

From: [Hogue, Kate](#)
To: elder.bonnie@yahoo.com
Cc: [Ripple, Sheena](#)
Subject: Auth 1565477 031-25886
Date: Tuesday, May 12, 2026 2:20:00 PM
Attachments: [Auth 1565477 031-25886.pdf](#)
[031-25886 AWM denied 04.15.26.pdf](#)
[Well Permit Cover Letter \(conventional\) 1-12-23.pdf](#)

Operator,

The Department of Environmental Protection has completed the review of the application corresponding to the attached permit.

The department hereby approves the permit to drill and operate the well pursuant to applicable laws and regulations for this activity and to specific conditions of the individual permit.

The cover letter for this permit is also attached.

This information can also be viewed on our website, at the Oil and Gas Mapping tool: <https://www.depgis.state.pa.us/PaOilAndGasMapping/>

Thanks,
Kate

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



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

DEP USE ONLY	
Permittee's eFACTS ID 36316	Auth ID 1565477
Watershed Name	Quality

WELL PERMIT

Permittee ELDER OIL & GAS CO.	OGO.# OGO-4585	Permit Number 37-031-25886-00-00	Date Issued 05/07/2026
Address 116 ELDER RD	Farm Name & Well Number TREMBA 10		Well Serial #
	Municipality Perry Twp	County Clarion	
PARKER, PA 16049-6426	7½' Quadrangle Name Parker		Map Section # 3
Phone (814) 358-2590	Project #	Latitude 41-6-41.7816	Longitude -79-38-37.1688
Surf Elev at Site 1227 feet	Anticipated Maximum TVD 1400 feet	Well Type OL	Offset distances referenced to NE corner of map section. South 4880 feet West 5141 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 **05/07/2027** unless drilling is commenced on or before that date and prosecuted with due diligence.

Thomas Donohue 5/7/26
Subsurface Permits Environmental Program Manager

SCOTT GOLDTHWAITE

PO BOX 669
KNOX, PA 16232

814-573-3569

Oil & Gas Inspector

Address

Phone Number



PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL

Notes		DEP USE ONLY	
Check # 10638 \$400 AWM NC PNDI 5/21/24	OGO # 4585	Objection Date - Do not issue before: 4/9/2026	API #'s37- 031-25886
	Client Id 36316	Date Approved: SGP 5/5/2026	and - - - - -
	Bond # 5486	Special Cond. 24 hr/ zoning	Watershed Name: Designation: <input type="checkbox"/> HQ <input type="checkbox"/> EV
	C: 4/9/26 dg G: ACM 5/5/26	Site Id 887380	PF Id 891312
	INV. APS # 1160293 Auth Id 1565477	SF Id 1474067	

Please read instructions before you begin filling in this form.

WELL INFORMATION										
Well Operator Elder Oil & Gas Co.		DEP ID# 36316	Well API # 37- - -		Well Farm Name TREMBA		Well # 10			
Address 116 Elder Road			LAT 41°06'41" 78"		NAD 83	Project Number		Serial #		
			LONG - 79°38'37" 17"							
City Parker		State PA	Zip 16049	Municipality Name/ City, Borough, Township Perry Township			County Clarion			
Phone 814 358 2590		Fax		Email		USGS 7.5 min. quadrangle map Parker		Section 3		

<input type="checkbox"/> Check if this is a new address	24/7 Emergency Phone contact number 814-671-7650	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 N/A	Borrow Area Name/Identification N/A
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Surface Elev 1227'	Deepest Formation to be penetrated: Knox 3rd	Anticipated TVD 1400'	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 \$ 400 Bond Agreement Id 5486
Target Formation(s) proposed for production Knox		Anticipated Target Top/Bottom TVD 1000 1400			
Number of wellbore laterals proposed under this application 0					
Total feet of wellbore to be drilled under this application 1400 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 APR 09 2026 Environmental Protection Northwest Regional Office		

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"/>
		<input type="checkbox"/>	<input type="checkbox"/>

