
PNDI: 02/11/26	C 03/11/2026-trs 04/07/26 BEH INV APS # <b>1158141</b> Auth Id <b>1561918</b> Site Id <b>886724</b>	Special Cond <b>FRAC/STIM 24; ZONING</b>	PF Id <b>890654</b> SF Id <b>1471609</b>

Please read instructions before you begin filling in this form.

**WELL INFORMATION**

Well Operator <b>M.S.L. OIL &amp; GAS CORPORATION</b>	DEP ID# <b>42580</b>	Well API # <b>37- - -</b>	Well Farm Name <b>ALLEN</b>	Well # <b>67</b>
Address <b>P.O. BOX 151</b>	LAT <b>41°49'56.76"</b>	LONG <b>78°49'51.14"</b>	NAD <b>83</b>	Project Number Serial #
City <b>BRADFORD</b>	State <b>PA</b>	Zip <b>16701</b>	Municipality Name/ City Borough, Township <b>HAMILTON Township</b>	County <b>McKEAN</b>
Phone <b>814-362-6891</b>	Fax <b>814-362-9912</b>	Email <b>office@msloilandgas.com</b>	USGS 7.5 min. quadrangle map <b>WESTLINE, PA</b>	Section <b>5</b>

Check if this is a new address

24/7 Emergency Phone contact number: **814-362-6891**

911 address of well site (if available):

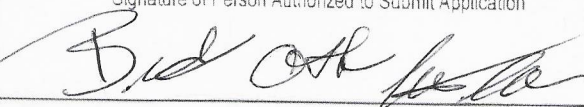
Freshwater Impoundment Name/ Identification <b>N/A</b>	Centralized Impoundment Name/ Identification <b>N/A</b>	Well Pad Name/Identification <b>N/A</b>	Borrow Area Name/Identification
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Surface Elev <b>1986'</b>	Deepest Formation to be penetrated: <b>BRADFORD 2ND</b>	Anticipated TVD <b>2000'</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 checked="" type="checkbox"/> Oil <input 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 \$ <b>400</b>
Target Formation(s) proposed for production <b>BRADFORD 2ND</b>	Anticipated Target Top/Bottom TVD <b>1400' 2000'</b>	Number of wellbore laterals proposed under this application <b>0</b>			
Total feet of wellbore to be drilled under this application <b>2000 Ft.</b>			Bond Agreement Id		
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.			Configuration <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Deviated <input type="checkbox"/> Multiple laterals		

COORDINATION WITH REGULATIONS AND OTHER PERMITS	Yes	No
1. Will the well be subject to the Oil and Gas Conservation Law? If "No," go to 2).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes" to #1, is the well at least 330 feet from outside lease or unit boundary?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the location fall within an area covered by a spacing order?	<input type="checkbox"/>	<input type="checkbox"/>
c. If the well will be multilateral, identify the wellbores on the sketch on page 3 of the plat that will be completed as conservation and non-conservation.		
2. Will the edge of the disturbed area of any portion of the well site of a conventional well be within 100 feet from the edge of any solid blue lined stream, spring or body of water identified on the most current 7½' topographic quadrangle map or wetland greater than one acre in size or in a wetland? 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"/>

3. Will the well penetrate or be within 2,000 feet of an active **gas storage reservoir** boundary?
- a. If Yes, print the names of: Storage Field: \_\_\_\_\_ Operator: \_\_\_\_\_
4. Is the proposed well location within the permitted area of a **landfill**?
5. Will the well be drilled within 200 feet from any existing building or an existing water supply?
- a. If "Yes," is written consent from the owner attached?
- b. If written consent is not attached, is a variance request (form 8000-FM-OOGM0058) attached?
6. Will the well be located where it may impact a public resource as outlined in the "Coordination of a Well Location with Public Resources" form 5500-PM-OG0076? If yes, attach a completed copy of the form and clearance letters from applicable agencies.
7. Will any portion of the well site be in a Special Protection High Quality  (HQ) or Exceptional Value  (EV) watershed?
- Provide name of special protection stream BUMP RUN
- 7.1 Will the well be drilled using enhanced drilling or completion technologies into a formation that typically produces gas or petroleum?
8. Is this well part of a development which requires an Earth Disturbance Permit for Oil and Gas Activities disturbing more than 5 acres? If yes, list the number of the ESCGP approval if the permit has been issued. Has not been issued
- 8.1 Is the disturbed area of the well site between 1 to 5 acres and in a Special Protection Watershed
9. Is waste, including drill cuttings, from the drilling of this well is to be disposed of on this well site? Yes  No
10. Will the well or well site be located within a defined 100 year floodplain or where the floodplain is undefined, within 100 feet of the top of the bank of a perennial stream or within 50 feet of the top of the bank of an intermittent stream. Yes  No
- a. If yes, is a waiver request attached that will protect the Waters of the Commonwealth? Yes  No
11. Is the well to be located within a H<sub>2</sub>S area pursuant to §78.77a? Yes  No
12. Attach a current Ownership & Control form 8000-FM-OOGM0118.

