

From: [Hogue, Kate](#)
To: [Pennhills Info](#)
Cc: [Ayers, Brian](#)
Subject: Auth 1564345 123-49240, 123-49241, 123-49242
Date: Friday, May 1, 2026 11:26:00 AM
Attachments: [Auth 1564345 123-49240.pdf](#)
[Auth 1564350 123-49241.pdf](#)
[Auth 1564408 123-49242.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.depghis.state.pa.us/PaOilAndGasMapping/>

Thanks,
Kate

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



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

DEP USE ONLY	
Permittee's eFACTS ID 306870	Auth ID 1564350
Watershed Name Fourmile Run	Quality HQ

WELL PERMIT

Permittee PENNHILLS RESOURCES LLC	OGO.# OGO-68600	Permit Number 37-123-49241-00-00	Date Issued 05/01/2026
Address PO BOX 426	Farm Name & Well Number WT 2831 LOT 115 6		Well Serial #
	Municipality Mead Twp	County Warren	
MT JEWETT, PA 16740	7½' Quadrangle Name Cornplanter Bridge		Map Section # 7
Phone (814) 975-3009	Project #	Latitude 41-45-36.1900	Longitude -78-58-4.2900
Surf Elev at Site 1760 feet	Anticipated Maximum TVD 1703 feet	Well Type OG	Offset distances referenced to NE corner of map section. South 11520 feet West 2598 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) The operator shall provide notice to the appropriate Department Water Quality Specialist (WQS) & WQS Supervisor at least 3 business days prior to excavating a pit at the location for this well.

This permit expires **05/01/2027** unless drilling is commenced on or before that date and prosecuted with due diligence.

Thomas Donohue 5/1/26
Subsurface Permits Environmental Program Manager

ERIC WYMER

PO BOX 699
KNOX, PA 16232

814-573-3588

Oil & Gas Inspector

Address

Phone Number



PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL

Notes Check #16506 \$500		OGO #	68600	Objection Date - Do not issue before	03/31/2026	API #s37	123-49241
		Client Id	306870	Date Approved:	SGP 4/29/26	and -	-
NC		Bond #	16332	Special Cond	FRAC/STIM 24; ZONING; WQS	Watershed Name Designation:	<input checked="" type="checkbox"/> HQ <input type="checkbox"/> EV FOURMILE RUN
PNDI 3/20/26		C: 4/1/26 dg G BEH 04/22/26	INV:	Site Id	887178	PF Id	891121
		APS #1159613	Auth Id	1564350		SF Id	1473349

Please read instructions before you begin filling in this form

WELL INFORMATION

Well Operator PENNHILLS RESOURCES, LLC	DEP ID# 306870	Well API # 37- - -	Well Farm Name WT 2831 LOT 115	Well # 6
Address P.O. BOX 426	LAT 41°45' 36.19"	LONG 78°58' 04.29"	NAD 83	Project Number Serial #
City MT. JEWETT	State PA	Zip 16740	Municipality Name/ City Borough, Township MEAD Township	County WARREN
Phone 814-975-3009	Fax 814-778-6874	Email s.morris@pennhillsresources.co	USGS 7.5 min quadrangle map Complanter Bridge, PA	Section 7

<input type="checkbox"/> Check if this is a new address	24/7 Emergency Phone contact number 814-598-0237	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 COMMERCIAL PIT

Surface Elev 1760'	Deepest Formation to be penetrated: BRADFORD 2ND	Anticipated TVD 1703'	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 type="checkbox"/> Oil <input checked="" type="checkbox"/> Comb. (gas & oil/condensate) <input type="checkbox"/> Injection, recovery <input type="checkbox"/> Injection, disposal <input type="checkbox"/> Coalbed Methane <input type="checkbox"/> Gas Storage <input type="checkbox"/> Other (specify)	APPLICATION FEE Check applicable. <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> \$200 (Home Use Well) Total Application Fee \$ <u>500</u> Bond Agreement Id
Target Formation(s) proposed for production BRADFORD 2ND		Anticipated Target Top/Bottom TVD 1610' - 1658'			
Number of wellbore laterals proposed under this application 0					
Total feet of wellbore to be drilled under this application 1703 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.			<div style="border: 2px solid blue; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED MAR 31 2026 Environmental Protection Northwest Regional Office </div>		