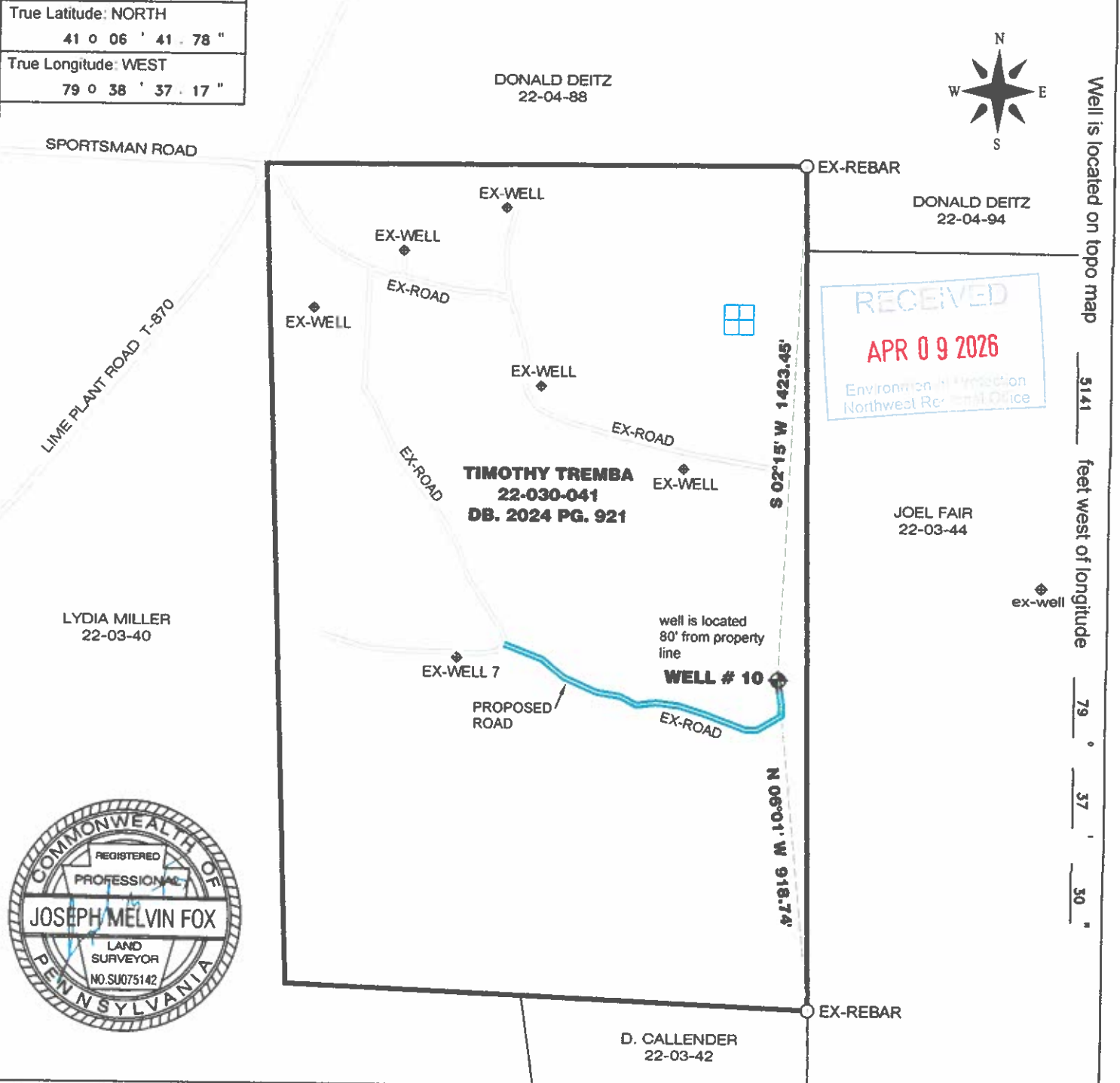


COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Oil and Gas Management Program
WELL LOCATION PLAT
PAGE 1 SURFACE LOCATION

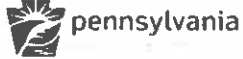
DEP USE ONLY	DEP Application Tracking #	1565477	ACM 5/4/26
	Permit #	031-25886	
	Project #		

	Denots location of top of well on Topo map.
True Latitude: NORTH	
41 ° 06 ' 41 . 78 "	
True Longitude: WEST	
79 ° 38 ' 37 . 17 "	

Well is located on topo map 4880 feet south of latitude 41 ° 07 ' 30 "



Applicant / Well Operator Name ELDER OIL & GAS CO.		DEP ID# 36316	Well(Farm) Name TREMBA		Well # 10	Serial #
Address 116 ELDER ROAD, PARKER, PA 16049			County CLARION	Municipality PERRY TWP.	Well Type OIL	
911 Address of Site NO ADDRESS			USGS 71/2 Quadrangle Map Name PARKER	Map Section 3	Surface Elevation 1227	
Surveyor: JOSEPH M. FOX	Phone # (814) 657 4361	Dwg. # ELDER-TREMBA	Date 04/05/25	Scale 1" = 400'	Tract Acreage 78 AC.	
Lat. & Long Metadata Method TRIMBLE GPS	Accuracy 2-4 ft.	Datum NAD 83	Elevation Metadata Method PA LIDAR	Accuracy 2-4 ft.	Datum NAVD 88	Survey Date MAR. 2025