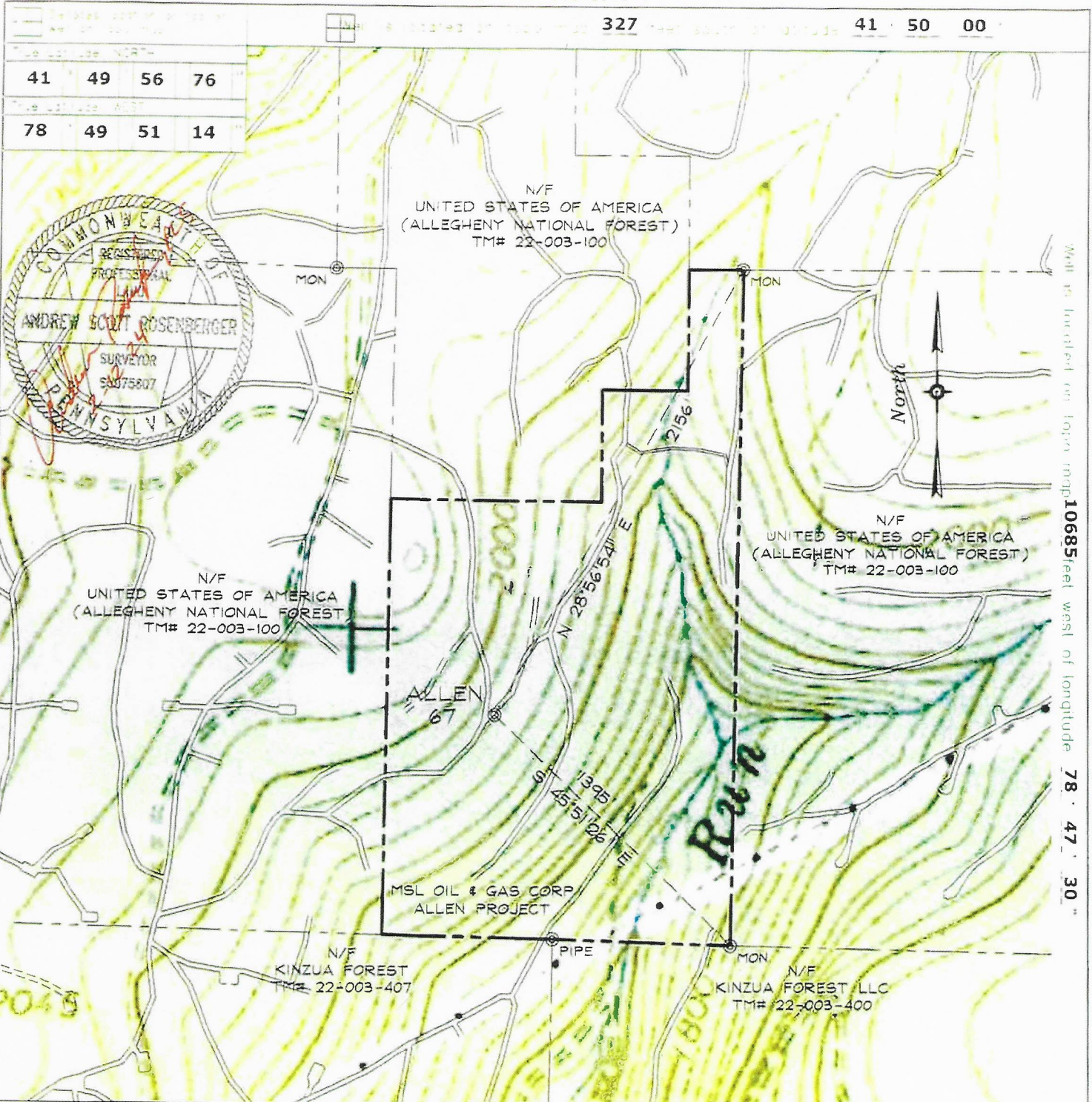
**Signature of Applicant** The person signing this form attests that they have the authority to submit this application on behalf of the applicant, and that the information, including all related submissions, is true and accurate to the best of their knowledge.