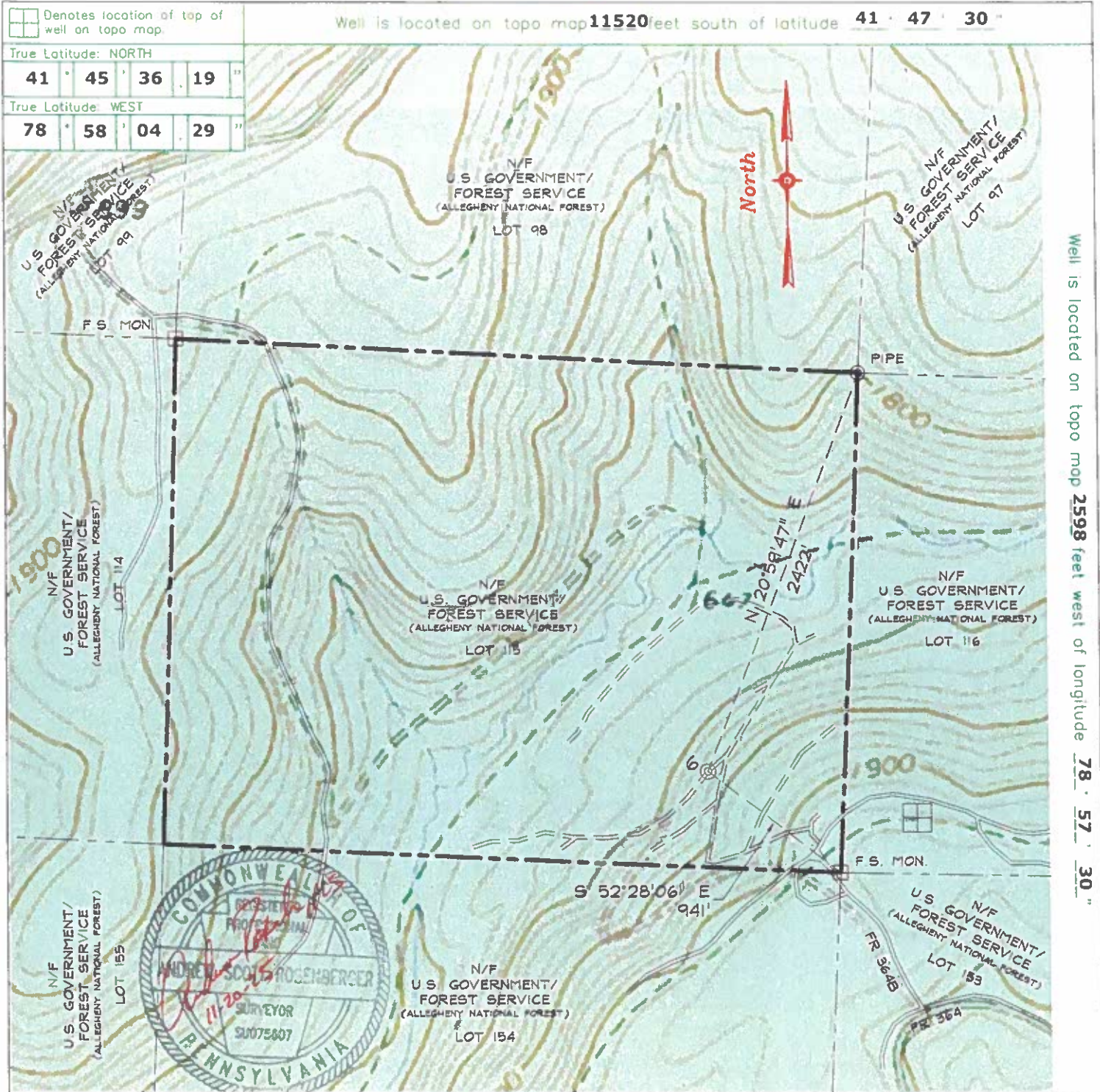
COORDINATION WITH REGULATIONS AND OTHER PERMITS	Yes	No
1. Will the well be subject to the Oil and Gas Conservation Law? If "No," go to 2).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes" to #1, is the well at least 330 feet from outside lease or unit boundary?	<input type="checkbox"/>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