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 # TREMBA # 10	
Applicant Name Elder Oil & Gas Co.	DEP ID# 309362
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: Timothy Noel Tremba Signature: <i>Timothy Noel Tremba</i>	Address: 6274 Morrell Road Cayuta, NY 14824	X							X
Print Name: Perry Twp, Clarion Co. Signature:	Address: 5687 Doc Walker Road. Parker, PA 16049				X	04/09/25	04/16/25		
Print Name: Toby Township Signature:	Address: 25 Elder Road Rimersburg, PA 16248				X	04/09/25	04/14/25		
Print Name: Licking Township Signature:	Address: P.O. Box 111. Callensburg, PA 16213				X	04/09/25	04/15/25		
Print Name: Richland Township Signature:	Address: 511 Dittman Road Emlenton, PA 16373				X	04/09/25	04/16/25		

Record of Written Consent

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

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



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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 # TREMBA # 10	
Applicant Name Elder Oil & Gas Co.	DEP ID# 309362
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: City Of Parker	Address: P.O. Box 350				X	04/09/25	4/15/224		
Signature	Parker, PA 16049								
Print Name: Hovey Township	Address: P.O Box 332 Parker, PA 16049				X	04/09/25	4/21/25		
Signature									
Print Name: Perry Twp., Armstrong Co.	Address: 758 Queenstown Road Karns City, PA 16041				X	04/09/25	4/15/25		
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 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>William S. Y</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>William S. Y</i> <i>4/16/15</i></p>
<p>1. Article Addressed to: <i>Kerry Tr...</i> <i>5657 Doc Walker Rd</i> <i>Parker, PA 16649</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>2. Article Number (Transfer from service label)  7015 0160 0000 3270 9641</p>	<p>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 (over \$500) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>


PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt


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>Kenneth F. Doyle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Kenneth F. Doyle</i> <i>4-14-15</i></p>
<p>1. Article Addressed to: <i>Toby Township</i> <i>25 E. Main Rd</i> <i>Rumorsburg PA</i> <i>16248</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)  7015 0160 0000 3270 9580</p>	<p>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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>


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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>Karen Best</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Karen Best</i> <i>4-14-15</i></p>
<p>1. Article Addressed to: <i>Jickling Sup.</i> <i>PO Box 111</i> <i>Callensburg PA</i> <i>16213</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>2. Article Number (Transfer from service label)  7015 0160 0000 3270 9597</p>	<p>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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to: Richland Twp. 511 Dittman Rd. Elizabethtown, PA 16373	B. Received by (Printed Name) Gary Hansen	C. Date of Delivery 7-16-05
 9590 9402 5709 9346 0783 43	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 7019 0160 0000 3270 9603	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9033		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to: City of Parker P.O. Box 350 Parker, PA 16049	B. Received by (Printed Name) Linda Kistkausk	C. Date of Delivery 4/13
 9590 9402 5709 9346 0783 50	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 7019 0160 0000 3270 9610	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9033		Domestic Return Receipt

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to: Haverly Twp P.O. Box 332 Parker, PA 16049	B. Received by (Printed Name) Janice R. Shively	C. Date of Delivery 4/21/05
 9590 9402 5709 9346 0783 57	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

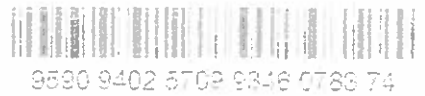
ER

THIS IS 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.

1. Article Addressed to:

Rexy Top. Clothing
 758 Greenwood Co
 Kansas City, MO 64111



2. Article Number (transfer from service label)

7019 0160 0000 3270 9634

A. Signature

Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

John H. H. H. 7/15

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
 - Collection Delivery
 - Collection Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

1. PROJECT INFORMATION

Project Name: **Tremba Shallow oil / gas well**

Date of Review: **5/21/2024 10:10:42 AM**

Project Category: **Energy Storage, Production, and Transfer, Energy Production (generation), Oil or Gas - new wells, expansion of well field**

Project Area: **84.82 acres**

County(s): **Clarion**

Township/Municipality(s): **PERRY TOWNSHIP**

ZIP Code:

Quadrangle Name(s): **PARKER**

Watersheds HUC 8: **Clarion; Middle Allegheny-Redbank**

Watersheds HUC 12: **Catfish Run-Allegheny River; Turkey Run-Clarion River**

Decimal Degrees: **41.112122, -79.645910**

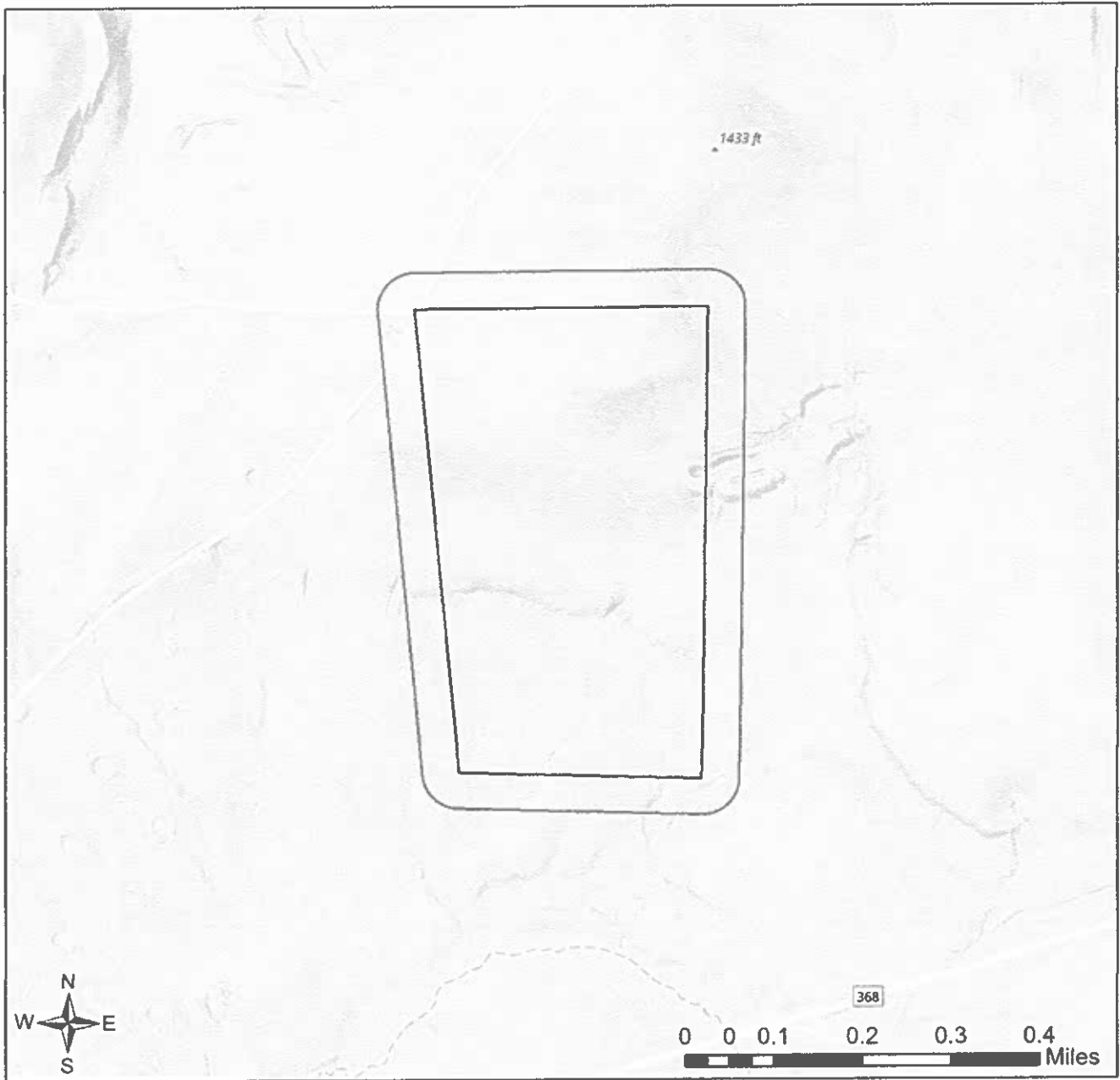
Degrees Minutes Seconds: **41° 6' 43.6399" N, 79° 38' 45.2771" W**

2. SEARCH RESULTS

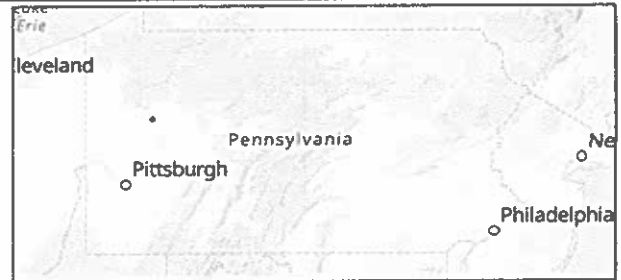
Agency	Results	Response
PA Game Commission	No Known Impact	No Further Review Required
PA Department of Conservation and Natural Resources	No Known Impact	No Further Review Required
PA Fish and Boat Commission	No Known Impact	No Further Review Required
U.S. Fish and Wildlife Service	No Known Impact	No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

As summarized above, Pennsylvania Natural Diversity Inventory (PNDI) records indicate no known impacts to threatened and endangered species and/or special concern species and resources within the project area. Therefore, based on the information you provided, no further coordination is required with the jurisdictional agencies. This response does not reflect potential agency concerns regarding impacts to other ecological resources, such as wetlands.

Tremba Shallow oil / gas well



-  Buffered Project Boundary
-  Project Boundary



Sources: Esri, 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 031-25886

Q1: The proposed project is in the range of the Indiana bat. Describe how the project will affect bat habitat (forests, woodlots and trees) and indicate what measures will be taken in consideration of this. Round acreages up to the nearest acre (e.g., 0.2 acres = 1 acre).

Your answer is: No forests, woodlots or trees will be affected by the project.

Q2: Is tree removal, tree cutting or forest clearing of 40 acres or more necessary to implement all aspects of this project?