Signature of Person Authorized to Submit Application 	(Print or Type) Name of Signer: WILLIAM OTTO  Title: OPERATIONS MANAGER	Date 3-10-26
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Application Preparer/Contact: WILLIAM OTTO

Phone: 814-362-6891

WELL LOCATION PLAT



Applicant Well Operator Name <b>M.S.L. OIL &amp; GAS CORP.</b>		Well No. <b>42580</b>	Well Name <b>ALLEN</b>		Well # <b>67</b>	Well Type <b>OIL</b>
Address <b>P.O. BOX 151, BRADFORD, PA 16701</b>		County <b>McKEAN</b>	Municipality <b>HAMILTON TWP</b>		Map Section <b>5</b>	
31' address of well site <b>N/A</b>		USGS 7.5 Quadrangle Map Name <b>WESTLINE, PA</b>		Surface Elevation <b>1986</b>		
Surveyor or Engineer <b>ANDREW S. ROSENBERGER</b>	Phone # <b>(814) 368-4139</b>	Dwg # <b>06089.67</b>	Date <b>2/12/24</b>	Scale <b>1" = 600'</b>	Tract Acreage <b>72 AC.</b>	
Lat. & Long. Metadata Method <b>SURVEY GRADE GPS</b>		Accuracy <b>+/- 10 ft.</b>	Datum <b>NAD 83</b>	Elevation Metadata Method <b>SURVEY GRADE GPS</b>	Accuracy <b>+/-10 ft.</b>	Datum <b>NAVD 88</b>
					Survey Date <b>8/23</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

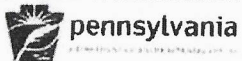
Farm Name - Well #	
ALLEN	67
Applicant Name	
M.S.L. OIL & GAS CORPORATION	DEP ID# 42580
DEP USE ONLY	APS #

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: U.S. GOVERNMENT/FOREST SERV. Signature	Address: 4 FARM COLONY DRIVE WARREN, PA 16365	X				1-30-26	2-3-26		
Print Name: LAFAYETTE TOWNSHIP Signature	Address: 7534 ROUTE 59 LEWIS RUN, PA 16738				X	1-30-26	2-6-26		
Print Name: WETMORE TOWNSHIP Signature	Address: 318 SPRING STREET KANE, PA 16735				X	1-30-26	2-6-26		
Print Name: HAMILTON TOWNSHIP Signature	Address: P.O. BOX 23 LUDLOW, PA 16333				X	1-30-26	2-5-26		
Print Name: SHEFFIELD TOWNSHIP Signature	Address: P.O. BOX 784 SHEFFIELD, PA 16347				X	1-30-26	2-3-26		

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 #	
ALLEN	67
Applicant Name	
M.S.L. OIL & GAS CORPORATION	DEP ID# 42580
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: MEAD TOWNSHIP Signature	Address: 119 MEAD BOULEVARD CLARENDON, PA 16313			X	1-30-26	2-5-26		
Print Name: CORYDON TOWNSHIP Signature	Address: 2474 WEST WASHINGTON STREET BRADFORD, PA 16701			X	1-30-26	2-19-26		
Print Name: Signature	Address:							
Print Name: Signature	Address:							
Print Name: Signature	Address:							

Record of Written Consent

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

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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

RECEIVED FEB 18 2026

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x *Kimberly Cole*  Agent  Addressee

B. Received by (Printed Name)  
*Kimberly Cole*

C. Date of Delivery  
*2/6/26*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7013 1090 0000 3649 9512**

PS Form 3811, July 2013 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

U.S. Gov./Forest Service  
4 Farm Colony Drive  
Warren, PA 16365

RECEIVED FEB 09 2026

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x *Derek Shaw*  Agent  Addressee

B. Received by (Printed Name)  
*Derek Shaw*

C. Date of Delivery  
*2-3-26*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7013 1090 0000 3649 9529**

PS Form 3811, July 2013 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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  
P.O. Box 23  
Ludlow, PA 16333

RECEIVED FEB 10 2026

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x *Becky Davidson*  Agent  Addressee

B. Received by (Printed Name)  
*Becky Davidson*

C. Date of Delivery  
*2-5-26*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7013 1090 0000 3649 9499**

PS Form 3811, July 2013 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Wenore Township  
318 Spring Street  
Kane, PA 16735

RECEIVED FEB 09 2026

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x *Jodi Brinkley*  Agent  Addressee

B. Received by (Printed Name)  
*Jodi Brinkley*

C. Date of Delivery

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

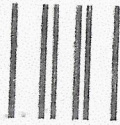
3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7013 1090 0000 3649 9505**

PS Form 3811, July 2013 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

MSL OIL & GAS CORP.  
P.O. BOX 151  
BRADFORD, PA 16701

UNITED STATES POSTAL SERVICE

PITTSBURGH PA 150

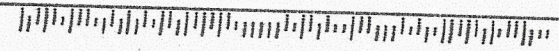


4 FEB 2026 PM 2 L

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

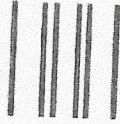
• Sender: Please print your name, address, and ZIP+4® in this box®

MSL OIL & GAS CORP.  
P.O. BOX 151  
BRADFORD, PA 16701



UNITED STATES POSTAL SERVICE

PITTSBURGH PA 150

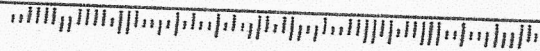


6 FEB 2026 PM 2 L

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

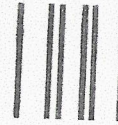
• Sender: Please print your name, address, and ZIP+4® in this box®