Auth ID #	04/22/26
Permit #	0BEH
Project #	C

WELL LOCATION PLAT

PAGE 1 Surface Location



Applicant/Well Operator Name: PENNHILLS RESOURCES, LLC		DEP ID # 306870	Well (Farm) Name: WT 2831 LOT 115		Well #: 6	Serial #:
Address: P.O. BOX 426, MT. JEWETT, PA 16740			County: WARREN	Municipality: MEAD	Well Type: COMBINATION	
911 address of well site: N/A			USGS 7½ Quadrangle Map Name: CORNPLANTER BRIDGE, PA	Map Section: 7	Surface Elevation: 1760 ft.	
Surveyor or Engineer: ANDREW S. ROSENBERGER	Phone #: (814) 368-4139	Dwg #: 06494.6	Date: 11/20/25	Scale: 1"=800'	Tract Acreage: 250.9± ACRES	
Lat. & Long Metadata Method: SURVEY GRADE GPS		Accuracy: +/- 10 ft.	Datum: NAD 83	Elevation Metadata Method: SURVEY GRADE GPS	Accuracy: +/-10 ft.	Datum: NAVD 88
					Survey Date: 11/25	



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

Farm Name - Well #	
WT 2831 LOT 115	WELL #6
Applicant Name	
PENNHILLS RESOURCES, LLC	
DEP ID#	
306870	
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: ALLEGHENY NATIONAL FOREST	Address: 4 FARM COLONY DRIVE WARREN, PA 16365	X				12/12/25	12/15/25		
Signature									
Print Name: CITY OF WARREN	Address: 318 WEST THIRD STREET WARREN, PA 16365				X	12/12/25	12/15/25		
Signature									
Print Name: ELK TOWNSHIP	Address: 3794 COLE HILL ROAD SUITE 1 RUSSELL, PA 16345				X	12/12/25	12/15/25		
Signature									
Print Name: MEAD TOWNSHIP	Address: MUNICIPAL BUILDING 119 MEAD BLVD CLARENDON, PA 16313				X	12/12/25	12/16/25		
Signature									
Print Name: SHEFFIELD TOWNSHIP	Address: P.O. BOX 784 SHEFFIELD, PA 16347				X	12/12/25	12/19/25		
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"/>



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

Farm Name - Well # WT 2831 LOT 115 WELL #6	
Applicant Name PENNHILLS RESOURCES, LLC	DEP ID# 306870
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: CLARENDON BOROUGH Address: P.O. BOX 335 CLARENDON, PA 16313 Signature				X	12/12/25	12/16/25		
Print Name: CHERRY GROVE TOWNSHIP Address: 6039 CHERRY GROVE ROAD CLARENDON, PA 16313 Signature				X	12/12/25	12/16/25		
Print Name: GLADE TOWNSHIP Address: 1285 COBHAM PARK ROAD WARREN, PA 16365 Signature				X	12/12/25	12/16/25		
Print Name: PLEASANT TOWNSHIP Address: 8 CHARI LANE WARREN, PA 16365 Signature				X	12/12/25	12/17/25		
Print Name: HAMILTON TOWNSHIP Address: P.O. BOX 23 LUDLOW, PA 16333 Signature				X	12/12/25	12/17/25		

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 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 #		WT 2831 LOT 115 WELL #6	
Applicant Name		PENNHILLS RESOURCES, LLC	
DEP USE ONLY		APS #	DEP ID# 306870

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: CORYDON TOWNSHIP Address: 2474 WEST WASHINGTON BRADFORD, PA 16701 Signature				X	12/12/25	2/2/26		
Print Name: Address: 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 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>Paul Sch...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Paul Sch...</i></p> <p>C. Date of Delivery <i>12-15-25</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>ALLEGHENY NATIONAL FOREST 4 FARM COLONY DRIVE WARREN, PA 16365</p>  <p>9590 9402 9669 5199 4462 17</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) 9589 0710 5270 3390 9125 16</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 \$5.30	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$10.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
Postage \$1.37	
Total Postage and Fees \$11.12	
Sent To	ALLEGHENY NATIONAL FOREST
Street and	4 FARM COLONY DRIVE
City, State	WARREN, PA 16365
PS Form 3800, January 2023 PSN 7530-02-000-9047	

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 \$5.30	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$10.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
Postage \$1.37	
Total Postage and Fees \$11.12	
Sent To	CITY OF WARREN
Street and	318 WEST THIRD STREET
City, State	WARREN, PA 16365
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

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>Lauren Z...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lauren Z...</i></p> <p>C. Date of Delivery <i>12/15/25</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>CITY OF WARREN 318 WEST THIRD STREET WARREN, PA 16365</p>  <p>9590 9402 9669 5199 4461 56</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) 9589 0710 5270 3390 9128 06</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 X <i>Je 3744 Gb</i> <i>Township Agent</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 12-15</p>												
<p>1. Article Addressed to:</p> <p>ELK TOWNSHIP 3794 COLE HILL ROAD SUITE 1 RUSSELL, PA 16345</p>  <p>9590 9402 9669 5199 4461 18</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 3390 9128 20</p>	<p><input type="checkbox"/> All Restricted Delivery</p>												