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:

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

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: Joe Fox
Company/Business Name: Fox Land Surveying, Inc.
Address: 9161 U.S. 322
City, State, Zip: Cranberry PA 16319
Phone: (814) 657 4361 Fax: ()
Email: foxsurveying2@yahoo.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

4/23/25
date

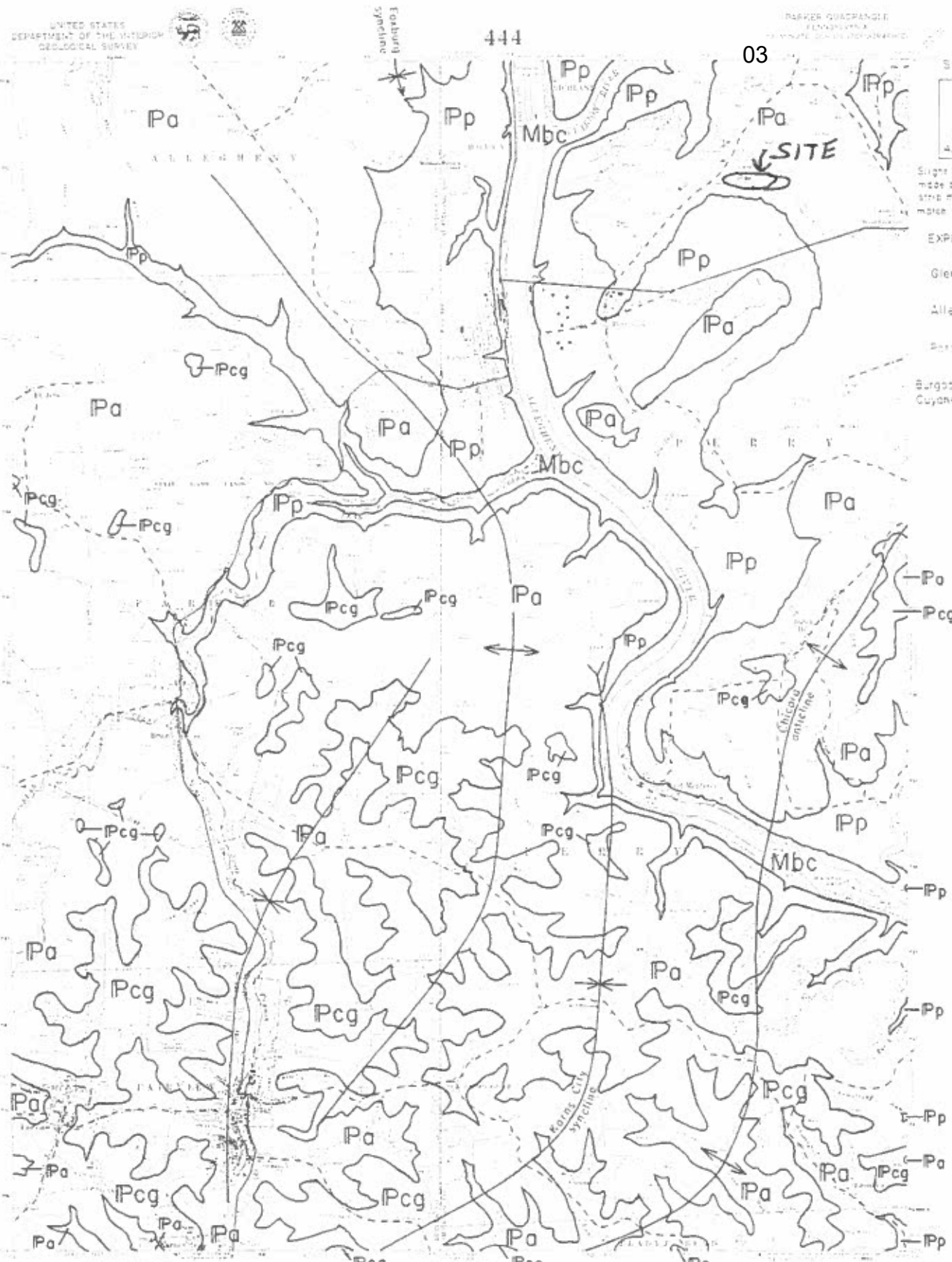
444

03

SOURCE
USGS
Folio 76
Waps
42 and 43

Slight changes were
made based on new
strip mines and to
match adjoining sheets

EXPLANATION
Pcg
Glenshaw Fm
Pa
Allegheny Gc
Pp
Pottsville Gp
Mbc
Burgess Ss through
Cuyahoga Gc Linnif



REFERENCES

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Compiled by A. D. GLOVER, 1977

PARKER



Fox Land Surveying, 9161 U.S. 322 Cranberry, PA 16319
Joseph M. Fox, P.L.S. (814) 657-4361

April 23, 2025

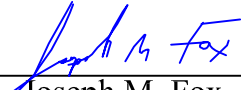
Department of Environmental Protection
230 Chestnut Street
Meadville, PA 16335

Re: Non Coal well (Tremba # 10)

Dear Sir / Madam

I have examined the Atlas of Preliminary Quadrangle Maps of Pennsylvania and have attached a copy with the well or wells spotted on the attached maps. As shown on the attached map the well is located in the Allegheny Group Formation. This formation is known to have a mineable coal seam however the area has been strip mined of the shallow coal seam. The remaining overburden is believed to be less than 100'. Therefore, there is not a mineable coal seam at a depth of 100' or greater.

