

From: [Hogue, Kate](#)
To: [David Clark](#)
Cc: [Ayers, Brian](#)
Subject: Auth 1563075 123-49238, 123-49239, 123-49237
Date: Wednesday, April 22, 2026 10:10:00 AM
Attachments: [Auth 1563075 123-49238.pdf](#)
[Auth 1563080 123-49239.pdf](#)
[Auth 1563073 123-49237.pdf](#)
[123-49239 AWM approved 03.24.26.pdf](#)
[123-49237 AWM approved 03.24.26.pdf](#)
[123-49238 AWM approved 03.24.26.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.dep.state.pa.us/PaOilAndGasMapping/>

Thanks,
Kate

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



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

DEP USE ONLY	
Permittee's eFACTS ID 46622	Auth ID 1563073
Watershed Name West Branch Tionesta Creek	Quality HQ

WELL PERMIT

Permittee GAS & OIL MANAGEMENT ASSOCIATES INC		OGO.# OGO-25321	Permit Number 37-123-49237-00-00	Date Issued 04/22/2026
Address 80 DILLON DR		Farm Name & Well Number LOT 500 20		Well Serial #
		Municipality Mead Twp	County Warren	
YOUNGSVILLE, PA 16371		7½' Quadrangle Name Warren	Map Section # 9	
Phone (814) 563-4601	Project #	Latitude 41-46-49.2384	Longitude -79-7-32.2212	
Surf Elev at Site 1760 feet	Anticipated Maximum TVD 1500 feet	Well Type OL	Offset distances referenced to NE corner of map section. South 4112 feet West 168 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.
3. Conduct any cutting/trimming or other knocking or bringing down of trees from October 1 to March 31, outside of the summer occupancy season for the northern long-eared bat.

The Operator shall comply with the following:

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

This permit expires **04/22/2027** unless drilling is commenced on or before that date and prosecuted with due diligence.

Thomas Donohue

4/22/26

Subsurface Permits Environmental Program Manager

ERIC WYMER

PO BOX 669
KNOX, PA 16232

814-573-3588

Oil & Gas Inspector

Address

Phone Number



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

PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL

Notes		DEP USE ONLY	
✓ #8799 \$1,200 - 3 APPS NC AWM PNDI 11/18/25	OGO # 25321	Objection Date - Do not issue before: 3/19/26	API # s37- 123-49237
	Client Id 46622	Date Approved:	and - - - - -
	Bond # 5215	SGP 4/20/26	Watershed Name: Designation: <input checked="" type="checkbox"/> HQ <input type="checkbox"/> EV West Branch Tionesta Creek
	C: 3/20/26 dg GACM 4/20/26	Special Cond. 24 hr/ zoning/NLEB	
	INV: APS # 1158829 Auth Id 1563073	Site Id 886957	PF Id 890882 SF Id 1472376

Please read instructions before you begin filling in this form.

WELL INFORMATION							
Well Operator Gas & Oil Management Assoc. Inc.	DEP ID# 46622	Well API # 37- - - -	Well Farm Name Lot 500	Well # 20	Address 80 Dillon Drive		
Address 80 Dillon Drive		LAT 41°46'49.24"	NAD 83	Project Number	Serial #		
LONG 79°07'32.22"							
City Youngsville	State PA	Zip 16371	Municipality Name/ City, Borough, Township Mead Township	County Warren			
Phone 814 563 4601	Fax 814 563 4602	Email gomaoil@eaglezip.net		USGS 7.5 min. quadrangle map Warren (0412)	Section 9		

<input type="checkbox"/> Check if this is a new address	24/7 Emergency Phone contact number (814) 563- 4601	911 address of well site (if available) N/A
Freshwater Impoundment Name/ Identification N/A	Centralized Impoundment Name/ Identification N/A	Well Pad Name/Identification Lot 500 Well # 20
		Borrow Area Name/Identification N/A

Surface Elev 1760 ✓	Deepest Formation to be penetrated: Balltown	Anticipated TVD 1500'	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 \$ _____ Bond Agreement Id Key Bank S328680
Target Formation(s) proposed for production Glade, Clarendon, Balltown,	Anticipated Target Top/Bottom TVD 1200' / 1500'				
Number of wellbore laterals proposed under this application 0 Total feet of wellbore to be drilled under this application 1500 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.			RECEIVED MAR 19 2026 En		

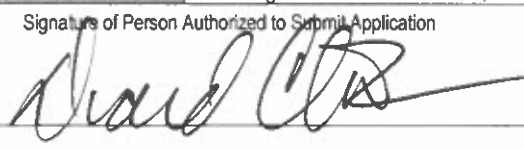
COORDINATION WITH REGULATIONS AND OTHER PERMITS	Yes	No
1. Will the well be subject to the Oil and Gas Conservation Law? If "No," go to 2).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes" to #1, is the well at least 330 feet from outside lease or unit boundary?	<input type="checkbox"/>	<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"/>

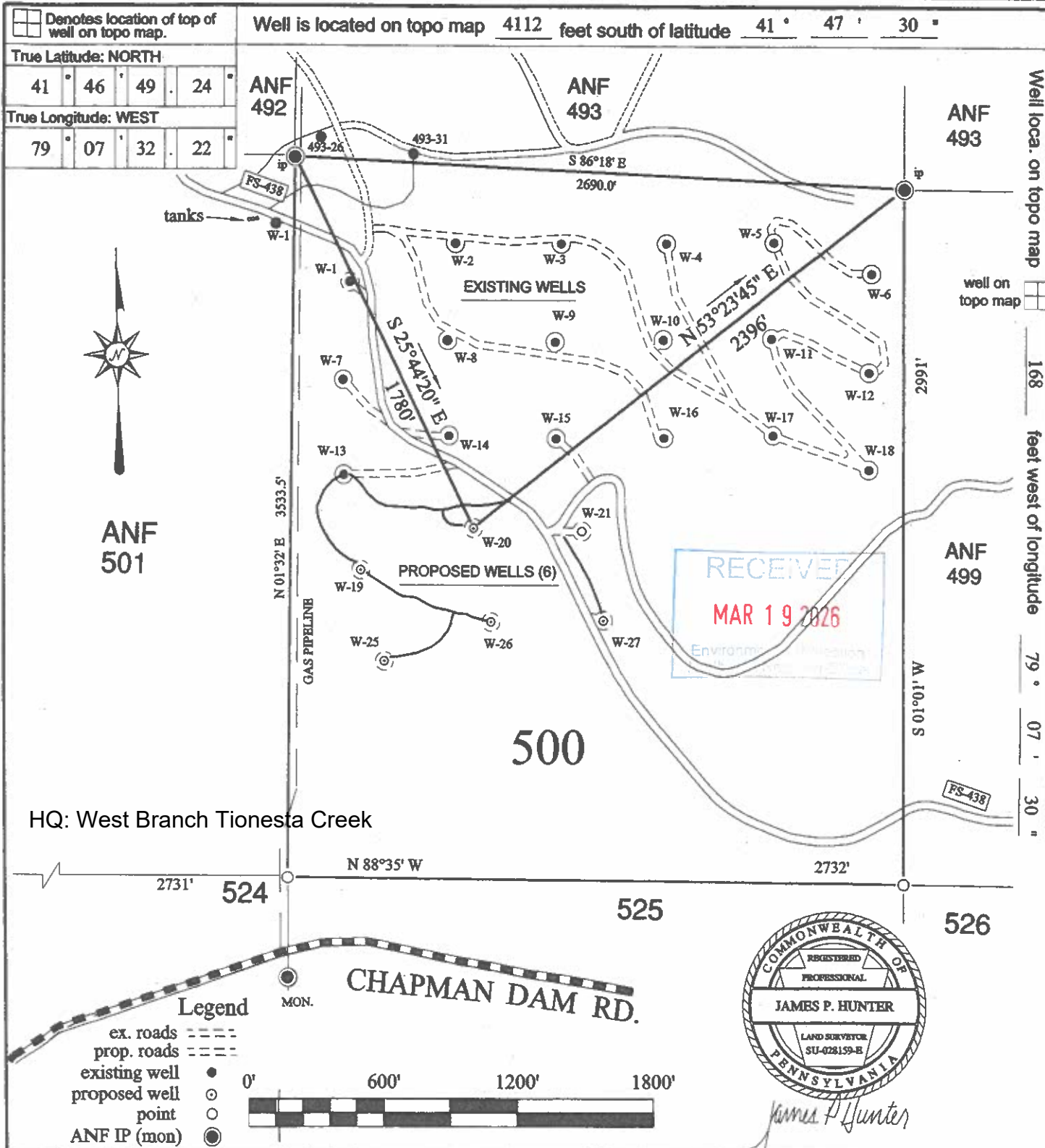
well 20

- ✓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 West Branch Tionesta Creek.
- 7.1 Will the well be drilled using enhanced drilling or completion technologies into a formation that typically produces gas or petroleum?
- ✓8. Is this well part of a development which requires an Earth Disturbance Permit for Oil and Gas Activities disturbing more than 5 acres? If yes, list the number of the ESCGP approval if the permit has been issued.
- ✓8.1 Is the disturbed area of the well site between 1 to 5 acres and in a Special Protection Watershed
- ✓9. Is waste, including drill cuttings, from the drilling of this well is to be disposed of on this well site? Yes No
- ✓10. Will the well or well site be located within a defined 100 year floodplain or where the floodplain is undefined, within 100 feet of the top of the bank of a perennial stream or within 50 feet of the top of the bank of an intermittent stream. Yes No
 - a. If yes, is a waiver request attached that will protect the Waters of the Commonwealth? Yes No
- ✓11. Is the well to be located within a 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: DAVID G. CLARK	Date 3-17-25
Application Preparer/Contact: DAVID G. CLARK		Title: Environmental Care Co-Ordinator	
		Phone: 814 563-4601	



Applicant / Well Operator Name: Gas and Oil Management Associates, Inc.		DEP ID #: 46622	Well(Farm) Name: Lot 500		Well #: 20	Serial #:
Address: 80 Dillon Drive, Youngsville, PA 16371			County: Warren - 62	Municipality: Mead Twp.	Well Type: Oil	
911 address of well site: N/A			USGS 71/2 Quadrangle Map Name: Warren (0412)	Map Section: 9	Surface Elevation: 1760 ft	
Surveyor or Engineer: James P. Hunter, PE/PLS	Phone #: 814-726-2099	Dwg. #: 500-20	Date: 11-28-25	Scale: 1" = 600'	Tract Acreage: 194 AC (+/-)	
Lat. & Long Metadata Method: GPS-Code Based	Accuracy: 3-9 ft.	Datum: NAD 1983	Elevation Metadata Method: interpolation	Accuracy: 1-2 ft	Datum: NGVD 1929	Survey Date: 10-28-25