MSL OIL & GAS CORP.  
P.O. BOX 151  
BRADFORD, PA 16701



UNITED STATES POSTAL SERVICE

ROCHESTER NY 144

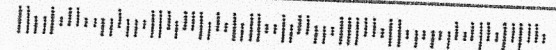


6 FEB 2026 PM 1 L

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

MSL OIL & GAS CORP.  
P.O. BOX 151  
BRADFORD, PA 16701



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>X [Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Mead Township 119 Mead Blvd Clarendon, PA 16313  <b>RECEIVED FEB 13 2026</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7013 1090 0000 3649 9475			
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>X [Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Sheffield Township P.O. Box 784 Sheffield, PA 16347  <b>RECEIVED FEB 09 2026</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7013 1090 0000 3649 9482			
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>X [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Corydon Township 2474 W. Washington St Bradford, PA 16701  <b>RECEIVED FEB 23 2026</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7013 1090 0000 3649 9468			
PS Form 3811, July 2013		Domestic Return Receipt	

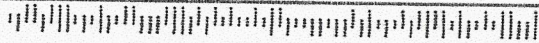
UNITED STATES POSTAL SERVICE PITTSBURGH PA 150

6 FEB 2026 PM 1 L

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

MSL OIL & GAS CORP.  
P.O. BOX 151  
BRADFORD, PA 16701



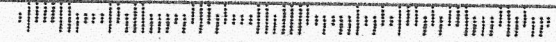
UNITED STATES POSTAL SERVICE PITTSBURGH PA 150

4 FEB 2026 PM 1 L

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

MSL OIL & GAS CORP.  
P.O. BOX 151  
BRADFORD, PA 16701



UNITED STATES POSTAL SERVICE

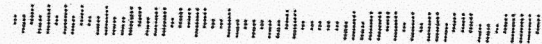
ROCHESTER NY 144

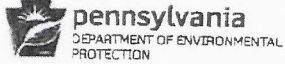
19 FEB 2026 PM 1 L

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

MSL OIL & GAS CORP.  
P.O. BOX 151  
BRADFORD, PA 16701





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

## COORDINATION OF A WELL LOCATION WITH PUBLIC RESOURCES

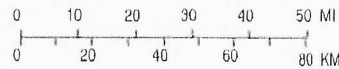
Well Operator <b>M.S.L. OIL &amp; GAS CORP.</b>	DEP ID No <b>42580</b>	Well Farm Name and No. <b>ALLEN LEASE</b>	<b>67</b>
Address <b>P.O. BOX 151</b>		Project No. (if previously assigned)	
City <b>Bradford</b>	State <b>PA</b>	Zip Code <b>16701</b>	County <b>McKEAN</b>
		Municipality <b>HAMILTON TOWNSHIP</b>	
Phone No. <b>8143626891</b>	Fax No. <b>8143629912</b>	Latitude <b>N 41° 49' 56.76"</b>	Longitude <b>W 78° 49' 51.14"</b>
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). <b>UNITED STATES OF AMERICA / ALLEGHENY NATIONAL FOREST</b>			
List the name, address, and phone number of the person responsible for management of the public resource. <b>FOREST SUPERVISOR, 4 FARM COLONY DRIVE, WARREN, PA 16365</b>			
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>807594</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. <b>PA GAME COMMISSION AND U.S. FISH &amp; WILDLIFE SERVICE</b>			
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. <b>AN EROSION AND SEDIMENTATION CONTROL PLAN IS BEING PREPARED FOR THE PROJECT. SUGGESTED CONSERVATION MEASURES IN RESPONSE FROM THE ABOVE LISTED AGENCIES WILL BE FOLLOWED.</b>			