Sincerely,



Joseph M. Fox

From: [McGill, Andrea](#)
To: [joe fox](#)
Subject: RE: [External] Re: Elder Oil and Gas - Tremba 10
Date: Tuesday, May 5, 2026 9:02:00 AM

Thanks, Joe. I compared this to another permit in the area and it appears this letter was previously acceptable, so I will take it as well. I do not need anything additional at this time.

Thanks,
Andrea

Andrea C. McGill, P.G. | Licensed Professional Geologist
She/her/hers
Department of Environmental Protection | District Oil and Gas Operations
Northwest District Office
230 Chestnut Street | Meadville, PA 16335
Phone: 814.332.6145 | Fax: 814.332.6121
www.dep.pa.gov

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From: joe fox <foxsurveying2@yahoo.com>
Sent: Wednesday, April 29, 2026 2:27 PM
To: McGill, Andrea <anmcgill@pa.gov>
Subject: [External] Re: Elder Oil and Gas - Tremba 10

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

Hi Andrea,

Attached is the letter I gave Elder with the permits.

Thanks-

Joe Fox Fox Land Surveying 9161 U. S. 322 Cranberry, PA 16319 814 657 4361

On Wednesday, April 29, 2026 at 09:30:42 AM EDT, McGill, Andrea <anmcgill@pa.gov> wrote:

Good morning Joe,

I am reviewing the above drilling application and the non-coal justification does not meet the

standard for showing that deep-mineable coal is not present at the proposed well location. The submitted map shows the proposed site within the Allegheny Formation, which is a major coal bearing formation. Therefore additional documentation showing that no deep-mineable coal is present is required.

You can use a nearby well log that shows no coal >28" or you could use PA Geological Survey Publications – Mineral Resource Report #68 and #93 showing no deep mineable coal seams at the site.

Please let me know if you have any questions.

Thanks,
Andrea

Andrea C. McGill, P.G. | Licensed Professional Geologist
She/her/hers
Department of Environmental Protection | District Oil and Gas Operations
Northwest District Office
230 Chestnut Street | Meadville, PA 16335
Phone: 814.332.6145 | Fax: 814.332.6121
www.dep.pa.gov

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Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Oil and Gas Management

COAL/NON-COAL DETERMINATION

ID No. 031-25886 Farm Tremba No. 10 Approved as:

Latitude: 41° 6' 41.78" Coal Non-Coal

Longitude: -79° 38' 37.17" Geologist: A. McGill

Surface Elevation 1227' County Clarion Date: 4/29/26

7.5 Topo Parker

COAL SEAMS (No mine-able bituminous coal >28")

Washington	<u>Absent</u>							
Waynesburg	<u>Absent</u>							
Sewickley	<u>Absent</u>							
Redstone	<u>Absent</u>							
Pittsburgh	<u>Absent</u>							
Upper Freeport	<input type="checkbox"/> <28"	<input type="checkbox"/> <100' OB	<input type="checkbox"/> Insuff A/E	<input type="checkbox"/> Insuff Qual.	<input type="checkbox"/> Inferred	<input checked="" type="checkbox"/> Absent/Eroded	<input type="checkbox"/> Mined Out	
Lower Freeport	<input type="checkbox"/> <28"	<input type="checkbox"/> <100' OB	<input type="checkbox"/> Insuff A/E	<input type="checkbox"/> Insuff Qual.	<input type="checkbox"/> Inferred	<input checked="" type="checkbox"/> Absent/Eroded	<input type="checkbox"/> Mined Out	
Upper Kittanning	<input type="checkbox"/> <28"	<input type="checkbox"/> <100' OB	<input type="checkbox"/> Insuff A/E	<input type="checkbox"/> Insuff Qual.	<input type="checkbox"/> Inferred	<input checked="" type="checkbox"/> Absent/Eroded	<input type="checkbox"/> Mined Out	
Middle Kittanning	<input type="checkbox"/> <28"	<input type="checkbox"/> <100' OB	<input type="checkbox"/> Insuff A/E	<input type="checkbox"/> Insuff Qual.	<input type="checkbox"/> Inferred	<input checked="" type="checkbox"/> Absent/Eroded	<input type="checkbox"/> Mined Out	
Lower Kittanning	<input checked="" type="checkbox"/> <28"	<input type="checkbox"/> <100' OB	<input type="checkbox"/> Insuff A/E	<input type="checkbox"/> Insuff Qual.	<input type="checkbox"/> Inferred	<input type="checkbox"/> Absent/Eroded	<input checked="" type="checkbox"/> Mined Out	
Clarion	<input type="checkbox"/> <28"	<input type="checkbox"/> <100' OB	<input type="checkbox"/> Insuff A/E	<input type="checkbox"/> Insuff Qual.	<input type="checkbox"/> Inferred	<input type="checkbox"/> Absent/Eroded	<input checked="" type="checkbox"/> Mined Out	
Brookville	<input type="checkbox"/> <28"	<input type="checkbox"/> <100' OB	<input type="checkbox"/> Insuff A/E	<input type="checkbox"/> Insuff Qual.	<input type="checkbox"/> Inferred	<input type="checkbox"/> Absent/Eroded	<input checked="" type="checkbox"/> Mined Out	
Mercer	<input type="checkbox"/> <28"	<input type="checkbox"/> <100' OB	<input type="checkbox"/> Insuff A/E	<input type="checkbox"/> Insuff Qual.	<input checked="" type="checkbox"/> Inferred	<input type="checkbox"/> Absent/Eroded	<input type="checkbox"/> Mined Out	
Other	<input type="checkbox"/> <28"	<input type="checkbox"/> <100' OB	<input type="checkbox"/> Insuff A/E	<input type="checkbox"/> Insuff Qual.	<input type="checkbox"/> Inferred	<input type="checkbox"/> Absent/Eroded	<input type="checkbox"/> Mined Out	