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

Farm Name - Well # Lot 500 Well # 20	
Applicant Name Gas and Oil Management Assoc. Inc	DEP ID# 46622
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: United States Forest Service Signature	Address: 4 Farm Colony Drive Warren, PA 16365	X				01/09/2026	01/12/2026		
Print Name: Cherry Grove Township Signature	Address: 6039 Cherry Grove Rd. Clarendon, PA 16313				X	01/09/2026	01/16/2026		
Print Name: City Of Warren Municipal Building Signature	Address: 318 W. Third Avenue Warren, PA 16365				X	01/09/2026	01/12/2026		
Print Name: Clarendon Borough Signature	Address: 15 Main Street, PO Box 335 Clarendon, PA 16313				X	01/09/2026	01/12/2026		
Print Name: Elk Township Signature	Address: 3794 Cole Hill Rd. Russell, PA 16345				X	01/09/2026	01/12/2026		

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 # Lot 500 Well # 20	
Applicant Name Gas and Oil Management Assoc. Inc	DEP ID# 46622
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: Glade Township Building Signature	Address: 1285 Cobham Park Road Warren, PA 16365				X	01/09/2026	01/12/2026		
Print Name: Mead Township Signature	Address: 119 Mead Blvd. Clarendon, PA 16313				X	01/09/2026	01/14/2026		
Print Name: Pleasant Township Building Signature	Address: 8 Chari Lane Warren, PA 16365				X	01/09/2026	01/14/2026		
Print Name: Sheffield Township Signature	Address: PO Box 784 20 Leatherman Street Sheffield, PA 16347				X	01/09/2026	01/13/2026		
Print Name: Corydon Township Signature	Address: 2474 West Washington St. Bradford, PA 16701				X	02/06/2026	02/19/2026		

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 # Lot 500 Well # 20	
Applicant Name Gas and Oil Management Assoc. Inc	DEP ID# 46622
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: Hamilton Township	Address: 2 Curtis Drive, PO Box 23 Ludlow, PA 16333				X	01/09/2026	01/13/2026		
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

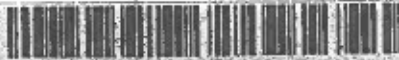
Print and Sign Name:	Address:	Date:	Surface Owner	Water Well within 200 feet	Building within 200 feet
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>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

United States Forest Service
4 Farm Colony Drive
Warren, PA 16365



9590 9402 7770 2152 7744 70

2. Article Number (Transfer from service label)

7020 1810 0001 1529 7516

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Derek Shaw*

- Agent
- Addressee

B. Received by (Printed Name)

Derek Shaw

C. Date of Delivery

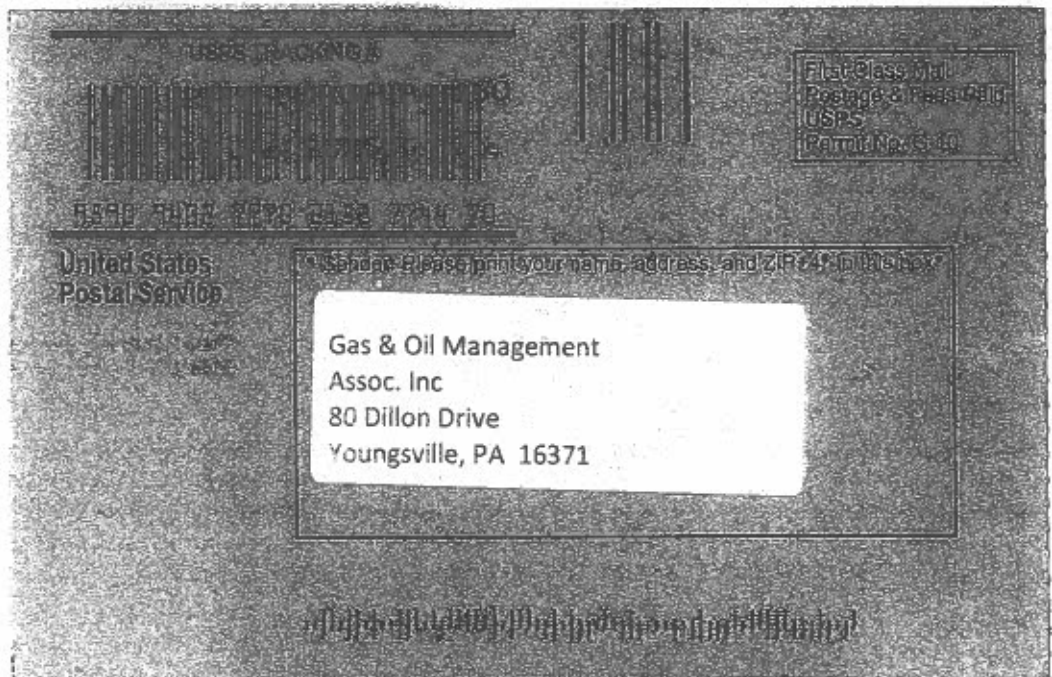
1/12/26

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail and Mail Restricted Delivery (≤ \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt



7020 1810 0001 1529 7516

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

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

Waiver of Official Use

Certified Mail Fee	\$15.30
Extra Services & Fees (check box, add fee if applicable)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.78
Total	\$16.08

Sent to: United States Forest Service
4 Farm Colony Drive
Warren, PA 16365

PS Form 3800, April 2015 PSN 7530-02-000-5047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature Agent Addressee
Xo J. McLaughlin

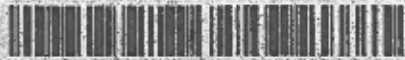
B. Received by (Printed Name) Agent Addressee
T.M. Leary

C. Date of Delivery
1-13-26

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

1. Article Addressed to:

City Of Warren
 Municipal Building
 318 W. Third Avenue
 Warren, PA 16365



9590 9402 7770 2152 7745 55

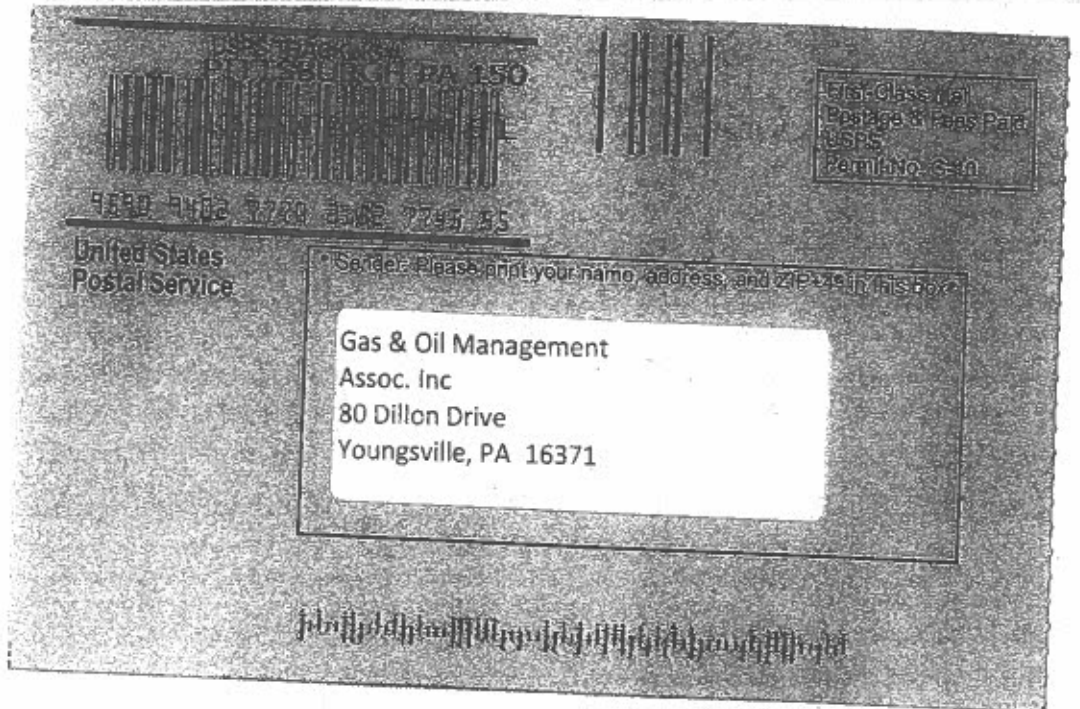
2. Article Number (Transfer from service label)

7020 1810 0001 1529 7615

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

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

Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Warren, PA 16365

Certified Mail Fee	\$15.30
Extra Services & Fees (check box, add fee as appropriate)	\$4.40
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.78

Total \$10.48

Sent to
 City Of Warren
 Municipal Building
 318 W. Third Avenue
 Warren, PA 16365