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 .	
RUSSELL, PA 16345	
Certified Mail Fee \$ 5.50	
<input type="checkbox"/> Return Receipt (hardcopy) \$ 2.10 <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 \$ 1.00
Total Postage and Fees \$ 6.60	
Sent To Street City, St	ELK TOWNSHIP 3794 COLE HILL ROAD SUITE 1 RUSSELL, PA 16345
PS Form 3811, July 2020 PSN 7530-02-000-9053	

9589 0710 5270 3390 9128 20

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
MUNICIPAL BUILDING
119 MEAD BLVD.
CLARENDON, PA 16313



9590 9402 9669 5199 4462 00

2. Article Number (Transfer from service label)
9589 0710 5270 3390 9125 23

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name)
Card Schrader

C. Date of Delivery
12-16

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

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"/> 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 |

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

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

CLARENDON PA 16313

Certified Mail Fee \$5.50

Extra Services & Fees (check box, add fee to postage)

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

Postage \$1.37

Total Postage and Fees \$6.87

Sent To
MEAD TOWNSHIP
MUNICIPAL BUILDING
119 MEAD BLVD.
CLARENDON, PA 16313

CLARENDON PA 16313
DEC 12 2025
USPS

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

9589 0710 5270 3390 9125 23

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:

SHEFFIELD TOWNSHIP
PO BOX 784
SHEFFIELD, PA 16347



9590 9402 9669 5199 4461 63

2. Article Number (Transfer from service label)
9589 0710 5270 3390 9125 61

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name)
Card Schrader

C. Date of Delivery
12-19-25

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

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"/> 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 |

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

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

SHEFFIELD PA 16347

Certified Mail Fee \$5.50

Extra Services & Fees (check box, add fee to postage)

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

Postage \$1.37


Total Postage and Fees \$6.87

Sent To
SHEFFIELD TOWNSHIP
PO BOX 784
SHEFFIELD, PA 16347

SHEFFIELD PA 16347
DEC 19 2025
USPS


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

9589 0710 5270 3390 9125 61

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>Brian Kemele</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BRIAN KEMELE</i> C. Date of Delivery <i>12/16/25</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>1. Article Addressed to:</p> <p>CLARENDON BOROUGH PO BOX 335 CLARENDON, PA 16313</p>  <p>9590 9402 9669 5199 4461 94</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery												
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 3390 9125 30</p>													

PS Form 3811, July 2020 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>Brian Kemele</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>12-16</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>1. Article Addressed to:</p> <p>CHERRY GROVE TOWNSHIP 6039 CHERRY GROVE ROAD CLARENDON, PA 16313</p>  <p>9590 9402 9669 5199 4461 49</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery												
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 3390 9127 83</p>													

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 Clarendon, PA 16313	
<p>Certified Mail Fee \$5.30</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$0.00</p> <p><input type="checkbox"/> Return Receipt (electronic) \$0.00</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$0.00</p> <p><input type="checkbox"/> Adult Signature Required \$0.00</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$0.00</p> <p>Postage \$1.36</p> <p>Total Postage and Fees \$6.66</p>	
<p>Sent To Street City, State</p>	<p>CLARENDON BOROUGH PO BOX 335 CLARENDON, PA 16313</p>
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com Clarendon, PA 16313	
<p>Certified Mail Fee \$5.30</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$0.00</p> <p><input type="checkbox"/> Return Receipt (electronic) \$0.00</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$0.00</p> <p><input type="checkbox"/> Adult Signature Required \$0.00</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$0.00</p> <p>Postage \$1.36</p> <p>Total Postage and Fees \$6.66</p>	
<p>Sent To Street and City, State</p>	<p>CHERRY GROVE TOWNSHIP 6039 CHERRY GROVE ROAD CLARENDON, PA 16313</p>
PS Form 3800, January 2023 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 9669 5199 4461 25

2. Article Number (Transfer from service label)

9589 0710 5270 3390 9128 13

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tiffany Smith Agent
 Addressee

B. Received by (Printed Name)

Tiffany Smith 12-16-25

C. Date of Delivery

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

Restricted Delivery

Domestic Return Receipt

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

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

9589 0710 5270 3390 9128 13

Certified Mail Fee

\$ 3.70

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$ 11.30

Total Postage and Fees \$ 15.00

Sent To

Street and A.