Comments: Historic Surface mining has taken place removing the Lower Kittanning, Clarion, and Brookville Seams at the proposed site.

References:

- Policy O & G Permits 10/31/98 MR-68 M-92 M-90 A-74 a&b A-54
- A-64 A-55 A-65 M-6 Coal Non-C Det A/E 9/98: NWRO Study - 1/3/06 Quality MR, BK, CL



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

DEP USE ONLY	
Auth # 1565483	APS # 1160293
Site # 887380	Facility # 891312
FIX Client # 36316	Sub-fac # 1474067

Request for Approval of Alternative Waste Management Practices

Please read instructions on back before completing this form.

Well Operator Elder Oil & Gas Co.		DEP ID 36316	Well Permit or Registration Number 031-25886	
Address 116 Elder Road			Well Farm Name TREMBA	
City Parker	State PA	Zip Code 16049	Well # 10	Serial #
Phone 814 358 2590	Fax	County Clarion	Municipality Perry Township	

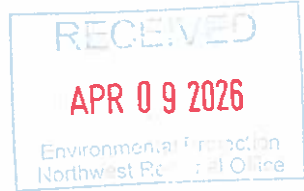
INTENDED ALTERNATIVE PRACTICE *Check the appropriate box and complete the applicable section of the form.*

- 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 polluttional 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.

Elder Oil & Gas Co.. is requesting DEP approval for the "dusting" of uncontaminated drill cuttings to the surface.

Drill cuttings and tophole water will be dispersed directly to the environment rather than into a drilling pit. Where drilling operations are located in proximity to a watercourse and dusting is to be employed, the water will be contained in a temporary drill pit or steel tank, if enough vegetative filter strip does not exist to prevent discharges to the ground from flowing overland directly reaching the water course. When implementation of a temporary drill pit or steel tank is necessary, fluid will be pumped directly from the pit or tank through pipe sufficient distance away from the watercourse prior to discharge, to ensure that sufficient vegetative filter strip is provided. Dispersal lines will be employed as necessary to prevent the water discharge from creating channels and flowing directly to surface waters

Fluid handling will be performed in a manner to ensure sufficient distribution so as to prevent erosion as a result of discharge. Drill cutting will not be incorporated into the soils due to the forested nature of the land.

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	Date
<i>Alex E Elden</i>	Alex E. Elden	4-28-25

DEP USE ONLY			
<input type="checkbox"/> Approved	<input checked="" type="checkbox"/> Denied	Conditions: <input type="checkbox"/> YES, see below or attached. <input type="checkbox"/> NO	Date 04.15.26
DEP Representative: Brian Ayers			
<p>Conditions:</p> <p>The proposed practices are not in accordance with Chapter 78 regulations and this request does not include all of the required information.</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
 Northcentral Regional Office
 208 West Third Street
 Williamsport, PA 17701-6448
 Phone: 570-321-6550
 Fax: 570-327-3565