01/09/2026

7020 1810 0001 1529 7615

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature  Agent Addressee

B. Received by (Printed Name) _____ G. Date of Delivery **1-16**

1. Article Addressed to:

Cherry Grove Township
6039 Cherry Grove Rd.
Clarendon, PA 16313

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



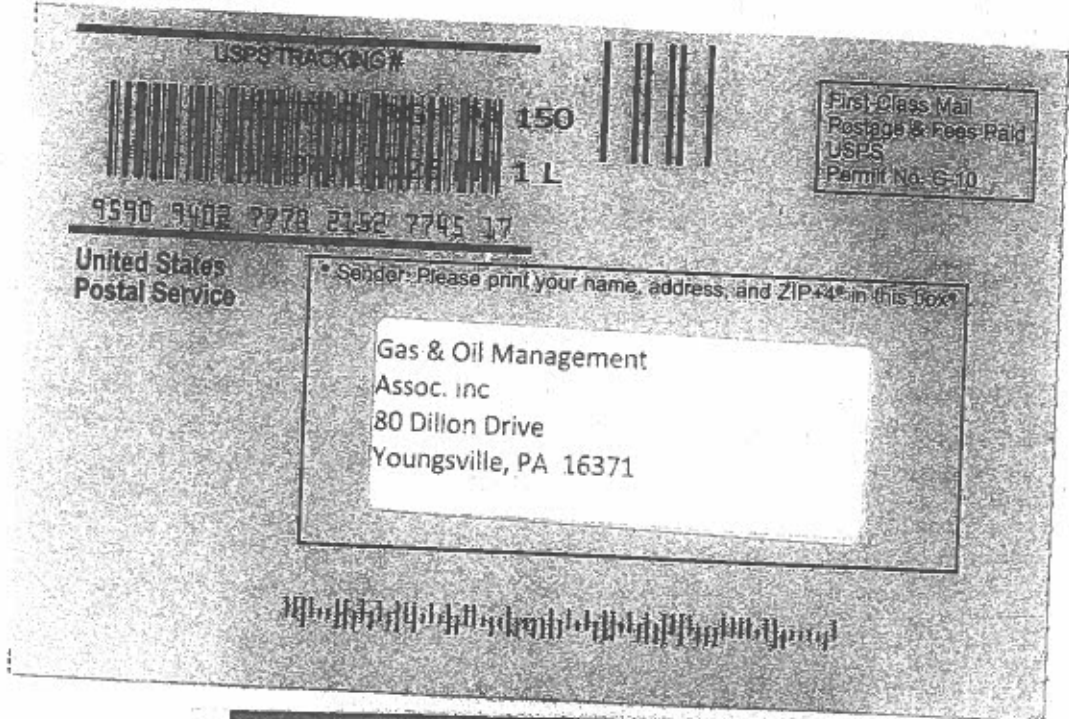
9590 9402 7770 2152 7745 17

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

2. Article Number (Transfer from service label)
7020 1810 0001 1529 7639

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

Domestic Return Receipt



7020 1810 0001 1529 7639

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

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

OFFICIAL USE

Certified Mail Fee \$ **15.30**

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ 11.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 10.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 10.00
<input type="checkbox"/> Adult Signature Required	\$ 10.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 10.00

Postage \$ **10.75**

Total \$ **16.03**

Sent to: **Cherry Grove Township**
6039 Cherry Grove Rd.
Clarendon, PA 16313

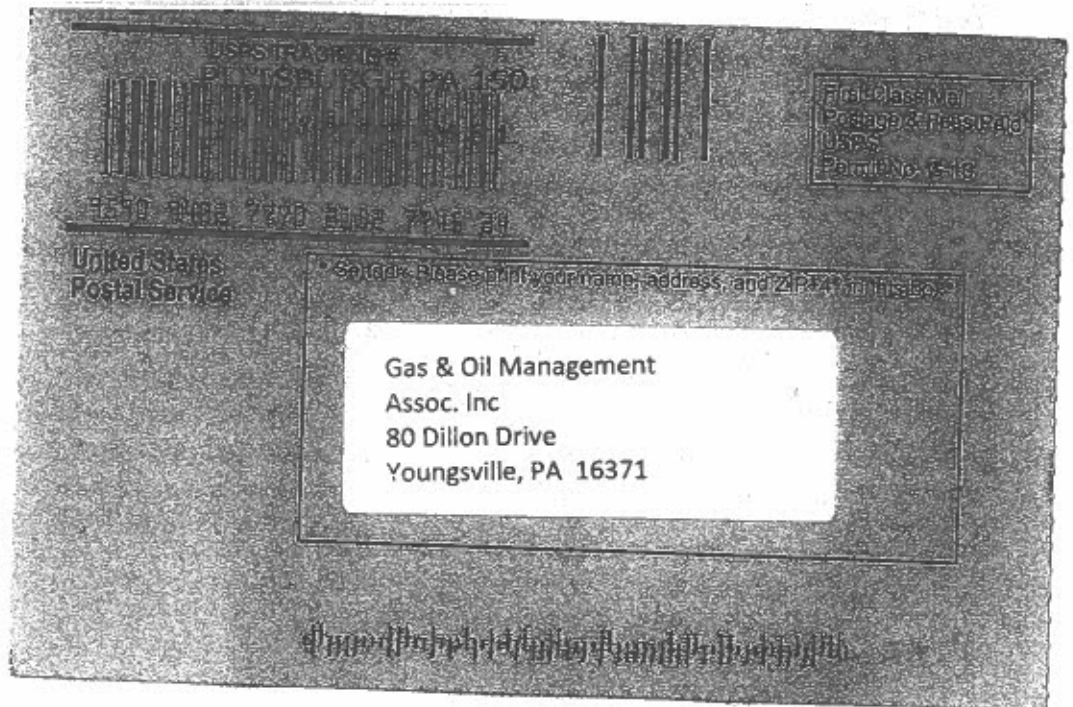
City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



NC AWM
 PNDI 11/18/25

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Clarendon Borough 15 N Main PO Box 335 Clarendon, PA 16313		B. Received by (Printed Name) <i>Debra Roberts</i>	
2. Article Number (Transfer from service label) 7020 1810 0001 1529 7646		G. Date of Delivery 11/25	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
D. Is delivery address different from form 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
PS Form 3811, July 2020 PSN 7580-02-000-9053		Domestic Return Receipt	



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

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

Clarendon, PA 16311

OFFICIAL USE

Certified Mail Fee	\$15.30
Extra Services & Fees (check box, add fee as appropriate)	\$4.40
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postmark	\$0.78
Total	\$10.48

Sent to: Clarendon Borough
 15 N Main PO Box 335
 Clarendon, PA 16313

Postmark: YOUNGVILLE, PA 16371

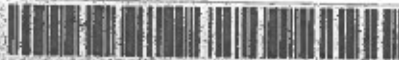
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Glade Township
1285 Cobham Park Road
Warren, PA 16365



9590 9402 7770 2152 7745 31

2. Article Number (Transfer from service label)

7020 1810 0001 1529 7653

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Tiffany Smith

B. Received by (Printed Name)
Tiffany Smith

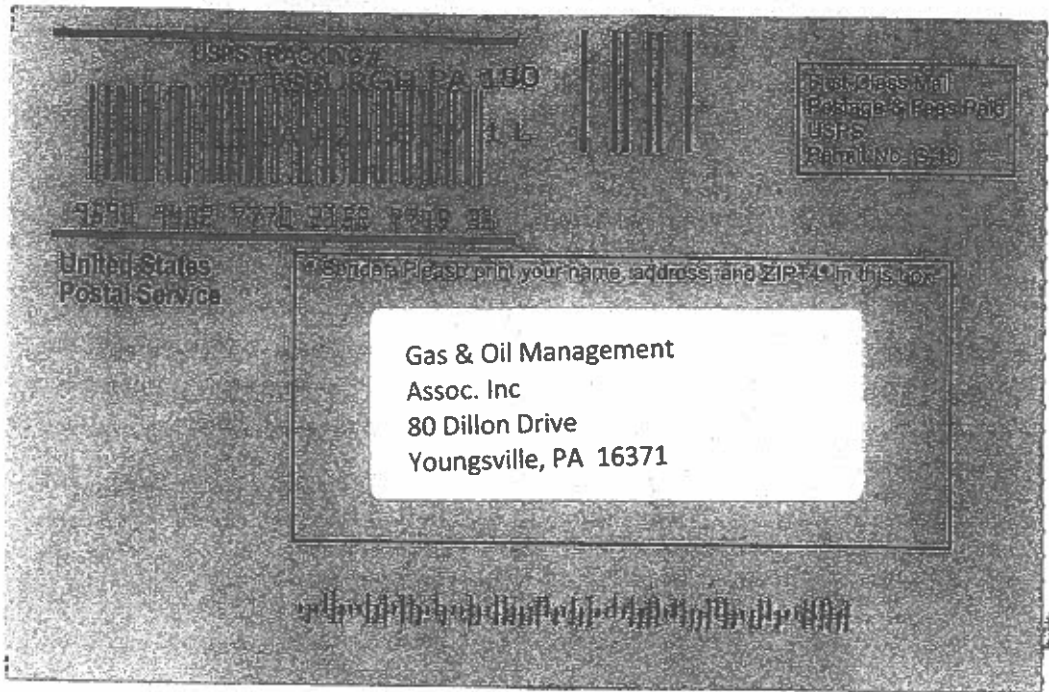
C. Date of Delivery
1-12-21

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt



7020 1810 0001 1529 7653

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

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

Warren, PA 16361

OFFICIAL USE

Certified Mail Fee	\$15.30
Extra Services & Fees (check box, add fee as appropriate)	\$10.48
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.78
Total	\$10.48

Postmark: JUL 12 2021 YOUNGSSVILLE PA

Glade Township
1285 Cobham Park Road
Warren, PA 16365

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mead Township
119 Mead Blvd.
Clarendon, PA 16313



9590 9402 7770 2152 7745 48

2. Article Number (Transfer from service label)

7020 1810 0001 1529 7660

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

Ronnie K. N.

C. Date of Delivery

1/14/26

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail®

Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

United States
Postal Service

Sender, please print your name, address, and ZIP+4 in this box.