# DISTRIBUTION OF PENNSYLVANIA COALS

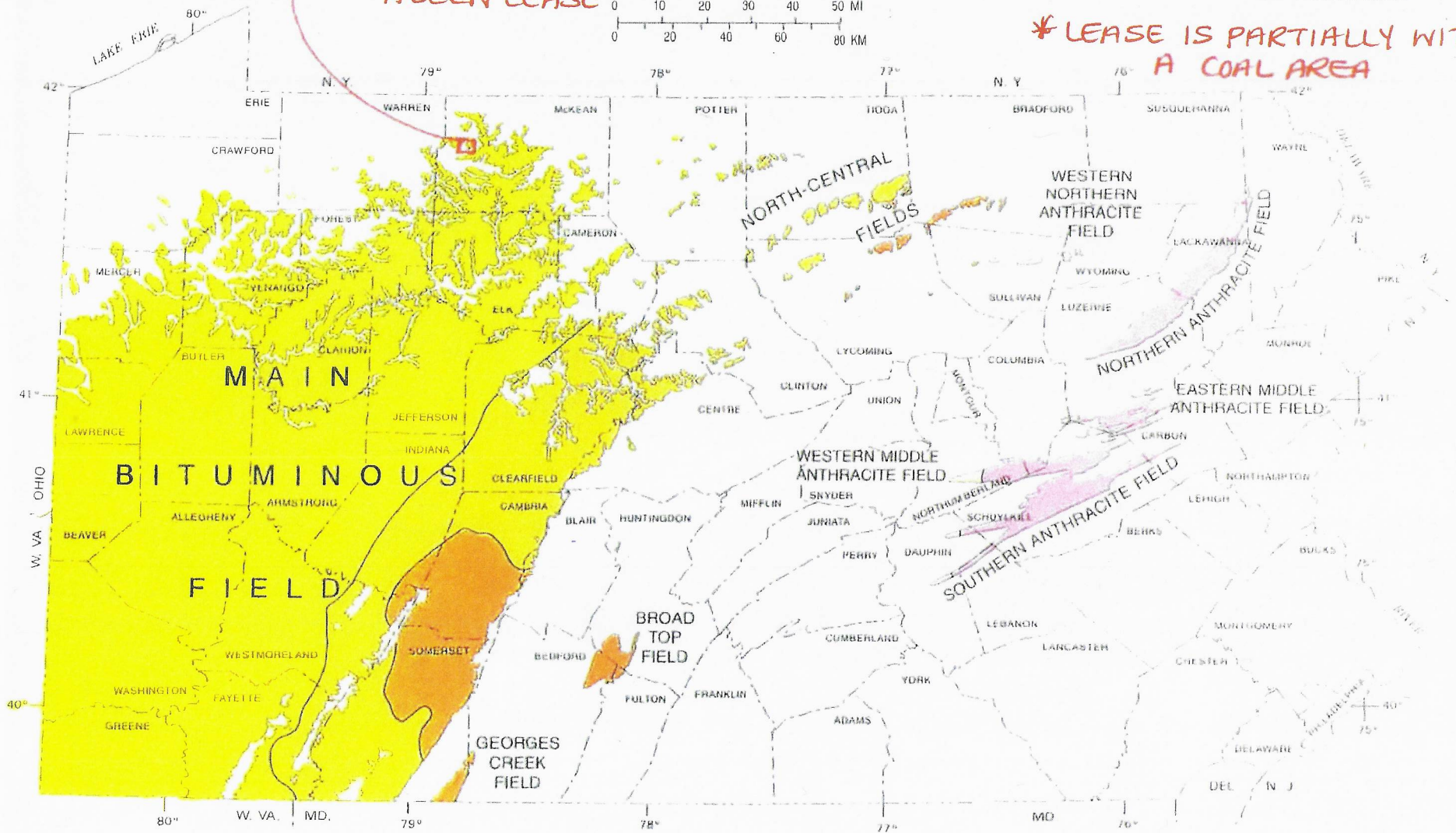
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF  
CONSERVATION AND NATURAL RESOURCES  
BUREAU OF TOPOGRAPHIC AND GEOLOGIC SURVEY  
www.dcnr.state.pa.us/topogeo