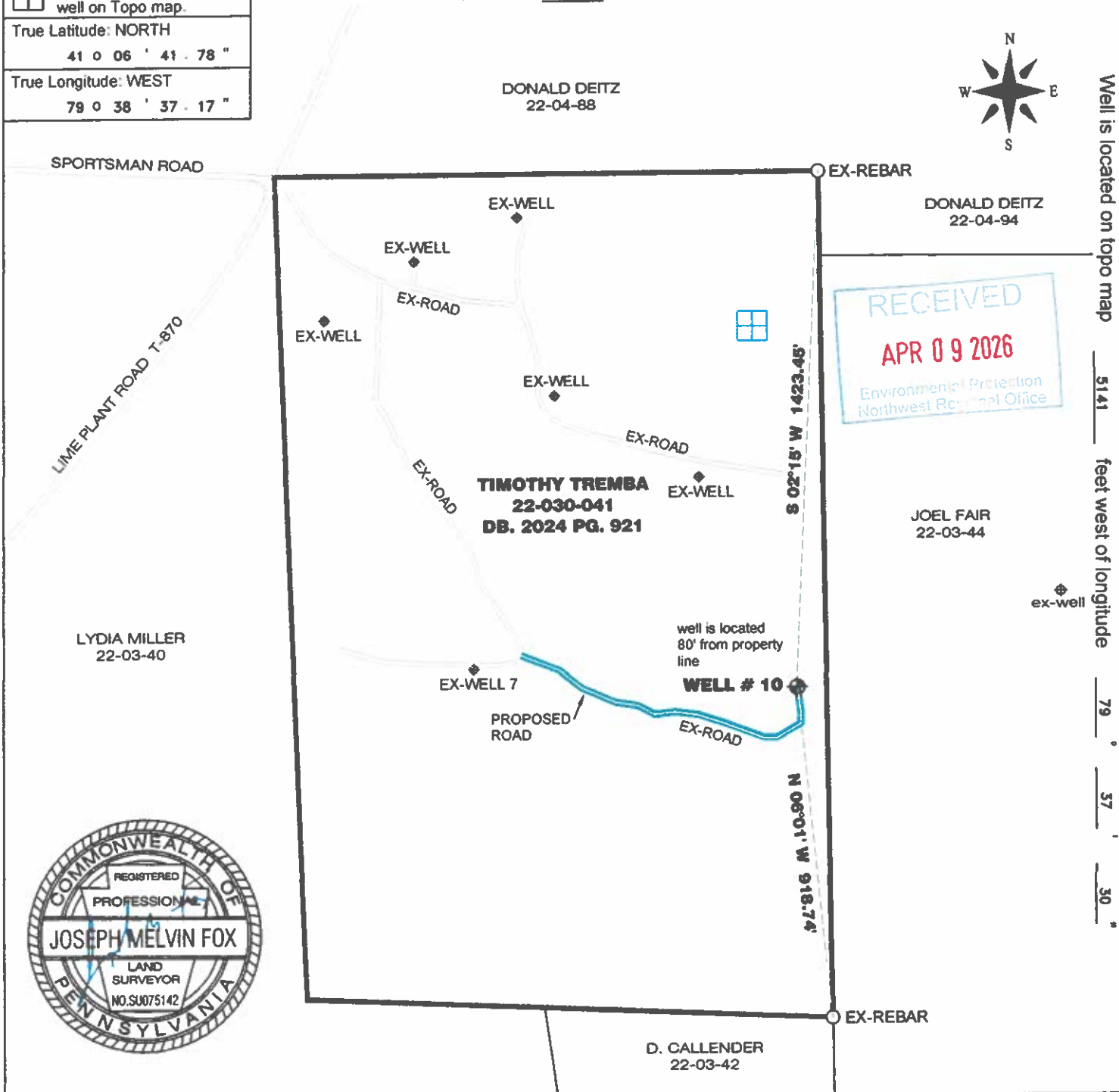


COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Oil and Gas Management Program
WELL LOCATION PLAT
 PAGE 1 SURFACE LOCATION

DEP USE ONLY	DEP Application Tracking #	G:
	Permit #	C:
	Project #	

	Denots location of top of well on Topo map.
True Latitude: NORTH	
41 ° 06 ' 41 . 78 "	
True Longitude: WEST	
79 ° 38 ' 37 . 17 "	

Well is located on topo map 4880 feet south of latitude 41 ° 07 ' 30 "



Applicant / Well Operator Name ELDER OIL & GAS CO.		DEP ID# 36316	Well(Farm) Name TREMBA		Well # 10	Serial #
Address 116 ELDER ROAD, PARKER, PA 16049			County CLARION	Municipality PERRY TWP.	Well Type OIL	
911 Address of Site NO ADDRESS			USGS 71/2 Quadrangle Map Name PARKER	Map Section 3	Surface Elevation 1227	
Surveyor: JOSEPH M. FOX	Phone # (814) 657 4361	Dwg. # ELDER-TREMBA	Date 04/05/25	Scale 1" = 400'	Tract Acreage 78 AC.	
Lat. & Long Metadata Method TRIMBLE GPS	Accuracy 2-4 ft.	Datum NAD 83	Elevation Metadata Method PA LIDAR	Accuracy 2-4 ft.	Datum NAVD 88	Survey Date MAR. 2025