Gas & Oil Management
Assoc. Inc
80 Dillon Drive
Youngsville, PA 16371

First-Class Mail
Postage & Fees Paid
USPS
Permit No. 8-11

7020 1810 0001 1529 7660

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Official Use

Certified Mail Fee	\$15.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00


Postage \$0.78

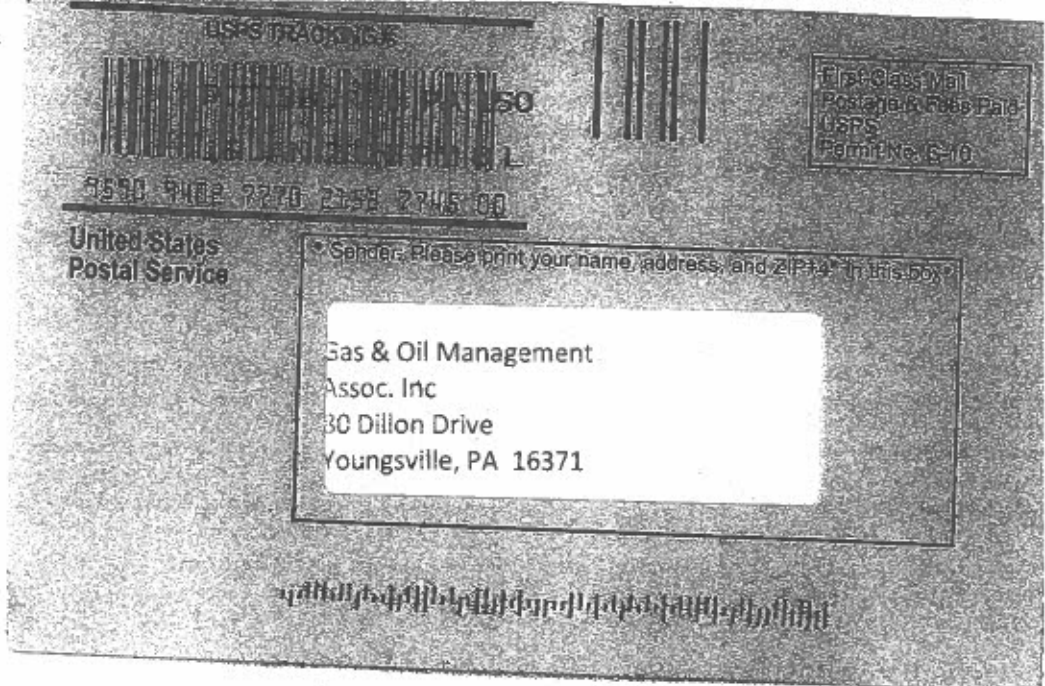
Total \$16.08

Sent to Mead Township
119 Mead Blvd.
Clarendon, PA 16313
City, S



01/09/2026

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>1/14/26</u></p>
<p>1. Article Addressed to:</p> <p>Pleasant Township Building 8 Chari Lane Warren, PA 16365</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 7770 2152 7745 00	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Return Receipt on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (over \$500)
<p>2. Article Number (Transfer from service label) 7020 1810 0001 1529 7622</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	



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Warren, PA 16371

OFFICIAL USE

Certified Mail Fee \$15.30

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.78

Total \$16.08

Postmark Here
 YOUNGSSVILLE PA 16371
 01/09/2026

Pleasant Township Building
 8 Chari Lane
 Warren, PA 16365

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 8.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sheffield Township
 PO Box 784 20 Leather Street
 Sheffield, PA 16347



9590 9402 9603 5121 5785 53

2. Article Number (Transfer from service label)

7020 1610 0001 1529 7677

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Cara Schrader

C. Date of Delivery

1/13/26

D. Is delivery address different from item 1? Yes

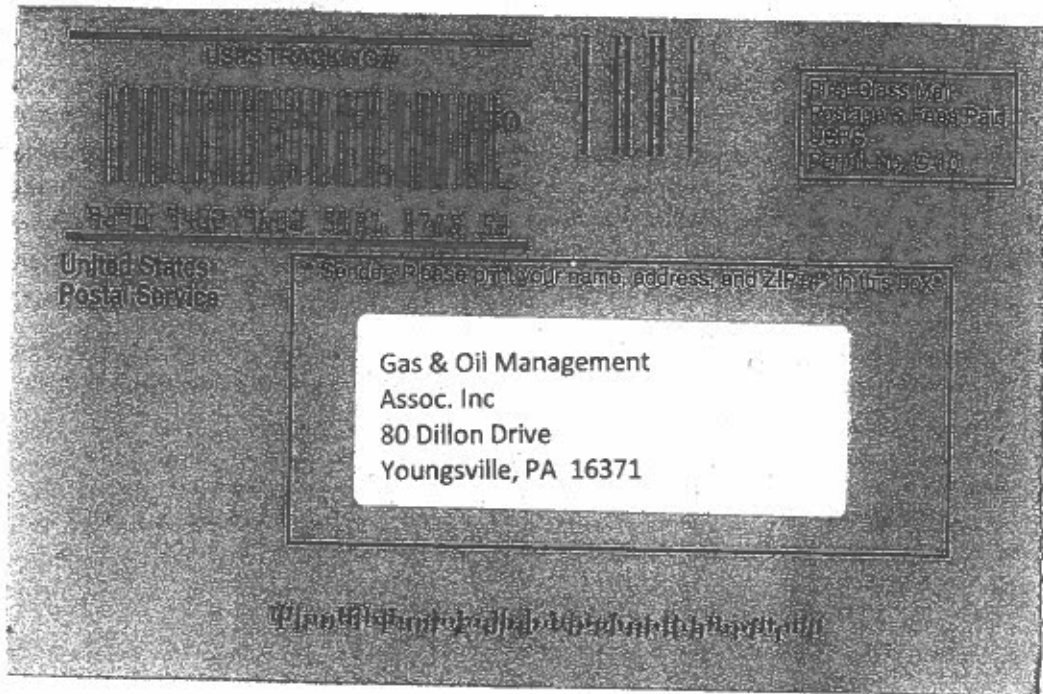
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail
 Mail Restricted Delivery
 00

Domestic Return Receipt



7020 1610 0001 1529 7677

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

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

Sheffield, PA 16347

OFFICIAL USE

Certified Mail Fee	\$15.30
Extra Services & Fees (check box, add fee as appropriate)	\$4.40
<input type="checkbox"/> Return Receipt (hardcopy)	\$3.00
<input type="checkbox"/> Return Receipt (electronic)	\$1.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.78
Total	\$20.48

Postmark Here
 01/09/2026

Sheffield Township
 PO Box 784 20 Leather Street
 Sheffield, PA 16347

PS Form 3800, April 2015 PSN 7530-02-000-9077 See Reverse for Instructions

USPS TRACKING#



9590 9402 9603 5121 5785 15

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

United States
Postal Service

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

Gas & Oil Management
Assoc. Inc
80 Dillon Drive
Youngsville, PA 16371



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3.</p> <p>2. Print your name and address on the reverse so that we can return the package to you.</p> <p>3. Attach this card to the back of the package or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Corydon Township 2474 West Washington Bradford, PA 16701</p> <p>2. Article Number (available from USPS Form 3811)</p> <p>9589 0710 5270 0783 2327 01</p>	<p>4. Signature Required</p> <p>5. Restricted Delivery</p> <p>6. Signature Restricted Delivery</p> <p>7. Signature Required</p> <p>8. Restricted Delivery</p> <p>9. Signature Restricted Delivery</p> <p>10. Signature Restricted Delivery</p> <p>11. Signature Restricted Delivery</p> <p>12. Signature Restricted Delivery</p> <p>13. Signature Restricted Delivery</p> <p>14. Signature Restricted Delivery</p> <p>15. Signature Restricted Delivery</p> <p>16. Signature Restricted Delivery</p> <p>17. Signature Restricted Delivery</p> <p>18. Signature Restricted Delivery</p> <p>19. Signature Restricted Delivery</p> <p>20. Signature Restricted Delivery</p>

9589 0710 5270 0783 2327 01

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

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

Bradford, PA 16701

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.78

Total Pk \$10.48

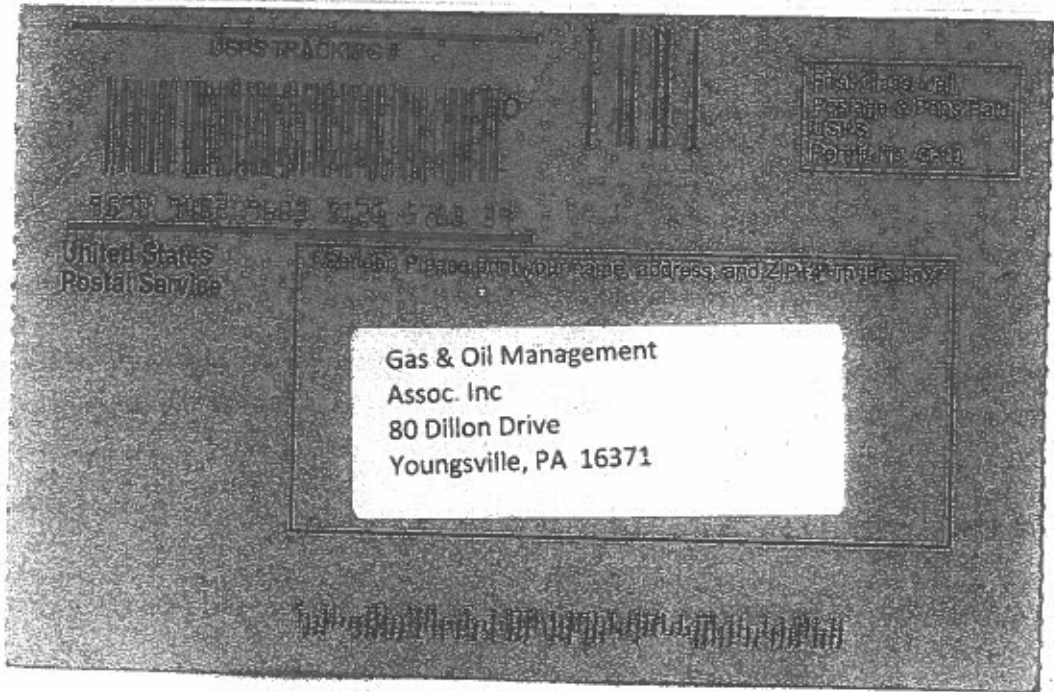
Sent To Corydon Township
Street 2474 West Washington
City, St Bradford, PA 16701



02/06/2026

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>*Becky Davidson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Becky Davidson</i></p> <p>C. Date of Delivery <i>1-13-20</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Hamilton Township 2 Curtis Drive, PO Box 23 Ludlow, PA 16333</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 9603 5121 5785 39</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
<p>9589 0710 5270 0783 2326 64</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com

Ludlow, PA 16333

OFFICIAL USE

Certified Mail® Fee	\$5.30
Extra Services & Fees (check box, add fee as applicable)	\$10.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.78
Total	\$10.18

Hamilton Township
 2 Curtis Drive, PO Box 23
 Ludlow, PA 16333

City: _____

Postmark Here: *90371 05 JAN 9 2020*

01/09/2026

PS Form 3800, January 2023 PSN 7530-02-000-9017 See Reverse for Instructions

9589 0710 5270 0783 2326 64

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elk Township
3794 Cole Hill Road
Russell, PA 16345

2. Article Number (Transfer from service label)

9589 0710 5270 0783 2326 71

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elk Township
Agent Addressed

B. Received by (Printed Name)

C. Date of Delivery
1/2/20

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

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

United States Postal Service

Postage & Fees Paid
US-6
Permit No. 6-10

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

Gas & Oil Management
Assoc. Inc
80 Dillon Drive
Youngsville, PA 16371

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

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

Russell, PA 16345

OFFICIAL USE

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$4.40
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
Total	\$10.40

Sent to: Elk Township
3794 Cole Hill Road
Russell, PA 16345

City: _____

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

1. PROJECT INFORMATION

Project Name: **Lot 500 Conventional Well**
Date of Review: **11/18/2025 07:43:25 AM**
Project Category: **Mining, Oil or Gas (including roads and pipelines), New Well**
Project Area: **26.46 acres**
County(s): **Warren**
Township/Municipality(s): **Mead Township**
ZIP Code:
Quadrangle Name(s): **CLARENDON; WARREN**
Watersheds HUC 8: **Middle Allegheny-Tionesta**
Watersheds HUC 12: **Elkhorn Run-West Branch Tionesta Creek**
Decimal Degrees: **41.779345, -79.125946**
Degrees Minutes Seconds: **41° 46' 45.6416" N, 79° 7' 33.4040" 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	Potential Impact	MORE INFORMATION REQUIRED, See Agency Response

As summarized above, Pennsylvania Natural Diversity Inventory (PNDI) records indicate there may be potential impacts to threatened and endangered and/or special concern species and resources within the project area. If the response above indicates "No Further Review Required" no additional communication with the respective agency is required. If the response is "Further Review Required" or "See Agency Response," refer to the appropriate agency comments below. Please see the DEP Information Section of this receipt if a PA Department of Environmental Protection Permit is required.