*MSL OIL + GAS CORP.  
ALLEN LEASE*

SCALE 1:2,000,000



*\* LEASE IS PARTIALLY WITHIN  
A COAL AREA*



### EXPLANATION

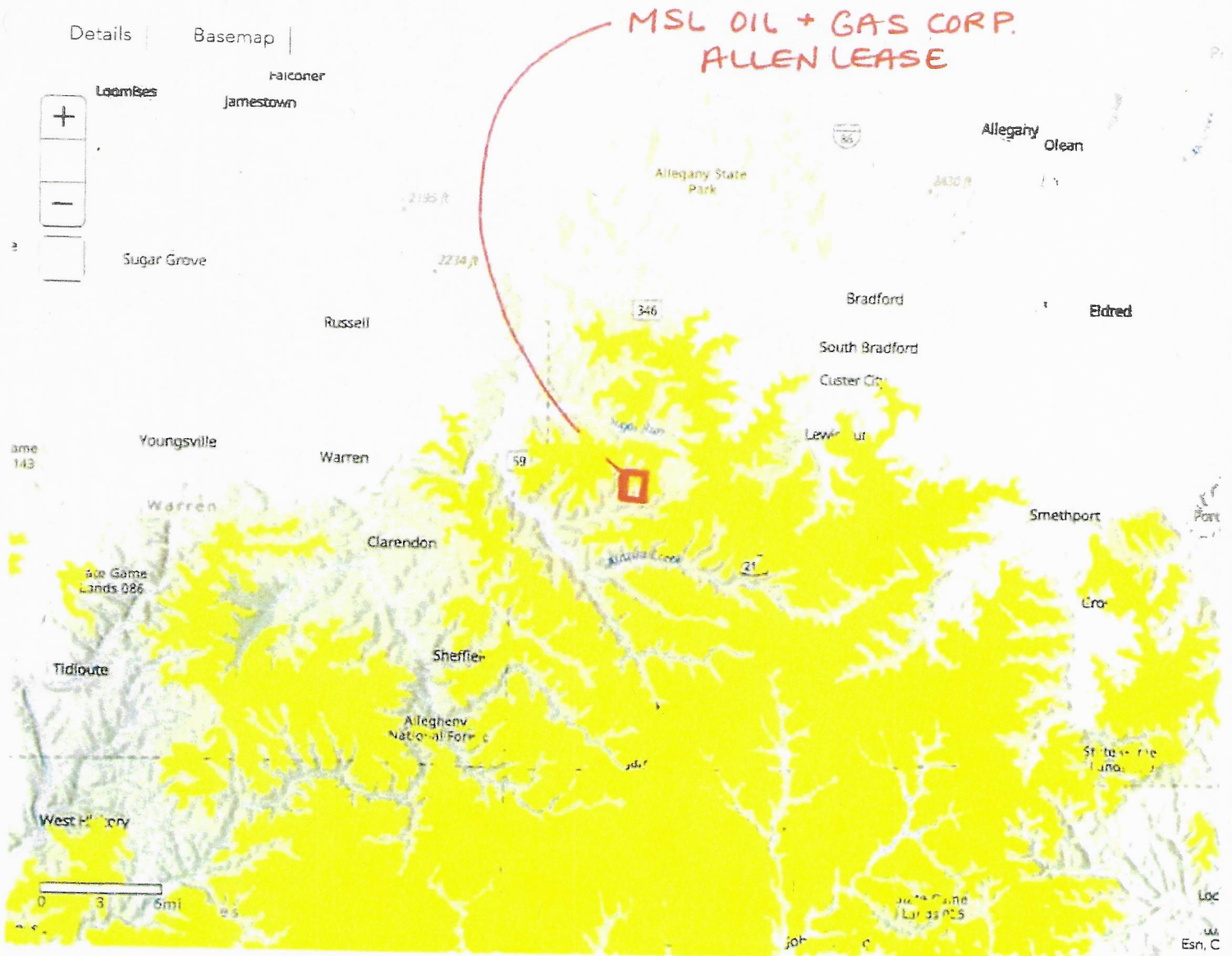
#### BITUMINOUS FIELDS



#### ANTHRACITE FIELDS



# ArcGIS ▾ Coal Fields in Pennsylvania - High-Volatile Bituminous



## 1. PROJECT INFORMATION

Project Name: **MSL ALLEN LEASE**  
Date of Review: **2/11/2026 09:27:36 AM**  
Project Category: **Mining, Oil or Gas (including roads and pipelines), New Well**  
Project Area: **58.65 acres**  
County(s): **McKean**  
Township/Municipality(s): **Hamilton Township**  
ZIP Code:  
Quadrangle Name(s): **WESTLINE**  
Watersheds HUC 8: **Upper Allegheny**  
Watersheds HUC 12: **Chappel Fork**  
Decimal Degrees: **41.832478, -78.830505**  
Degrees Minutes Seconds: **41° 49' 56.9220" N, 78° 49' 49.8186" W**



## 2. SEARCH RESULTS

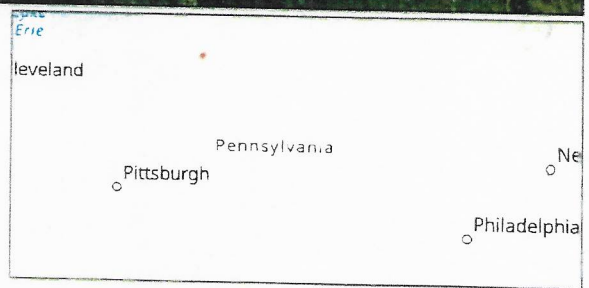
Agency	Results	Response
PA Game Commission	<b>Conservation Measure</b>	<b>No Further Review Required, See Agency Comments</b>
PA Department of Conservation and Natural Resources	No Known Impact	No Further Review Required
PA Fish and Boat Commission	No Known Impact	No Further Review Required
U.S. Fish and Wildlife Service	No Known Impact	No Further Review Required

Pennsylvania Natural Diversity Inventory (PNDI) records indicate that while threatened and endangered and/or special concern species and resources are in the project vicinity and that recommended Conservation Measures should be implemented in their entirety to avoid and minimize impacts to these species, no further coordination is required with the jurisdictional agencies. If a DEP permit is required for this project, DEP has the discretion to incorporate one or more Conservation Measures into its permit. This response does not reflect potential agency concerns regarding potential impacts to other ecological resources, such as wetlands.