City, State, Z

GLADE TOWNSHIP
1285 COBHAM PARK ROAD
WARREN, PA 16365

PS Form 3800, January 2023 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:

PLEASANT TOWNSHIP
8 CHARI LANE
WARREN, PA 16365



9590 9402 9669 5199 4461 32

2. Article Number (Transfer from service label)

9589 0710 5270 3390 9127 90

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Lee Ann Adams Agent
 Addressee

B. Received by (Printed Name)

Lee Ann Adams 12/17/25

C. Date of Delivery

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

Restricted Delivery

Domestic Return Receipt

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

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

9589 0710 5270 3390 9127 90

Certified Mail Fee

\$ 3.70

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$ 11.30

Total Postage and Fees \$ 15.00

Sent To

Street and A.

City, State

PLEASANT TOWNSHIP
8 CHARI LANE
WARREN, PA 16365

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




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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Becky Davison</p> <p>C. Date of Delivery 12-17-25</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 PO BOX 23 LUDLOW, PA 16333</p>  <p>9590 9402 9669 5199 4461 70</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 3390 9125 54</p>	<p>stricted Delivery</p>

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

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
<p>For delivery information, visit our website at www.usps.com.</p> <p>LUDLOW, PA 16333</p>	
<p>Certified Mail Fee \$5.50</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><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</p> <p>Postage \$1.35</p> <p>Total Postage and Fees \$6.85</p>	
<p>Sent To</p> <p>Street and A</p> <p>City, State, z</p>	<p>HAMILTON TOWNSHIP PO BOX 23 LUDLOW, PA 16333</p>
<p>PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

9589 0710 5270 3390 9125 54

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) LISA DABNER</p> <p>C. Date of Delivery 2/2/26</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>CORYDON TOWNSHIP 2474 WEST WASHINGTON BRADFORD, PA 16701</p>  <p>9590 9402 9669 5199 4461 87</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 3390 9125 47</p>	<p>stricted Delivery</p>

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

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
<p>For delivery information, visit our website at www.usps.com.</p> <p>BRADFORD, PA 16701</p>	
<p>Certified Mail Fee \$5.50</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><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</p> <p>Postage \$1.35</p> <p>Total Postage and Fees \$6.85</p>	
<p>Sent To</p> <p>Street and A</p> <p>City, State, z</p>	<p>CORYDON TOWNSHIP 2474 WEST WASHINGTON BRADFORD, PA 16701</p>
<p>PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

9589 0710 5270 3390 9125 47

1. PROJECT INFORMATION

Project Name: **PHR LOT 115**
Date of Review: **3/20/2026 04:35:17 PM**
Project Category: **Mining, Oil or Gas (including roads and pipelines), New Well**
Project Area: **57.52 acres**
County(s): **Warren**
Township/Municipality(s): **Mead Township**
ZIP Code:
Quadrangle Name(s): **CORNPLANTER BRIDGE**
Watersheds HUC 8: **Middle Allegheny-Tionesta**
Watersheds HUC 12: **Fourmile Run**
Decimal Degrees: **41.760945, -78.967622**
Degrees Minutes Seconds: **41° 45' 39.4004" N, 78° 58' 3.4397" W**

2. SEARCH RESULTS

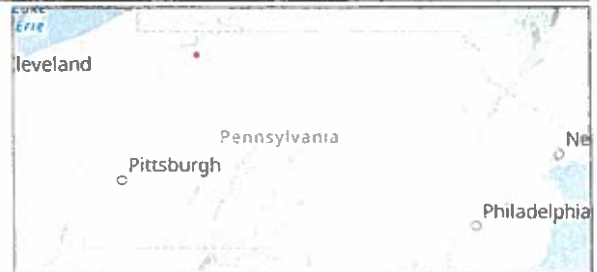
Agency	Results	Response
PA Game Commission	Conservation Measure	No Further Review Required, See Agency Comments
PA Department of Conservation and Natural Resources	No Known Impact	No Further Review Required
PA Fish and Boat Commission	No Known Impact	No Further Review Required
U.S. Fish and Wildlife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