Lot 500 Conventional Well

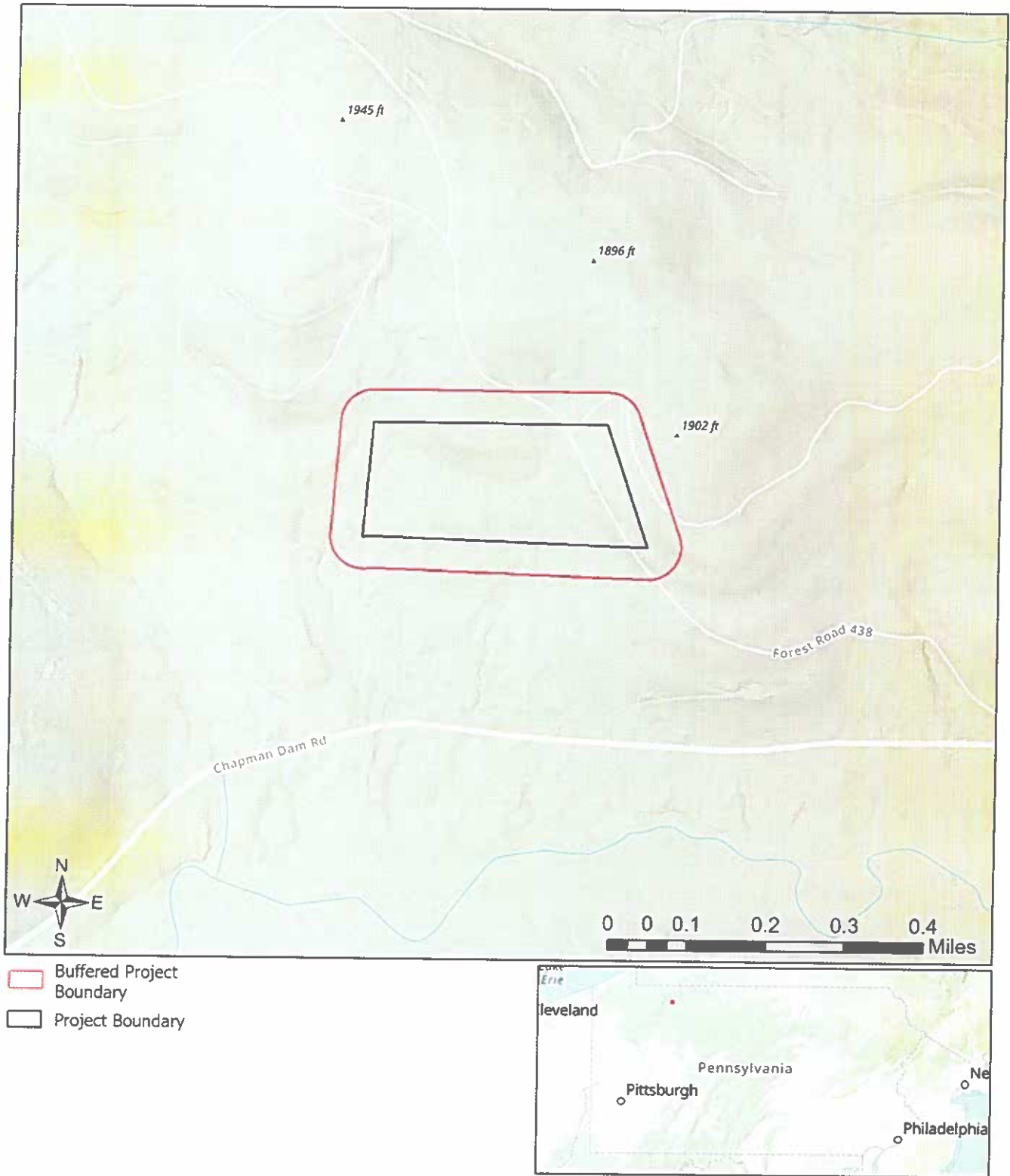




-  Buffered Project Boundary
-  Project Boundary



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

Lot 500 Conventional Well



-  Buffered Project Boundary
-  Project Boundary

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

RESPONSE TO QUESTION(S) ASKED

Q1: Will the action include disturbance to trees such as tree cutting (or other means of knocking down, or bringing down trees, tree topping, or tree trimming), pesticide/herbicide application or prescribed fire?

Your answer is: Yes

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:

Information Request: Your project is within the range of the federally listed [northern long-eared bat](#). Enter project information into IPaC (<http://ecos.fws.gov/ipac/>). Follow the step-by-step process to review this project's potential effect on federally listed species. For step-by-step instructions, please see our Project Review Page (<https://www.fws.gov/office/pennsylvania-ecological-services/project-revi...>)

WHAT TO SEND TO JURISDICTIONAL AGENCIES

If project information was requested by one or more of the agencies above, upload* or email the following information to the agency(s) (see AGENCY CONTACT INFORMATION). Instructions for uploading project materials can be found [here](#). This option provides the applicant with the convenience of sending project materials to a single location accessible to all three state agencies (but not USFWS).

*If information was requested by USFWS, applicants must submit their project using [IPaC](#), following the [USFWS Project Submission](#) Instructions. USFWS will not accept or review project materials uploaded via the Conservation Explorer.

Check-list of Minimum Materials to be submitted:

___ Project narrative with a description of the overall project, the work to be performed, current physical characteristics of the site and acreage to be impacted.

___ A map with the project boundary and/or a basic site plan (particularly showing the relationship of the project to the physical features such as wetlands, streams, ponds, rock outcrops, etc.)

In addition to the materials listed above, USFWS REQUIRES the following

___ **SIGNED** copy of a Final Project Environmental Review Receipt

The inclusion of the following information may expedite the review process.

___ Color photos keyed to the basic site plan (i.e. showing on the site plan where and in what direction each photo was taken and the date of the photos)

___ Information about the presence and location of wetlands in the project area, and how this was determined (e.g., by a qualified wetlands biologist), if wetlands are present in the project area, provide project plans showing the location of all project features, as well as wetlands and streams.

4. DEP INFORMATION

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

5. ADDITIONAL INFORMATION

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

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

6. AGENCY CONTACT INFORMATION

PA Department of Conservation and Natural Resources

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

PA Fish and Boat Commission

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

U.S. Fish and Wildlife Service

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

PA Game Commission

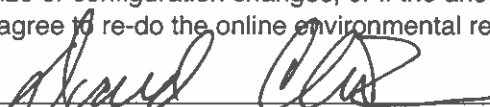
Bureau of Wildlife Management
Division of Environmental Review
2001 Elmerton Avenue, Harrisburg, PA 17110-9797
Email: RA-PGC_PNDI@pa.gov
NO Faxes Please

7. PROJECT CONTACT INFORMATION

Name: _____	David Clark	_____
Company/Business _____	Gas & Oil Management Assoc. Inc	_____
Address: _____	80 Dillon Drive	_____
City, State, Zip: _____	Youngsville, PA 16371	_____
Phone:(____) _____	(814) 563-4601, fax (814) 563-4602	_____
Email: _____	gomaoil@eaglezip.net	_____

8. CERTIFICATION

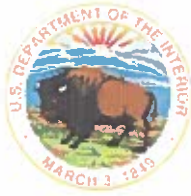
I certify that ALL of the project information contained in this receipt (including project location, project size/configuration, project type, answers to questions) is true, accurate and complete. In addition, if the project type, location, size or configuration changes, or if the answers to any questions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



applicant/project proponent signature

3-2-26

date



United States Department of the Interior



FISH AND WILDLIFE SERVICE
Pennsylvania Ecological Services Field Office
110 Radnor Road Suite 101
State College, PA 16801-7987
Phone: (814) 234-4090 Fax: (814) 234-0748

In Reply Refer To:
Project code: 2026-0017397
Project Name: Lot 500 5 well conventional

11/18/2025 21:14:59 UTC

Federal Nexus: no
Federal Action Agency (if applicable):

Subject: Technical assistance for 'Lot 500 5 well conventional'

Dear David Clark:

This letter records your determination using the Information for Planning and Consultation (IPaC) system provided to the U.S. Fish and Wildlife Service (Service) on November 18, 2025, for 'Lot 500 5 well conventional' (here forward, Project). This project has been assigned Project Code 2026-0017397 and all future correspondence should clearly reference this number. **Please carefully review this letter. Your Endangered Species Act (Act) requirements may not be complete.**

Ensuring Accurate Determinations When Using IPaC

The Service developed the IPaC system and associated species' determination keys in accordance with the Endangered Species Act of 1973 (ESA; 87 Stat. 884, as amended; 16 U.S.C. 1531 et seq.) and based on a standing analysis. All information submitted by the Project proponent into IPaC must accurately represent the full scope and details of the Project.