### MSL ALLEN LEASE

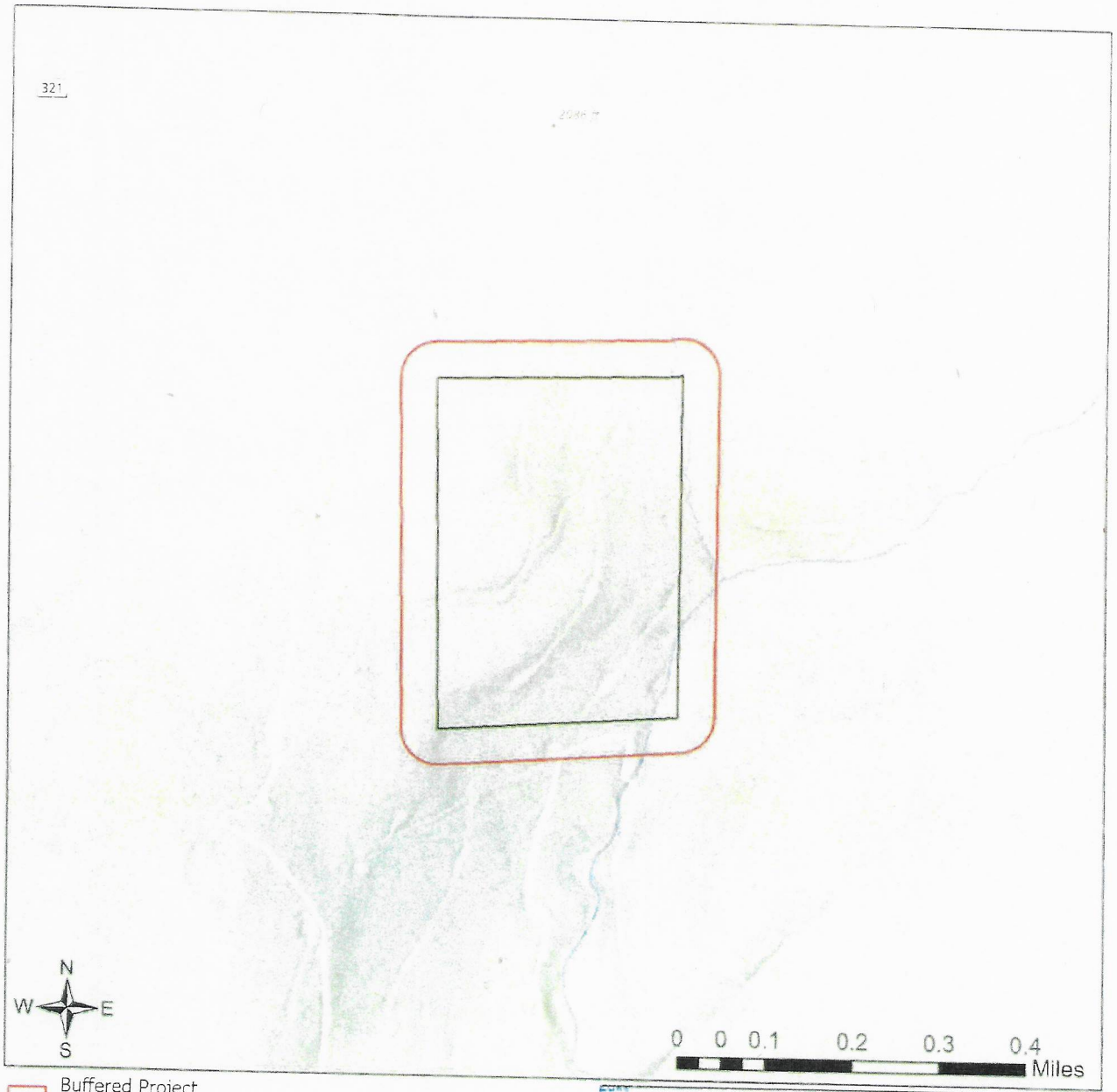




-  Buffered Project Boundary
-  Project Boundary

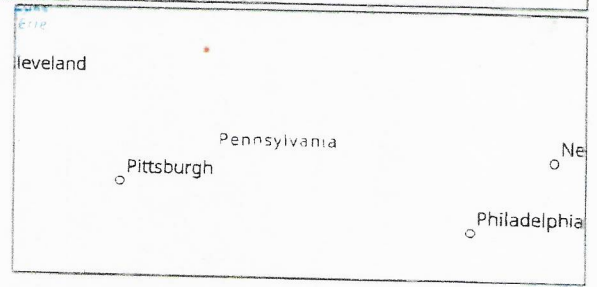


Sources: Esri, Vantor, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatastyrelsen, Rijkswaterstaat, GSA, Geoland, FEMA, Intermap, and the GIS user community

### MSL ALLEN LEASE



-  Buffered Project Boundary
-  Project Boundary



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

## 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:

Conservation Measure: Potential impacts to state and federally listed species which are under the jurisdiction of both the Pennsylvania Game Commission (PGC) and the U.S. Fish and Wildlife Service may occur as a result of this project. As a result, the PGC defers comments on potential impacts to federally listed species to the U.S. Fish and Wildlife Service. No further coordination with the Pennsylvania Game Commission is required at this time.