PHR LOT 115

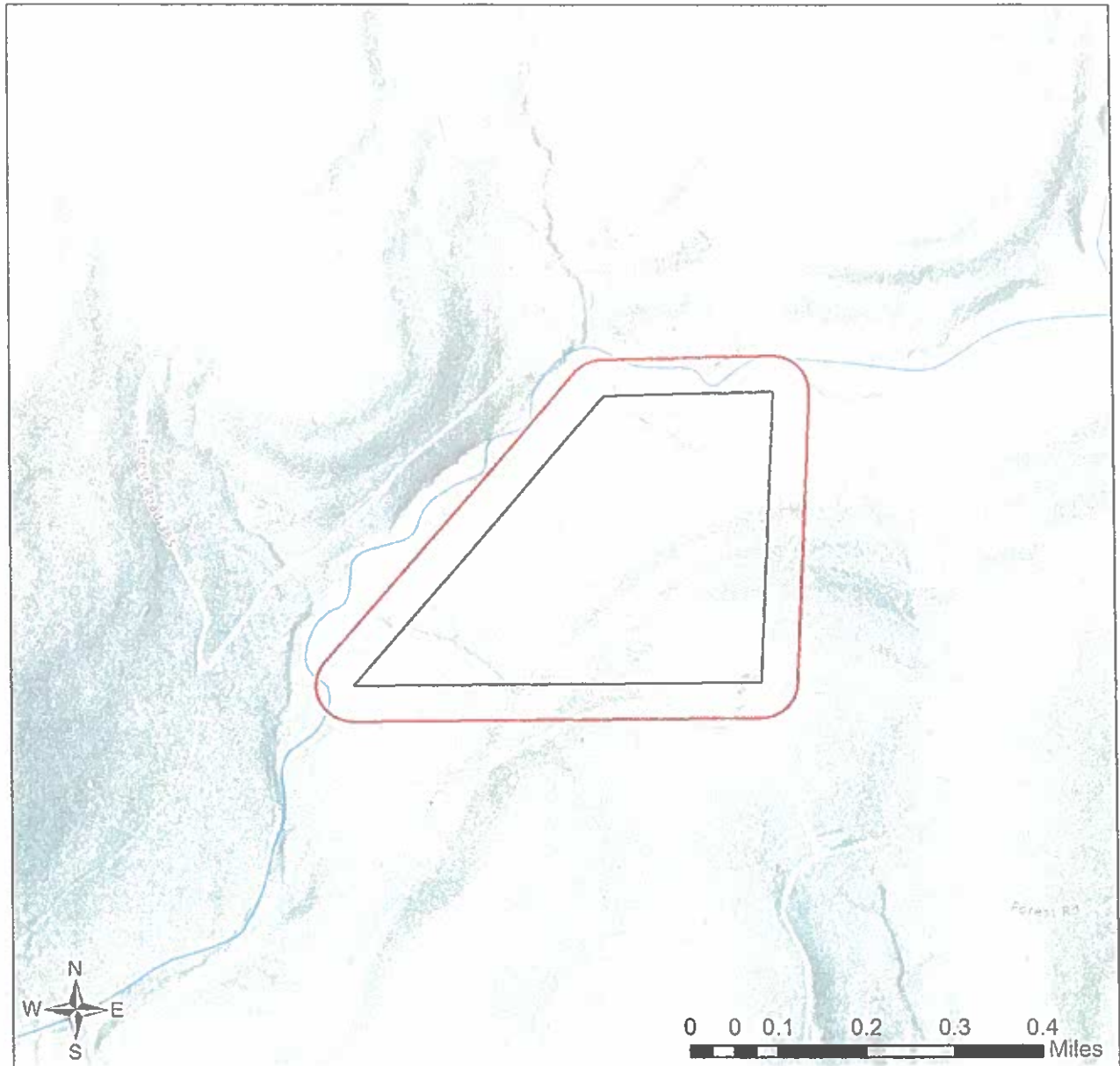




-  Buffered Project Boundary
-  Project Boundary

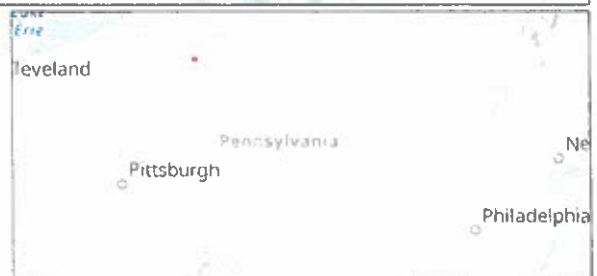


Sources: Esri, Vantor, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatastyreisen, Rijkswaterstaat, GSA, Geoland, FEMA, Intermap, and the GIS user community

PHR LOT 115



-  Buffered Project Boundary
-  Project Boundary



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

RESPONSE TO QUESTION(S) ASKED

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

Your answer is: No

Q2: Does the action area contain any caves (or associated sinkholes, fissures, or other karst features), mines, rocky outcroppings, culverts, or tunnels that could provide habitat for hibernating bats?