Failure to accurately represent or implement the Project as detailed in IPaC or the Northern Long-eared Bat and Tricolored Bat Range-wide Determination Key (Dkey), invalidates this letter. ***Answers to certain questions in the DKey commit the project proponent to implementation of conservation measures that must be followed for the ESA determination to remain valid. Note that conservation measures for northern long-eared bat and tricolored bat may differ. If both bat species are present in the action area and the key suggests more conservative measures for one of the species for your project, the Project may need to apply the most conservative measures in order to avoid adverse effects. If unsure which conservation measures should be applied, please contact the appropriate Ecological Services Field Office***

Determination for the Northern Long-Eared Bat and Tricolored Bat

Based upon your IPaC submission and a standing analysis completed by the Service, your project has reached the following effect determination(s):

✓ Species	Listing Status	Determination
Northern Long-eared Bat (<i>Myotis septentrionalis</i>)	Endangered	NLAA

Other Species and Critical Habitat that May be Present in the Action Area

The IPaC-assisted determination key for the northern long-eared bat and tricolored bat does not apply to the following ESA-protected species and/or critical habitat that also may occur in your Action area:

- Monarch Butterfly *Danaus plexippus* Proposed Threatened

You may coordinate with our Office to determine whether the Action may cause prohibited take of the animal species and/or critical habitat listed above. Note that if a new species is listed that may be affected by the identified action before it is complete, additional review is recommended to ensure compliance with the Endangered Species Act.

Next Steps

- ✓ Coordination with the Service is complete. This letter serves as technical assistance. All conservation measures should be implemented as proposed. Thank you for considering federally listed species during your project planning.

If no changes occur with the Project or there are no updates on listed species, no further consultation/coordination for this project is required for the northern long-eared bat. However, the Service recommends that project proponents re-evaluate the Project in IPaC if: 1) the scope, timing, duration, or location of the Project changes (includes any project changes or amendments); 2) new information reveals the Project may impact (positively or negatively) federally listed species or designated critical habitat; or 3) a new species is listed, or critical habitat designated. If any of the above conditions occurs, additional coordination with the Service should take place before project implements any changes which are final or commits additional resources.

If you have any questions regarding this letter or need further assistance, please contact the Pennsylvania Ecological Services Field Office and reference Project Code 2026-0017397 associated with this Project.

Action Description

You provided to IPaC the following name and description for the subject Action.

1. Name

Lot 500 5 well conventional

2. Description

The following description was provided for the project 'Lot 500 5 well conventional':

5 conventional oil wells in a clear cut area

The approximate location of the project can be viewed in Google Maps: <https://www.google.com/maps/@41.7793611,-79.12598252407906,14z>



DETERMINATION KEY RESULT

Based on the answers provided, the proposed Action is consistent with a determination of “may affect, but not likely to adversely affect” for a least one species covered by this determination key.

QUALIFICATION INTERVIEW

1. Does the proposed project include, or is it reasonably certain to cause, intentional take of listed bats or any other listed species?

Note: Intentional take is defined as take that is the intended result of a project. Intentional take could refer to research, direct species management, surveys, and/or studies that include intentional handling/encountering, harassment, collection, or capturing of any individual of a federally listed threatened, endangered or proposed species?

No

2. Is the action area wholly within Zone 2 of the year-round active area for northern long-eared bat and/or tricolored bat?

Automatically answered

No

3. Does the action area intersect Zone 1 of the year-round active area for northern long-eared bat and/or tricolored bat?

Automatically answered

No

4. Does any component of the action involve leasing, construction or operation of wind turbines? Answer 'yes' if the activities considered are conducted with the intention of gathering survey information to inform the leasing, construction, or operation of wind turbines.

No

5. Is the proposed action authorized, permitted, licensed, funded, or being carried out by a Federal agency in whole or in part?

Note for projects in Pennsylvania: Projects requiring authorization under Section 404 of the Clean Water Act and/or Section 10 of the Rivers and Harbors Act would be considered as having a federal nexus. Since the U.S. Army Corps of Engineers (Corps) has issued the Pennsylvania State Programmatic General Permit (PASPGP), which may be verified by the PA Department of Environmental Protection or certain Conservation Districts, the need to receive a Corps authorization to perform the work under the PASPGP serves as a federal nexus. As such, if proposing to use the PASPGP, you would answer 'yes' to this question.

No

6. [Semantic] Is the action area located within 0.5 miles of a known bat hibernaculum or winter roost? Note: The map queried for this question contains proprietary information and cannot be displayed. If you need additional information, please contact your state wildlife agency.

Automatically answered

No

7. Does the action area contain any winter roosts or caves (or associated sinkholes, fissures, or other karst features), mines, rocky outcroppings, or tunnels that could provide habitat for hibernating bats?

No

8. Does the action area contain (1) talus or (2) anthropogenic or naturally formed rock shelters or crevices in rocky outcrops, rock faces or cliffs?

No

9. Will the action cause effects to a bridge?

Note: Covered bridges should be considered as bridges in this question.

No

10. Will the action result in effects to a culvert or tunnel at any time of year?

No

11. Are trees present within 1000 feet of the action area?

Note: If there are trees within the action area that are of a sufficient size to be potential roosts for bats answer "Yes". If unsure, additional information defining suitable summer habitat for the northern long-eared bat and tricolored bat can be found in Appendix A of the USFWS' Range-wide Indiana Bat and Northern long-eared bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>.

Yes

12. Does the action include the intentional exclusion of bats from a building or building-like structure? **Note:** Exclusion is conducted to deny bats' entry or reentry into a building. To be effective and to avoid harming bats, it should be done according to established standards. If your action includes bat exclusion and you are unsure whether northern long-eared bats or tricolored bats are present, answer "Yes." Answer "No" if there are no signs of bat use in the building/structure. If unsure, contact your local Ecological Services Field Office to help assess whether northern long-eared bats or tricolored bats may be present. Contact a Nuisance Wildlife Control Operator (NWCO) for help in how to exclude bats from a structure safely without causing harm to the bats (to find a NWCO certified in bat standards, search the Internet using the search term "National Wildlife Control Operators Association bats"). Also see the White-Nose Syndrome Response Team's guide for bat control in structures.

No

13. Does the action involve removal, modification, or maintenance of a human-made building-like structure (barn, house, or other building) **known or suspected to contain roosting bats?**

No

14. Will the action cause construction of one or more new roads open to the public?

For federal actions, answer 'yes' when the construction or operation of these facilities is either (1) part of the federal action or (2) would not occur but for an action taken by a federal agency (federal permit, funding, etc.).

No

15. Will the action include or cause any construction or other activity that is reasonably certain to increase average night-time traffic permanently or temporarily on one or more existing roads? **Note:** For federal actions, answer 'yes' when the construction or operation of these facilities is either (1) part of the federal action or (2) would not occur but for an action taken by a federal agency (federal permit, funding, etc.).

No

16. Will the action include or cause any construction or other activity that is reasonably certain to increase the number of travel lanes on an existing thoroughfare?

For federal actions, answer 'yes' when the construction or operation of these facilities is either (1) part of the federal action or (2) would not occur but for an action taken by a federal agency (federal permit, funding, etc.).

No

17. Will the proposed Action involve the creation of a new water-borne contaminant source (e.g., leachate pond, pits containing chemicals that are not NSF/ANSI 60 compliant)?

Note: For information regarding NSF/ANSI 60 please visit <https://www.nsf.org/knowledge-library/nsf-ansi-standard-60-drinking-water-treatment-chemicals-health-effects>

No

18. Will the proposed action involve the creation of a new point source discharge from a facility other than a water treatment plant or storm water system?

No

19. Will the action include drilling or blasting?

Yes

20. Will the drilling or blasting produce noise or vibrations above existing background levels that will affect suitable summer habitat for northern long-eared bats and/or tricolored bats?

Note: Additional information defining suitable summer habitat for the northern long-eared bat and/or tricolored bat, can be found in Appendix A in the USFWS' Range-wide Indiana Bat and Northern long-eared Bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>

No

21. Will the action involve military training (e.g., smoke operations, obscurant operations, exploding munitions, artillery fire, range use, helicopter or fixed wing aircraft use at night)?

No

22. Will the proposed action involve the use of herbicides or pesticides (e.g., fungicides, insecticides, or rodenticides)?

No

23. Will the action include or cause activities that are reasonably certain to cause chronic or intense nighttime noise (above current levels of ambient noise in the area) in suitable summer habitat for the northern long-eared bat or tricolored bat during the active season?

Chronic noise is noise that is continuous or occurs repeatedly again and again for a long time. Sources of chronic or intense noise that could cause adverse effects to bats may include, but are not limited to: road traffic; trains; aircraft; industrial activities; gas compressor stations; loud music; crowds; oil and gas extraction; construction; and mining.

Note: Additional information defining suitable summer habitat for the northern long-eared bat and tricolored bat can be found in Appendix A of the USFWS' Range-wide Indiana Bat and Northern long-eared bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>.

No

24. Does the action include, or is it reasonably certain to cause, the use of permanent or temporary artificial lighting within 1000 feet of suitable northern long-eared bat or tricolored bat roosting habitat?

Note: Additional information defining suitable summer habitat for the northern long-eared bat and tricolored bat can be found in Appendix A of the USFWS' Range-wide Indiana Bat and Northern long-eared bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>.

No

25. Will the action include tree cutting or other means of knocking down or bringing down trees, tree topping, or tree trimming?

Yes

26. Is the project related to the production of coal, including projects that support the mining of coal, as well as the production and/or distribution of energy produced from coal?

No

27. Will the proposed action occur exclusively in an already established and currently maintained utility right-of-way?

No

28. Does the action include emergency cutting or trimming of hazard trees in order to remove an imminent threat to human safety or property? See hazard tree note at the bottom of the key for text that will be added to response letters

Note: A "hazard tree" is a tree that is an immediate threat to lives, public health and safety, or improved property.

No

29. Does the project intersect with the 0- 9.9% forest density category?

Automatically answered

No

30. Does the project intersect with the 10.0- 19.9% forest density category map?

Automatically answered

No

31. Does the project intersect with the 20.0- 29.9% forest density category map?

Automatically answered

No

32. Does the project intersect with the 30.0- 100% forest density category map?

Automatically answered

Yes

33. Will the action cause trees to be cut, knocked down, or otherwise brought down across an area greater than 100 acres in total extent?

No

34. Will the proposed action result in the use of prescribed fire?

Note: If the prescribed fire action includes other activities than application of fire (e.g., tree cutting, fire line preparation) please consider impacts from those activities within the previous representative questions in the key. This set of questions only considers impacts from flame and smoke.

