

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](#)

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



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

DEP USE ONLY	
Permittee's eFACTS ID 74858	Auth ID 1561927
Watershed Name Bump Run	Quality HQ

WELL PERMIT

Permittee MSL OIL AND GAS CORPORATION		OGO.# OGO-42580	Permit Number 37-083-57928-00-00	Date Issued 04/16/2026
Address PO BOX 151		Farm Name & Well Number ALLEN 70		Well Serial #
		Municipality Wetmore Twp	County McKean	
BRADFORD, PA 16701-0151		7½' Quadrangle Name Westline	Map Section # 5	
Phone (814) 362-6891	Project #	Latitude 41-49-52.1800	Longitude -78-49-49.9200	
Surf Elev at Site 1892 feet	Anticipated Maximum TVD 2000 feet	Well Type OL	Offset distances referenced to NE corner of map section. South 791 feet West 10593 feet	

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

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

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

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

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

Special Permit Conditions:

1. This permit is conditioned upon the well operator obtaining all appropriate approvals, including local, municipal, and zoning approvals, and any revision or modification of those approvals.
2. Contact the Inspector at least 24 hours prior to commencing any frac/stimulation procedures.

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

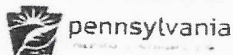
PO BOX 669
 KNOX PA 16232

814-720-5746

Oil & Gas Inspector

Address

Phone Number



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

PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL

Notes NC	OGO # 42580	DEP USE ONLY Objection Date - Do not issue before: 03/15/2026	API #s37: 083-57928
Client Id 74858	Bond # 6031	Date Approved: SGP 4/14/26	and _____
Check # 31127	C bgr 03/11/26 G 04/07/26 BEH	Special Cond FRAC/STIM 24; ZONING	Watershed Name Designation: <input checked="" type="checkbox"/> HQ <input type="checkbox"/> EV BUMP RUN
PNDI 02/11/2026	INV APS # 1158146 Auth Id 1561927	Site Id 886728	PF Id 890657 SF Id 1471614

Please read instructions before you begin filling in this form.

WELL INFORMATION

Well Operator M.S.L. OIL & GAS CORPORATION	DEP ID# 42580	Well API # 37- - -	Well Farm Name ALLEN	Well # 70
Address P.O. BOX 151		LAT 41°49' 52.18"	NAD 83	Project Number
City BRADFORD		LONG 78°49' 49.92"	Serial #	
State PA	Zip 16701	Municipality Name/ City, Borough, Township HAMILTON Township		County McKEAN
Phone 814-362-6891	Fax 814-362-9912	Email office@msloilandgas.com		USGS 7.5 min. quadrangle map WESTLINE, PA
Section 5				

Check if this is a new address

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

911 address of well site (if available)

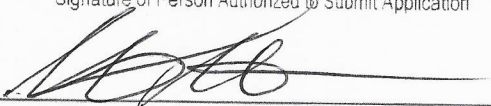
Freshwater Impoundment Name/ Identification N/A	Centralized Impoundment Name/ Identification N/A	Well Pad Name/Identification N/A	Borrow Area Name/Identification
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Surface Elev 1892'	Deepest Formation to be penetrated: BRADFORD 2ND	Anticipated TVD 2000'	PERMIT TYPE 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)	TYPE OF WELL 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)	APPLICATION FEE Check applicable. <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> \$200 (Home Use Well) Total Application Fee \$ <u>400</u> Bond Agreement Id
Target Formation(s) proposed for production BRADFORD 2ND		Anticipated Target Top/Bottom TVD 1400' 2000'			
Number of wellbore laterals proposed under this application 0					
Total feet of wellbore to be drilled under this application 2000 Ft.					
If applying for a permit to rework an existing well not registered or permitted, check this box <input type="checkbox"/> and enter date drilled, if known: _____ (see instructions)					
PNDI Attached: <input checked="" type="checkbox"/> Any threatened or endangered "hit" must include a copy of the clearance letter from the applicable agency(ies).					
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.					