Your answer is: Unknown

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

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

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: _____ Stuart Morris, CEO _____
Company/Business Name: Pennhills Resources, LLC _____
Address: _____ P.O. Box 426 _____
City, State, Zip: _____ Mt. Jewett, PA 16740 _____
Phone:(_____) _____ O: (814)975-3009 F: (814)778-6874 _____
Email: _____ s.morris@pennhillsresources.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

3-26-26
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: 2026-0065939
Project Name: PHR Lot 115

03/20/2026 20:26:02 UTC

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

Subject: Record of project representative's no effect determination for 'PHR Lot 115'

Dear Andrew Rosenberger:

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 March 20, 2026, for 'PHR Lot 115' (here forward, Project). This project has been assigned Project Code 2026-0065939 and all future correspondence should clearly reference this number. **Please carefully review this letter.**

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.***

Determination for the Northern Long-Eared Bat and/or Tricolored Bat

Based upon your IPaC submission and a standing analysis, your project has reached the following effect determinations:

Species	Listing Status	Determination
Northern Long-eared Bat (<i>Myotis septentrionalis</i>)	Endangered	No effect

To make a no effect determination, the full scope of the proposed project implementation (action) should not have any effects (either positive or negative), to a federally listed species or designated critical habitat. Effects of the action are all consequences to listed species or critical habitat that are caused by the proposed action, including the consequences of other activities that are caused by the proposed action. A consequence is caused by the proposed action if it would not occur but for the proposed action and it is reasonably certain to occur. Effects of the action may occur later in time and may include consequences occurring outside the immediate area involved in the action. (See § 402.17).

Under Section 7 of the ESA, if a federal action agency makes a no effect determination, no consultation with the Service is required (ESA §7). If a proposed Federal action may affect a listed species or designated critical habitat, formal consultation is required except when the Service concurs, in writing, that a proposed action "is not likely to adversely affect" listed species or designated critical habitat [50 CFR §402.02, 50 CFR§402.13].

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 affect the animal species listed above and, if so, how they may be affected.

Next Steps

If there are no updates on listed species, no further consultation/coordination for this project is required with respect to the species covered by this key. 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 to ensure compliance with the Act.

If you have any questions regarding this letter or need further assistance, please contact the Pennsylvania Ecological Services Field Office and reference Project Code 2026-0065939 associated with this Project.

Action Description

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

1. Name

PHR Lot 115

2. Description

The following description was provided for the project 'PHR Lot 115':

Pennhills Resources is proposing to drill new oil wells on the Lot 115 Lease

The approximate location of the project can be viewed in Google Maps: <https://www.google.com/maps/@41.760940700000006,-78.96769740563991,14z>



DETERMINATION KEY RESULT

Based on the information you provided, you have determined that the Proposed Action will have no effect on the species covered by this determination key. Therefore, no consultation with the U.S. Fish and Wildlife Service pursuant to Section 7(a)(2) of the Endangered Species Act of 1973 (87 Stat. 884, as amended 16 U.S.C. 1531 *et seq.*) is required for those species.

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>

Yes

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 forested 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?

No

26. 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

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

Automatically answered

Yes

28. [Semantic] Is the action area located within 0.5 miles of radius of an entrance/opening to any known NLEB hibernacula 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

29. [Semantic] Is the action area located within 0.25 miles of a culvert that is known to be occupied by northern long-eared or tricolored bats? **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

30. [Semantic] Is the action area located within 150 feet of a documented northern long-eared bat roost site?

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. Have you contacted the appropriate agency to determine if your action is within 150 feet of any documented northern long-eared bat roosts?

Note: A document with links to Natural Heritage Inventory databases and other state-specific sources of information on the locations of northern long-eared bat roosts is available here. Location information for northern long-eared bat roosts is generally kept in state natural heritage inventory databases – the availability of this data varies by state. Many states provide online access to their data, either directly by providing maps or by providing the opportunity to make a data request. In some cases, to protect those resources, access to the information may be limited.

Automatically answered

No

31. Is suitable summer habitat for the northern long-eared bat present within 1000 feet of project activities?

If unsure, answer "Yes."