No

35. Does the action area intersect the northern long-eared bat species list area?

Automatically answered

Yes

41. Are any of the trees proposed for cutting or other means of knocking down, bringing down, topping, or trimming suitable for northern long-eared bat roosting (i.e., live trees and/or snags ≥ 3 inches dbh that have exfoliating bark, cracks, crevices, and/or cavities)?

Note: Additional information defining suitable summer habitat for the northern long-eared bat and tricolored bat can be found in Appendix A of the USFWS' Range-wide Indiana Bat and Northern long-eared bat Survey Guidelines at: <https://www.fws.gov/media/range-wide-indiana-bat-and-northern-long-eared-bat-survey-guidelines>.

Yes

42. Will any tree cutting/trimming or other knocking or bringing down of trees occur during the **Summer Occupancy season** for northern long-eared bats in the action area? **Note:** Bat activity periods for your state can be found in Appendix 2 of the Service's [Northern long-eared Bat and Tricolored Bat Voluntary Environmental Review Process for Development Projects](#).

No

43. Do you have any documents that you want to include with this submission?

No

PROJECT QUESTIONNAIRE

Enter the extent of the action area (in acres) from which trees will be removed - round up to the nearest tenth of an acre. For this question, include the entire area where tree removal will take place, even if some live or dead trees will be left standing.

3.5

IPAC USER CONTACT INFORMATION

Agency: Private Entity

Name: David Clark

Address: 80 Dillon Drive

City: Youngsville

State: PA

Zip: 16371

Email: davidclark6@verizon.net

Phone: 8145634601

N. Y.

79°

ERIE

GAS AND OIL MANAGEMENT

WARREN

DISTRIBUTION OF PENNSYLVANIA COAL

SECTION
NUMBERS

YOUNGSTOWN, PA
7.5 MIN. QUAD.

WARREN, PA
7.5 MIN. QUAD.

CLARENDON, PA
7.5 MIN. QUAD.

1	2	3	1	2	3	1	2	3
4	5	6	4	5	6	4	5	6
7	8	9	7	8	9	7	8	9

See well
20

CRAWFORD

FOREST





DEP USE ONLY	
APS #	Site #
Permit #	Auth ID #

Coordination of a Well Location with Public Resources

Well Operator Gas & Oil Management Assoc. Inc.		DEP ID# 46622	Well Farm Name and Number Lot 500 # 20	
Address 80 Dillon Drive			Project Number (if previously assigned)	
City Youngsville	State PA	Zip Code 16371	County Warren	Municipality Mead
Phone 8145634601	Fax 8145634602	Latitude N 41° 46' 49.24"		Longitude W 79° 07' 32.22"
✓	1. Will the well be located in or within 200 feet 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			
	<p>Portions of the Allegheny River and Clarion River are currently on the National Wild and Scenic Rivers list. Detailed descriptions are available on the National Scenic Rivers website: www.nps.gov/rivers/wildriverslist.html#pa</p> <p>Portions of three other creeks and streams in oil and gas producing areas are currently listed as Pennsylvania Scenic Rivers. These are: Pine Creek in Tioga County, Lick Run in Clinton County, and Bear Creek in Fayette County. The streams corridor maps are available on DCNR's web site: www.dcnr.state.pa.us/brc/rivers/scenicrivers/locationmap.htm</p>			
✓	3. If answering "Yes" to questions 1 or 2, name the public resource(s): Allegheny National Forest			
	List the name, address and phone number of the person responsible for management of the public resource. Sheldon Winters Star Route 1, Box 88 Bradford, PA 16701			
	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 checked="" 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>851948</u> or attach a copy of the PNDI Search Results.			
	If a potential conflict with a species of concern was identified, give the name of the responsible agency. Pa Game Commission / US Fish and Wildlife			
✓	Has the potential conflict been resolved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	5. Will the well be located within 200 feet of any historical or archaeological sites listed as federal or state historic places? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



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

DEP USE ONLY	
APS #	Site #
Permit #	Auth ID #

- Describe in detail the additional measures, facilities, or practices specific to this site to be employed during site construction, drilling and operation to ensure the safety of the public and to protect public resource identified above. Use additional sheets as needed.

A site specific Erosion and Sedimentation Plan will be followed during construction to protect the public resource. Public safety will be insured by controlling public access to the site during the construction/drilling/completion and in the event of any spills. Potential impacts to State and Federally listed species which are under the jurisdiction of both PA Game Commission (PGC) and the US Fish and Wildlife Service (USFWS) may occur as a result of this project. As a result, the PGC defers comments on potential impacts to federally listed species to the US fish and Wildlife Service. A determination Letter generated via iPaC was received on 11/18/2025 from the USFWS stating that Cordination is complete as long as conservation measures are implemented as proposed. All tree cutting will be completed outside the summer nesting season of April, 1 thru September 30th



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

DEP USE ONLY	
Auth #	APS #
1563074	1158829
Site #	Facility #
886957	890882
FIX Client #	Sub-fac #
46622	1472376

Request for Approval of Alternative Waste Management Practices

Please read instructions on back before completing this form.

Well Operator Gas & Oil Management Assoc. Inc.		DEP ID 46622	Well Permit or Registration Number 123-49237	
Address 80 Dillon Drive			Well Farm Name Lot 500	
City Youngsville	State PA	Zip Code 16371	Well # # 20	Serial #
Phone 814-563-4601	Fax 814-563-4602	County Warren		Municipality Mead

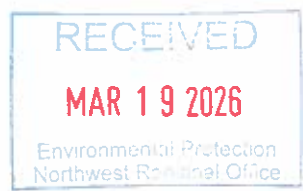
INTENDED ALTERNATIVE PRACTICE *Check the appropriate box and complete the applicable section of the form.*

- For temporary containment of fluids and wastes generated during drilling, altering, or completing a well, complete Section A. PITS AND TANKS FOR TEMPORARY CONTAINMENT. See 25 Pa. Code § 78.56 for regulations.
- For disposal of drill cuttings from above the surface casing seat, complete Section B. ALTERNATE WASTE DISPOSAL PRACTICES. See 25 Pa. Code § 78.61 for regulations.
- For disposal of residual waste and drill cuttings from below the surface casing seat, complete Section B. ALTERNATE WASTE DISPOSAL PRACTICES. See 25 Pa. Code § 78.62 or § 78.63 for regulations.
- For onsite pretreatment systems being used to treat frac flowback fluid for reuse/recycling or transportation to a permitted treatment/disposal facility, complete Sections A and C. See 25 PA Code 78.56; 78.61; 78.62 & 78.63 for regulations.

A. PITS AND TANKS FOR TEMPORARY CONTAINMENT

Complete this section if requesting approval of an alternative practice for temporary containment of pollutonal substances and wastes from drilling, altering, or completing a well. See 25 Pa. Code § 78.56.

- a) Check the box below and fill in the dates the pit will be used if you are requesting a variance from the requirement that the bottom of the pit be at least 20 inches above the seasonal high groundwater table for a pit that exists only during dry times of the year and is located above groundwater. See 25 Pa. Code § 78.56(a)(4)(iii).
 - Variance requested; dates to be used, from _____ to _____
- b) Check the box below if you are requesting approval of an alternative practice for temporary containment.
 - Approval of an other alternative practice is requested. Describe the type of waste and the temporary containment method. Include information which will demonstrate that the proposed alternative practices will provide equivalent or superior protection to the practices indentified in 25 Pa. Code § 78.56.



B. ALTERNATIVE WASTE DISPOSAL PRACTICES

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

Gas & Oil Management Assoc. Inc. is requesting DEP for approval for the containment of uncontaminated drill cuttings to be placed into an unlined drill pit

Drill cuttings and top hole water will be placed into a pit. The addition of a small amount of fresh water will be used to control excessive dust from the blooey line. The Pit will be located more than 100 feet from a stream or wetland and 200' from an existing building or water supply.

According to the Map Unit Description of Warren and Forest Counties, the soil at the well location is (CvC) Cookport. Historical records indicate fresh water will be encountered at 60'. With the implementation of an unlined pit, Tophole water will be pumped or hauled from the temporary drilling pit to an area which has sufficient vegetative cover to act as a filter strip to prevent it from reaching a watercourse. The use of dispersal lines will be employed to assure that channels do not form, allowing the fluid to directly enter a watercourse.

The handling of the fluid will be done in a manner to insure sufficient distribution to prevent erosion. The temporary drilling pits will be reclaimed, graded and seeded and mulched.

PH and conductivity testing will be conducted and reported according to the regulations.

The approximate pit location will be at a 180 degree from North orientation and at an approximate distance of 40 feet from the proposed well.

C. ONSITE PRETREATMENT OF DRILLING FLUIDS OR FRAC FLOWBACK FLUID

Complete this section if requesting approval of an onsite mobile pretreatment system for drilling fluids and/or frac flowback for recycling/reuse or transportation to a permitted treatment/disposal facility.

a) Check the appropriate box or boxes that best describe the planned treatment on site.

Use of chemicals or technologies not part of the original permitted well site or in the PPC plan.

Storage of drilling fluids or frac flowback for recycle/reuse.

Transportation of drilling fluids or frac flowback for recycle/reuse.

Disposal of the original waste stream and/or any new waste streams created through pretreatment at an approved permitted facility.

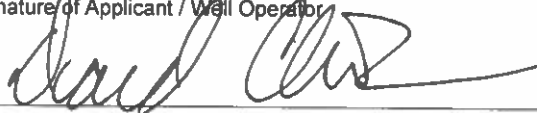
b) Provide a narrative description for all boxes checked above including pretreatment facility design and methodology (use additional pages if necessary)

c) Company/contractor for the onsite treatment facility including name, address, contact person and contact information.

d) Disposal location and permit number for all residual waste generated from the treatment process:

SIGNATURE OF APPLICANT

Signature of Applicant / Well Operator



Print or Type Signer's Name and Title
David G. Clark, Employee

Date

3-2-26

DEP USE ONLY		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied DEP Representative: Brian Ayers	Conditions: <input checked="" type="checkbox"/> YES, see below or attached. <input type="checkbox"/> NO	Date 03.24.26
Conditions: <p style="text-align: center;">Please see the attached special conditions</p>		

Instructions

Use this form to apply for approval of alternative waste management practices under 25 Pa. Code § 78.56, 78.61, 78.62, or 78.63.