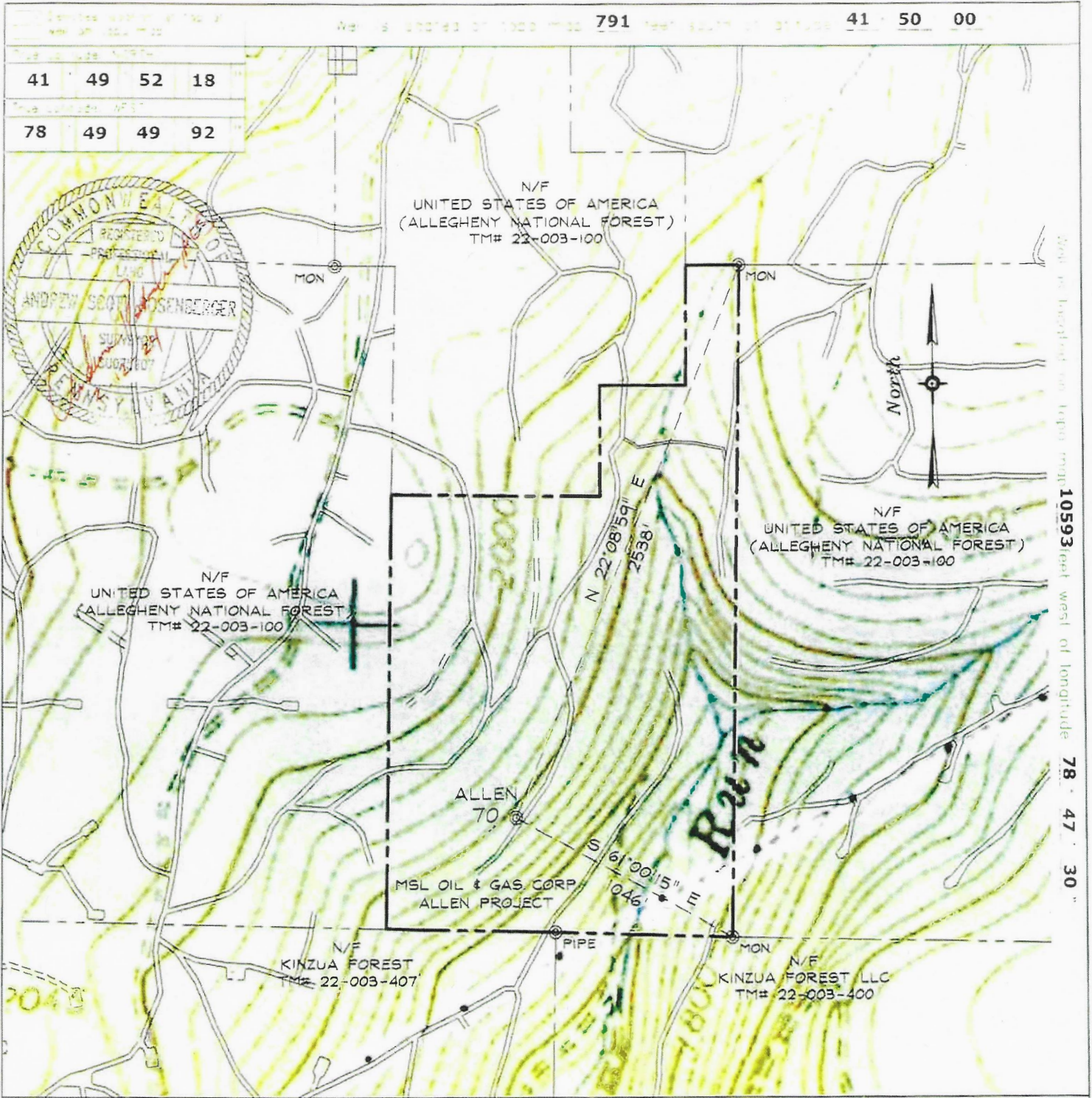
COORDINATION WITH REGULATIONS AND OTHER PERMITS