#### PA Department of Conservation and Natural Resources

##### RESPONSE:

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

#### PA Fish and Boat Commission

##### RESPONSE:

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

#### U.S. Fish and Wildlife Service

##### RESPONSE:

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

#### 4. DEP INFORMATION

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

### 5. ADDITIONAL INFORMATION

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

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

### 6. AGENCY CONTACT INFORMATION

#### PA Department of Conservation and Natural Resources

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

#### PA Fish and Boat Commission

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

#### U.S. Fish and Wildlife Service

Pennsylvania Field Office  
Endangered Species Section  
110 Radnor Rd, Suite 101  
State College, PA 16801  
Email: [IR1\\_ESPenn@fws.gov](mailto:IR1_ESPenn@fws.gov)  
NO Faxes Please

#### PA Game Commission

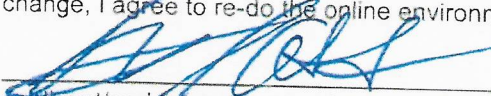
Bureau of Wildlife Management  
Division of Environmental Review  
2001 Elmerton Avenue, Harrisburg, PA 17110-9797  
Email: [RA-PGC\\_PNDI@pa.gov](mailto:RA-PGC_PNDI@pa.gov)  
NO Faxes Please

### 7. PROJECT CONTACT INFORMATION

Name: \_\_\_\_\_ William Otto, Operations Manager  
Company/Business Name: \_\_\_\_\_ MSL Oil & Gas Corp.  
Address: \_\_\_\_\_ P.O. Box 151  
City, State, Zip: \_\_\_\_\_ Bradford, PA 16701  
Phone: (\_\_\_\_) \_\_\_\_\_ O: 814-362-6891 F: 814-362-9912  
Email: \_\_\_\_\_ Email: [office@msloilandgas.com](mailto:office@msloilandgas.com)

### 8. CERTIFICATION

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

  
\_\_\_\_\_  
applicant/project proponent signature

2/13/26  
\_\_\_\_\_  
date

***MSL Oil & Gas Corp.***

*P.O. Box 151*

*Bradford, PA 16701*

*Phone: (814) 362-6891*

*office@msloilandgas.com*

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March 10, 2026

Dept. of Environmental Protection  
Bureau of Oil & Gas Management  
230 Chestnut Street  
Meadville, PA 16335-3481

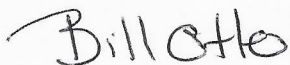
RE: Allen

To whom it may concern,

MSL Oil & Gas has drilled 15 wells in this area & from history, there were no signs of coal. These are an inner drill between those wells.

Please see attached drill report.

Thank you,



Bill Otto  
Operations Manager  
MSL Oil & Gas, Corp.

WELL DRILLING  
DRILLING REPORTS  
SUNDRY OIL & GAS CORP.  
P. O. BOX 151  
BRADFORD, PA 16701

-----  
INVOICE #940248

LEASE: ALLEN

WELL #41

DATE STARTED 12/9/94

FINISHED 12/10/94

23.5' CONDUCTOR 9-5/8"

460.2' SURFACE CASING 70D. 8rd, 17#

1830' TOTAL DEPTH OF DRILLING

-----  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



<b>DEP USE ONLY</b>	
Acknowledged and cancelled	
Name	Date

## Operators List of Well(s) Permitted but Never Drilled

**Operator Name:** MSL OIL & GAS CORP

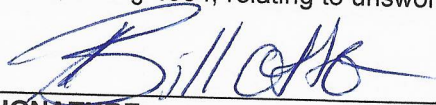
**OGO#:** 42580

**Address:** PO BOX 151, BRADFORD, PA 16701

**Telephone:** 814-362-6891

I BILL OTTO, the official company representative/well operator, hereby certify that the wells listed below were permitted for drilling by the Department of Environmental Protection, but they have not been spud\* and no drilling has occurred. I request that the permits listed below be cancelled. These permits have either expired or I have determined that the well will not be drilled. I understand that operation of a well without a valid permit is a violation of the Oil and Gas Act. 58 Pa C.S. §§ 3201 – 3274.

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this certification and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I verify that the submitted information is true, accurate and complete to the best of my knowledge. I understand that the submission of false information herein is made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities, which include fine and imprisonment.

  
 \_\_\_\_\_  
**SIGNATURE**

3-10-26  
 \_\_\_\_\_  
**DATE**

The list below represents wells the operator/company affirms were permitted but never drilled.

PERMIT NUMBER (AP#) 037-XXX-XXXXX	MUNICIPALITY	FARM NAME	WELL NUMBER	SERIAL NUMBER (IF APPLICABLE)	DATE PERMIT ISSUED
037-083-57795	HAMILTON TWP	ALLEN 66	66		2-13-25
037-083-57796	HAMILTON TWP	ALLEN 67	67		2-13-25
037-083-57799	HAMILTON TWP	ALLEN 68	68		2-13-25
037-083-57797	HAMILTON TWP	ALLEN 69	69		2-13-25
037-083-57798	HAMILTON TWP	ALLEN 70	70		2-13-25

\*Commencement of drilling and/or the installation/setting of conductor casing constitutes spudding of a well.