Complete this form and submit it with all other necessary documentation. Label each attachment with applicant's name and the information item it refers to.

Send your application to the Oil and Gas Management Program at the appropriate DEP regional office:

PA DEP
 Oil & Gas Management Program
 Northwest Regional Office
 230 Chestnut Street
 Meadville, PA 16335-3481
 Phone: 814-332-6860
 Fax: 814-332-6121

PA DEP
 Oil & Gas Management Program
 Southwest Regional Office
 400 Waterfront Drive
 Pittsburgh, PA 15222-4745
 Phone: 412-442-4015
 Fax: 412-442-4328

PA DEP
 Oil & Gas Management Program
 Northwest Regional Office
 208 West Third Street
 Williamsport, PA 17701-6448
 Phone: 570-321-6550
 Fax: 570-327-3565

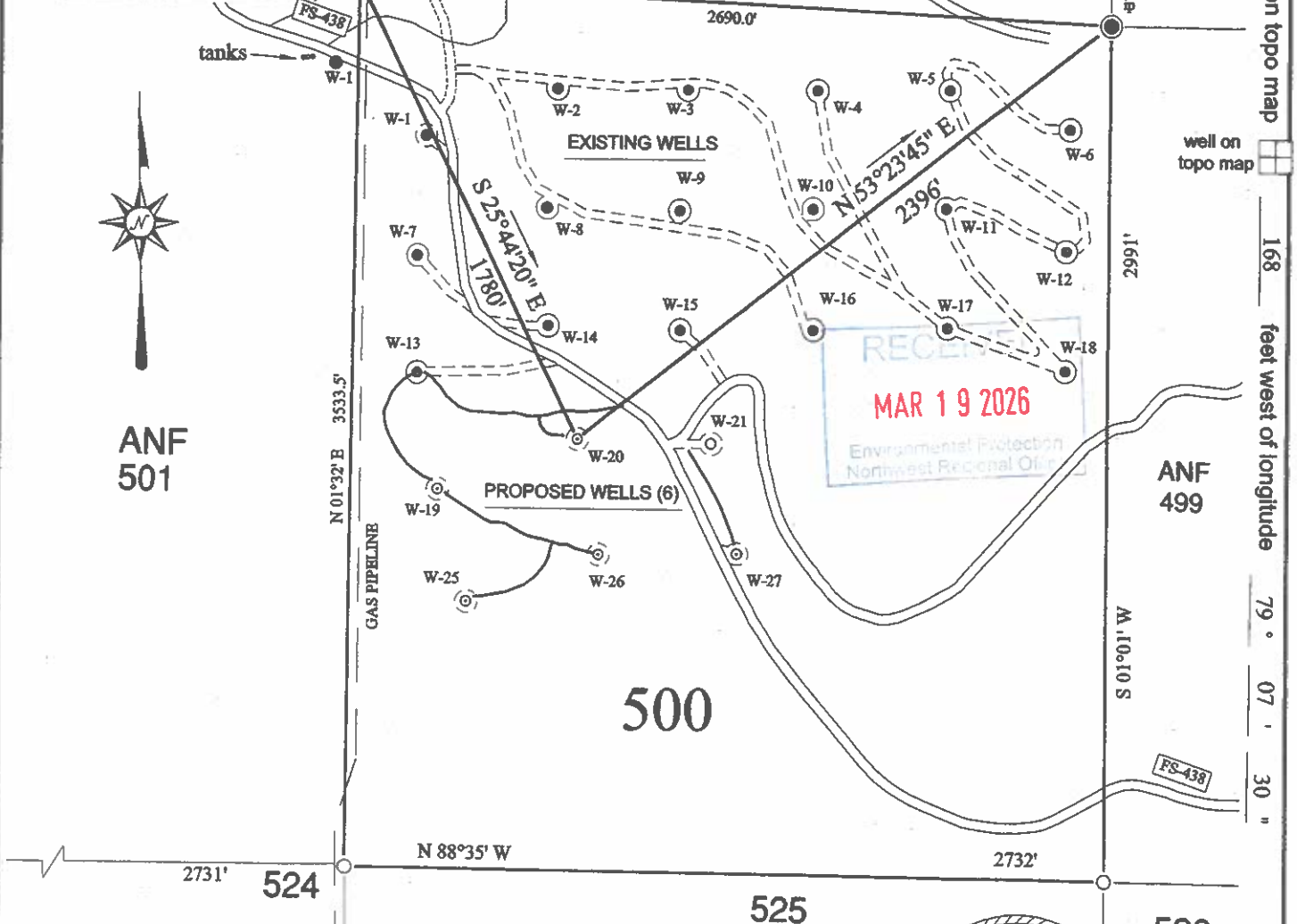


DEP USE ONLY	Auth ID #:	G:
	Permit #:	C:
	Project #:	

Denotes location of top of well on topo map. Well is located on topo map 4112 feet south of latitude 41° 47' 30"

True Latitude: NORTH
 41 ° 46 ' 49 . 24 "

True Longitude: WEST
 79 ° 07 ' 32 . 22 "

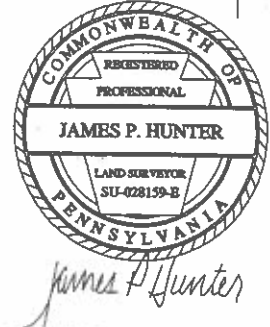


Legend

- ex. roads: ---
- prop. roads: - - -
- existing well: ●
- proposed well: ○
- point: ○
- ANF IP (mon): ●

0' 600' 1200' 1800'

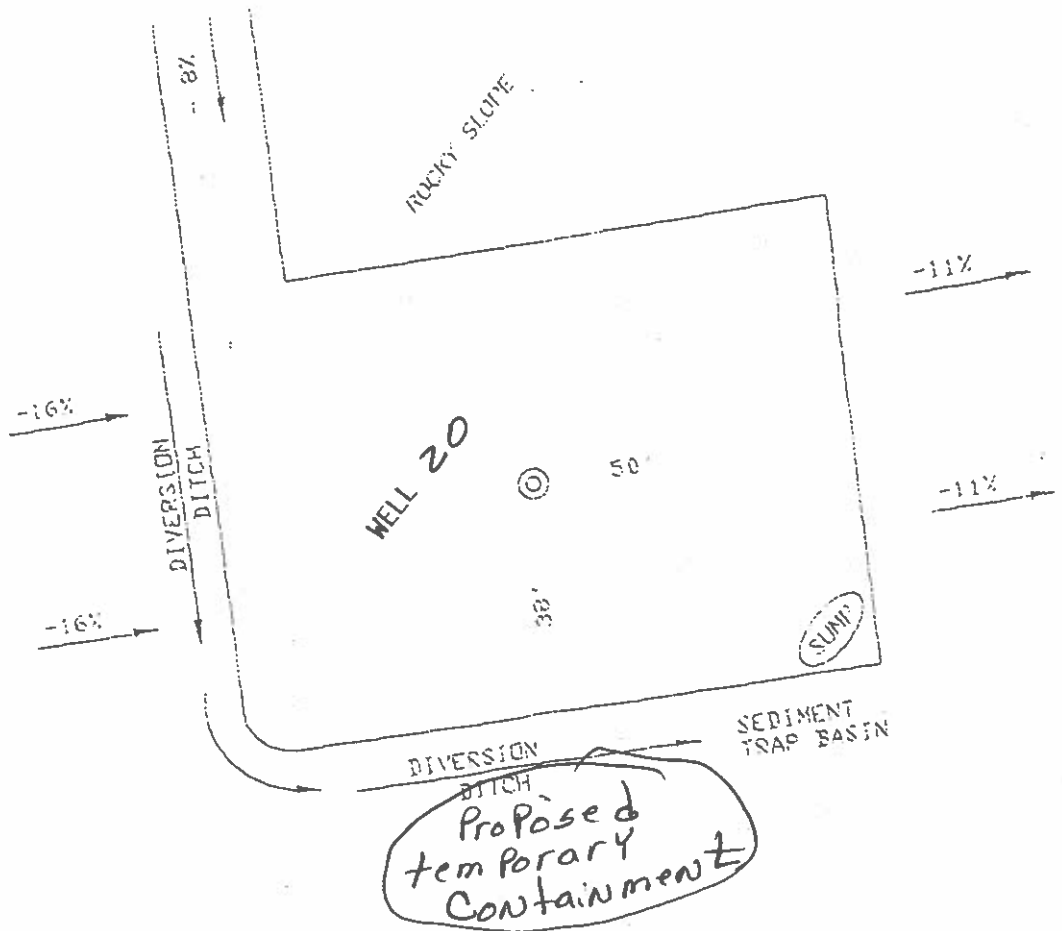
CHAPMAN DAM RD.



Applicant / Well Operator Name: Gas and Oil Management Associates, Inc.		DEP ID #: 46622	Well (Farm) Name: Lot 500		Well #: 20	Serial #:
Address: 80 Dillon Drive, Youngsville, PA 16371			County: Warren - 62	Municipality: Mead Twp.	Well Type: Oil	
911 address of well site: N/A			USGS 71/2 Quadrangle Map Name: Warren (0412)	Map Section: 9	Surface Elevation: 1760 ft	
Surveyor or Engineer: James P. Hunter, PE/PLS	Phone #: 814-726-2099	Dwg. #: 500-20	Date: 11-28-25	Scale: 1" = 600'	Tract Acreage: 194 AC (+/-)	
Lat. & Long Metadata Method: GPS-Code Based	Accuracy: 3-9 ft.	Datum: NAD 1983	Elevation Metadata Method: interpolation	Accuracy: 1-2 ft	Datum: NGVD 1929	Survey Date: 10-28-25

Closest stream is .58 miles or APPROX 3062 Feet (South)

Closest Building is a home owned by Robert Klark at .41 or APPROX 2165 Feet (South)



NOTE: LOCATION SIZE 75'-0" x 100'-0"

Closest water well is Robert Klark is .41 or 2165 Feet South

Closest wetland is along north side of west Branch at .56 miles or 3050 Feet (South)

TITLE - WELL SITE PLAN showing Proposed Pit For Residual waste

GAS & Oil Management Assoc.

Lot 500
Mead Township

EXHIBIT WELL 20

SCALE - 1 IN = 30 FT APPROVED - DMS

REVISED -

Special Conditions:

AWMI

The Operator shall comply with the following:

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