	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"/>

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 H₂S 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	Date
		Title: OPERATIONS MANAGER	3-10-26
Application Preparer/Contact: WILLIAM OTTO		Phone: 814-362-6891	

WELL LOCATION PLAT



Applicant/Well Operator Name M.S.L. OIL & GAS CORP.		DEP. ID # 42580	Well Name ALLEN		Well # 70	Serial #
Address P.O. BOX 151, BRADFORD, PA 16701			County McKEAN	Municipality HAMILTON TWP	Well Type OIL	
Well address of well site N/A			USGS 7.5 Quadrangle Map Name WESTLINE, PA	Map Section 5	Surface Elevation 1892	
Surveyor or Engineer ANDREW S. ROSENBERGER	Phone # (814) 368-4139	Dwg # 06089.70	Date 2/12/24	Scale 1" = 600'	Tract Acreage 72 AC.	
Lat. & Long. Metadata Method SURVEY GRADE GPS		Accuracy +/- 10 ft.	Datum NAD 83	Elevation Metadata Method SURVEY GRADE GPS	Accuracy +/-10 ft.	Datum NAVD 88
						Survey Date 8/23



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 70	
Applicant Name M.S.L. OIL & GAS CORPORATION	
DEP USE ONLY	APS # 42580

List the following: surface landowner; surface landowners and water purveyors with water supplies within 1000 feet; municipality where the well will be drilled; adjacent municipality; gas storage operator if within 2000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties. Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification	Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <1000'	Municipalities	Notification Note the means and attach proof.			
					Certified Mail Dates		Address Affidavit	Written Consent
					Sent	Return Receipt		
Print Name: 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"/>



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

Farm Name - Well #	
ALLEN	70
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. Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification		Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <1000'	Municipalities	Notification Note the means and attach proof.			
						Certified Mail Dates		Address Affidavit	Written Consent
						Sent	Return Receipt		
Print Name: MEAD TOWNSHIP	Address: 119 MEAD BOULEVARD CLARENDON, PA 16313				X	1-30-26	2-5-26		
Signature									
Print Name: CORYDON TOWNSHIP	Address: 2474 WEST WASHINGTON STREET BRADFORD, PA 16701				X	1-30-26	2-19-26		
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"/>

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:

Weanore Township
318 Spring Street
Kane, PA 16735

RECEIVED FEB 09 2026

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Jode Brinkley* Agent Addressee

B. Received by (Printed Name)
Jode Brinkley

C. Date of Delivery

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

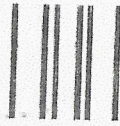
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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



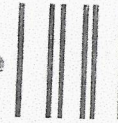
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

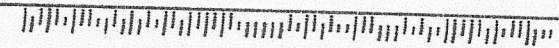


4 FEB 2026 PM 2 L

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

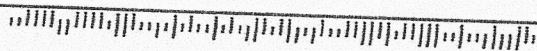


6 FEB 2026 PM 2 L

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

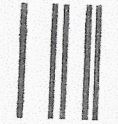
• Sender: Please print your name, address, and ZIP+4® in this box•

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



UNITED STATES POSTAL SERVICE

ROCHESTER NY 144

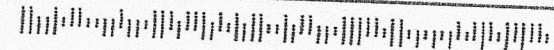


6 FEB 2026 PM 1 L

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"> 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. 		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 RECEIVED FEB 13 2026		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"> 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. 		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 RECEIVED FEB 09 2026		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"> 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. 		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 RECEIVED FEB 23 2026		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	

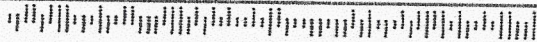
UNITED STATES POSTAL SERVICE PITTSBURGH PA 150

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MSL OIL & GAS CORP.
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BRADFORD, PA 16701



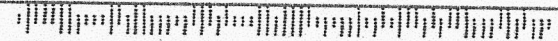
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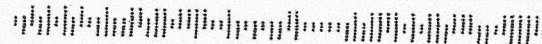
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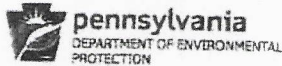


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BRADFORD, PA 16701





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

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

COORDINATION OF A WELL LOCATION WITH PUBLIC RESOURCES

Well Operator M.S.L. OIL & GAS CORP.	DEP ID No. 42580	Well Farm Name and No. ALLEN LEASE	70
Address P.O. BOX 151		Project No. (if previously assigned)	
City Bradford	State PA	Zip Code 16701	County McKEAN
Municipality HAMILTON TOWNSHIP			
Phone No. 8143626891	Fax No. 8143629912	Latitude N 41° 49' 52.18"	Longitude W 78° 49' 49.92"
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). UNITED STATES OF AMERICA / 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			
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. PA GAME COMMISSION AND U.S. FISH & WILDLIFE SERVICE			
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. 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.			

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

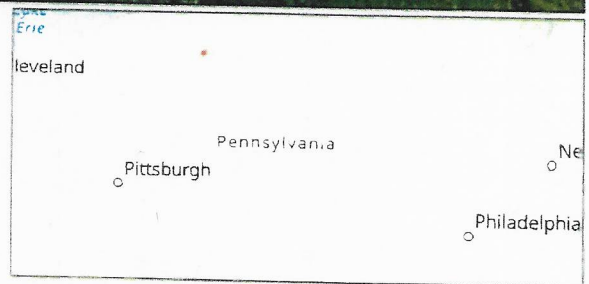
Agency	Results	Response
PA Game Commission	Conservation Measure	No Further Review Required, See Agency Comments
PA Department of Conservation and Natural Resources	No Known Impact	No Further Review Required
PA Fish and Boat Commission	No Known Impact	No Further Review Required
U.S. Fish and Wildlife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

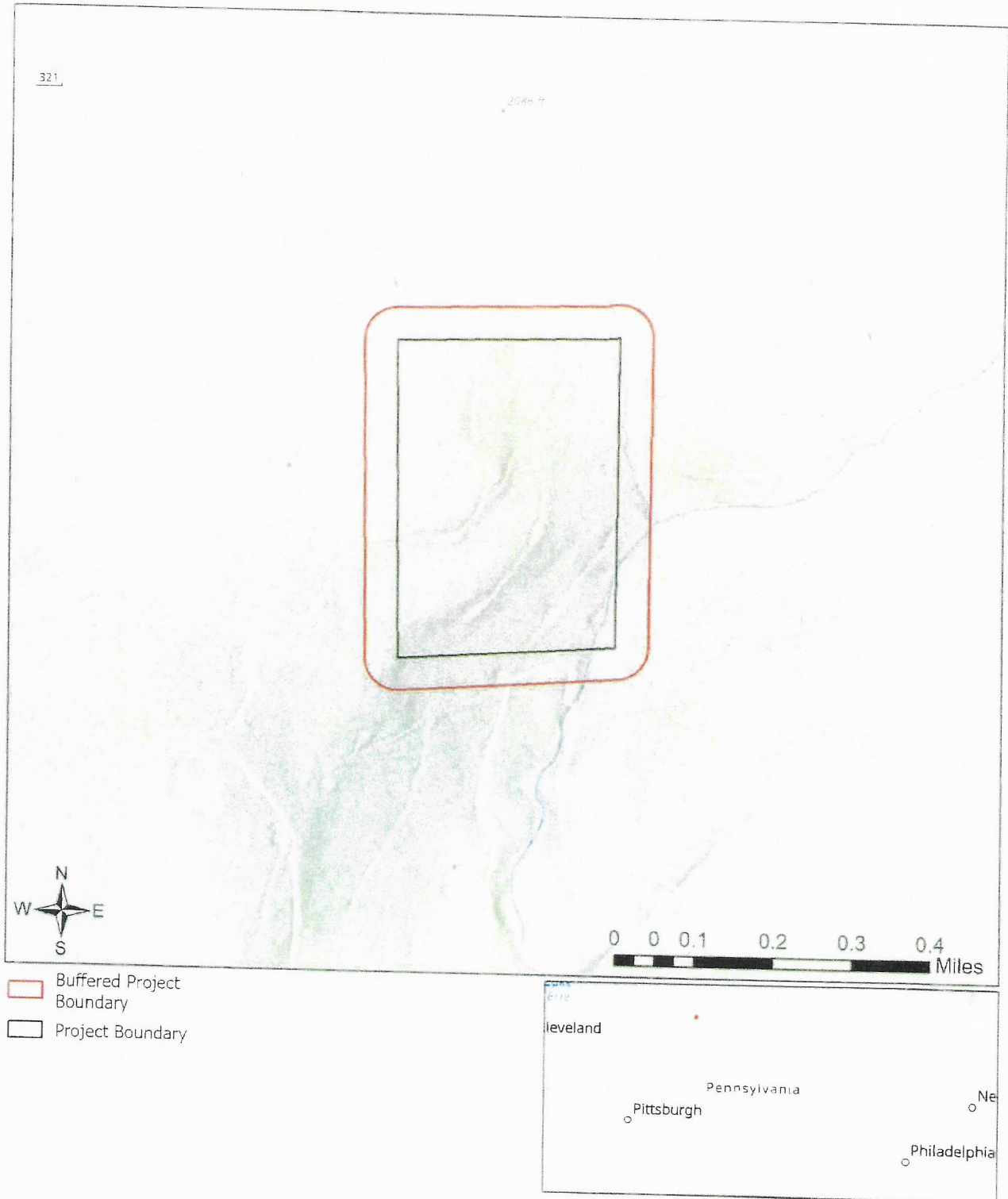


-  Buffered Project Boundary
-  Project Boundary



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



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). Also note that the PNDI Environmental Review Tool only contains information about species occurrences that have actually been reported to the PNHP.

6. AGENCY CONTACT INFORMATION

PA Department of Conservation and Natural Resources

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

PA Fish and Boat Commission

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

U.S. Fish and Wildlife Service

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

PA Game Commission

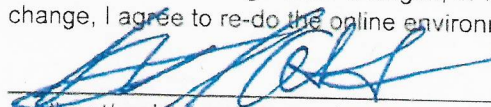
Bureau of Wildlife Management
Division of Environmental Review
2001 Elmerton Avenue, Harrisburg, PA 17110-9797
Email: RA-PGC_PNDI@pa.gov
NO Faxes Please

7. PROJECT CONTACT INFORMATION

Name: _____	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	_____

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

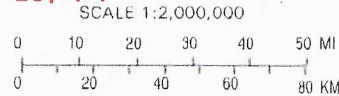
2/13/26

date

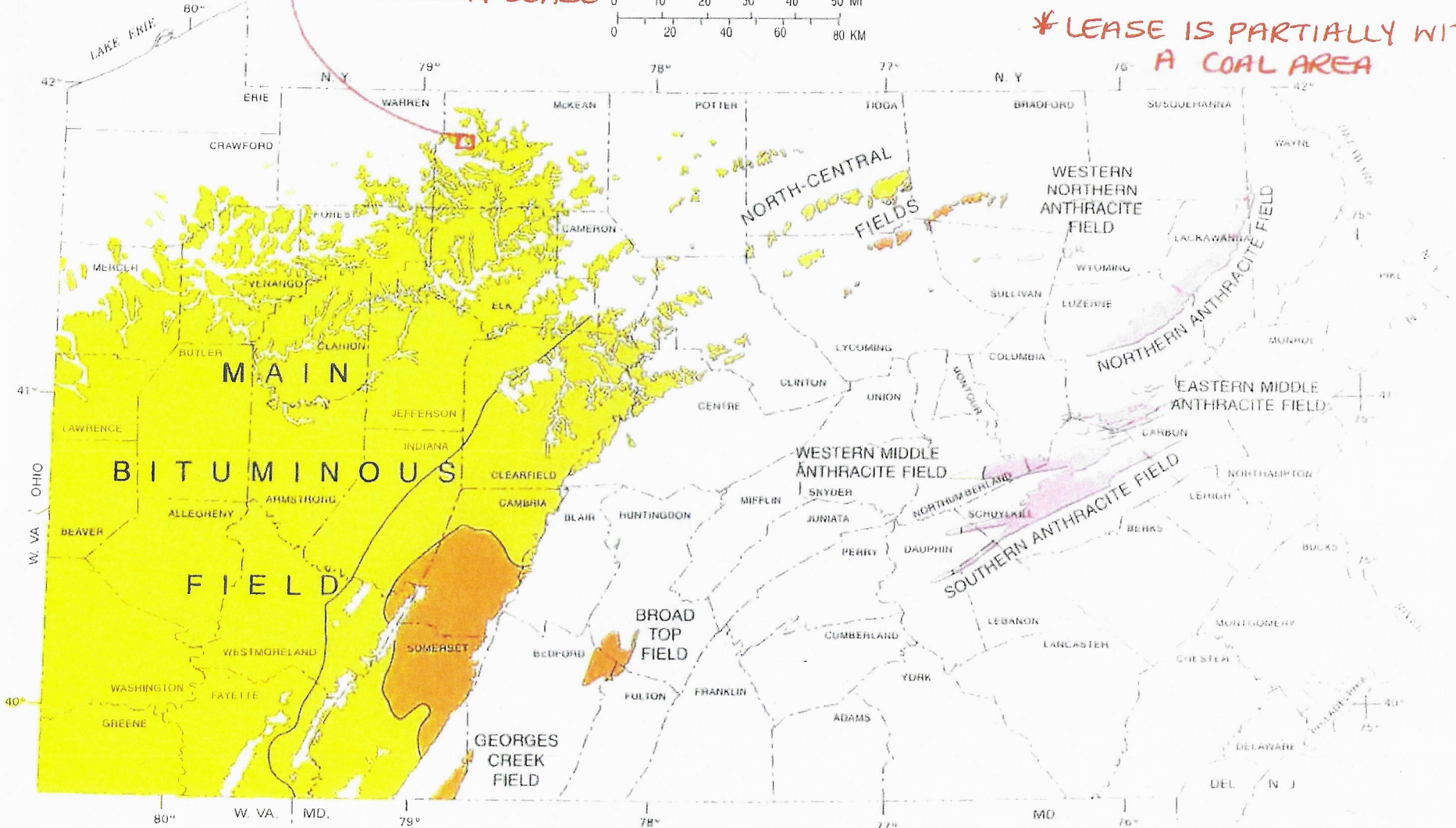
DISTRIBUTION OF PENNSYLVANIA COALS

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*



** LEASE IS PARTIALLY WITHIN
A COAL AREA*

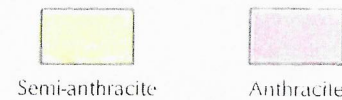


EXPLANATION

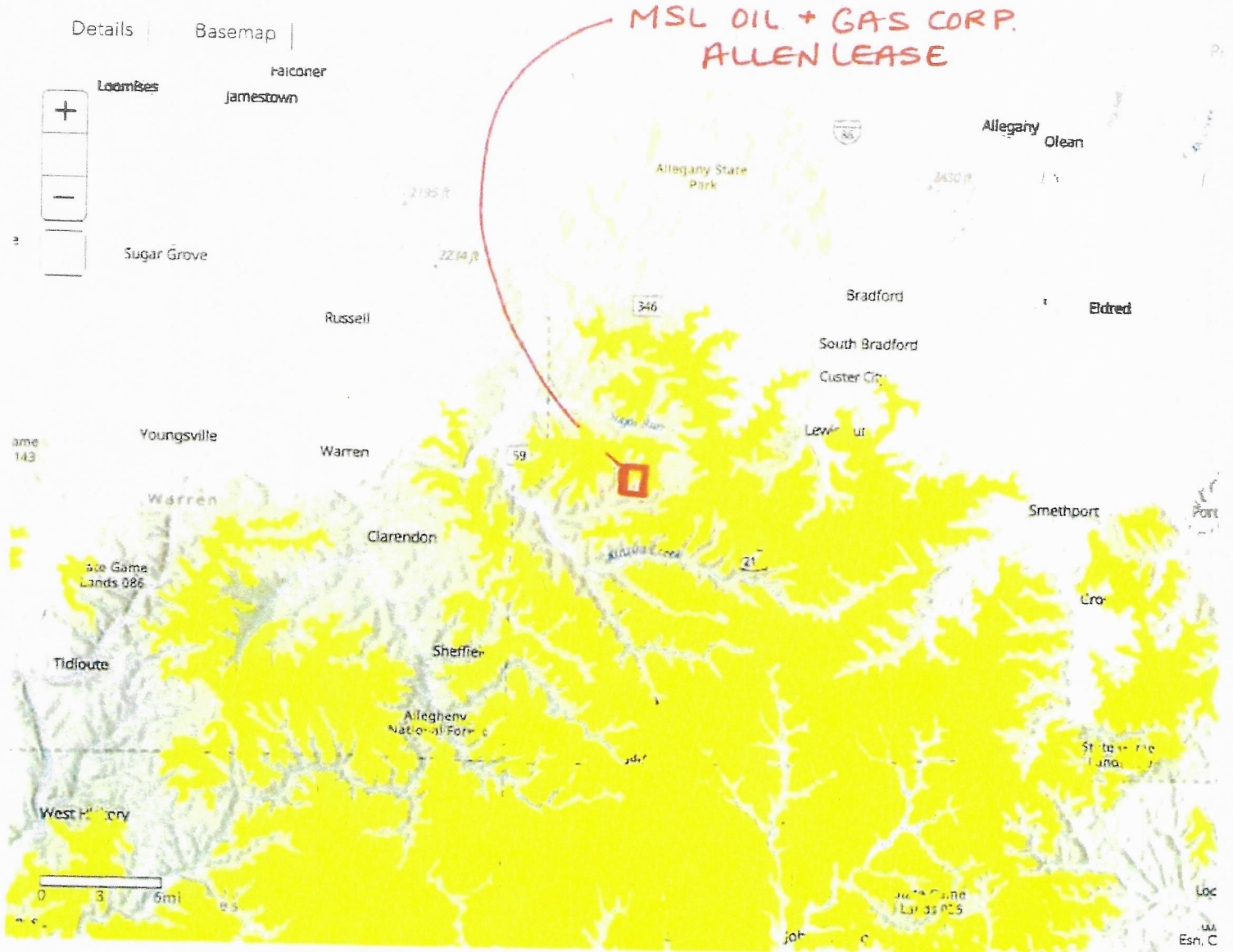
BITUMINOUS FIELDS



ANTHRACITE FIELDS



ArcGIS - Coal Fields in Pennsylvania - High-Volatile Bituminous



MSL Oil & Gas Corp.

P.O. Box 151

Bradford, PA 16701

Phone: (814) 362-6891

office@msloilandgas.com

March 10, 2026

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

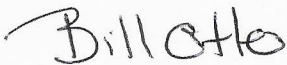
RE: Allen

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
SUN 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

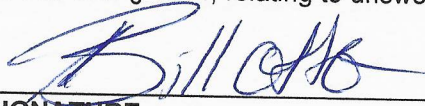
DEP USE ONLY	
Acknowledged and cancelled	
Name	Date

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.

 3-10-26
SIGNATURE **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.