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

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

No

PROJECT QUESTIONNAIRE

IPAC USER CONTACT INFORMATION

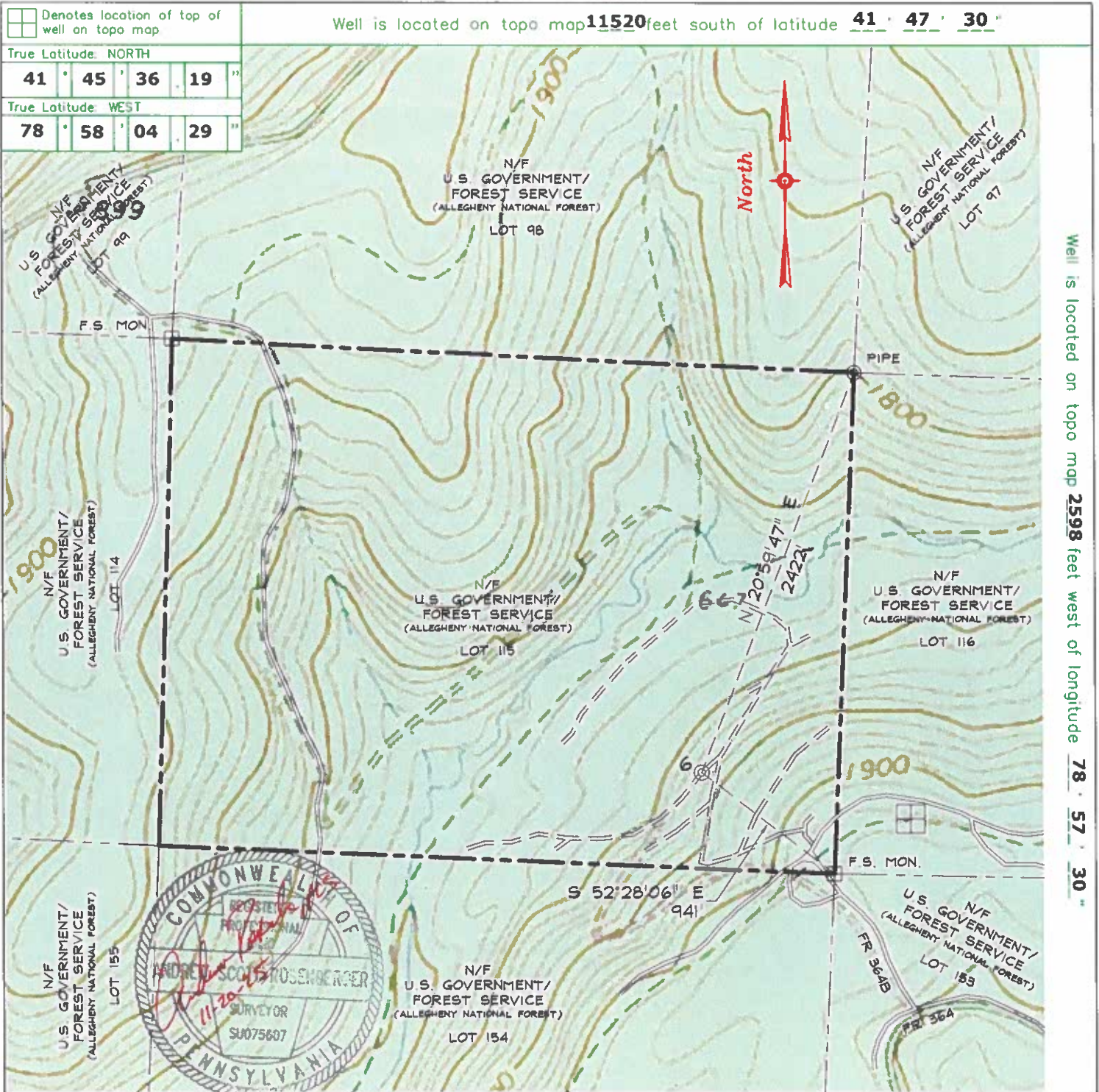
Agency: Private Entity
Name: Andrew Rosenberger
Address: 1059 Lafferty Lane
City: Bradford
State: PA
Zip: 16701
Email: langsurveyingllc@gmail.com
Phone: 8143684139



WELL LOCATION PLAT

PAGE 1 Surface Location

Auth ID #:	G:
Permit #:	C:
Project #:	



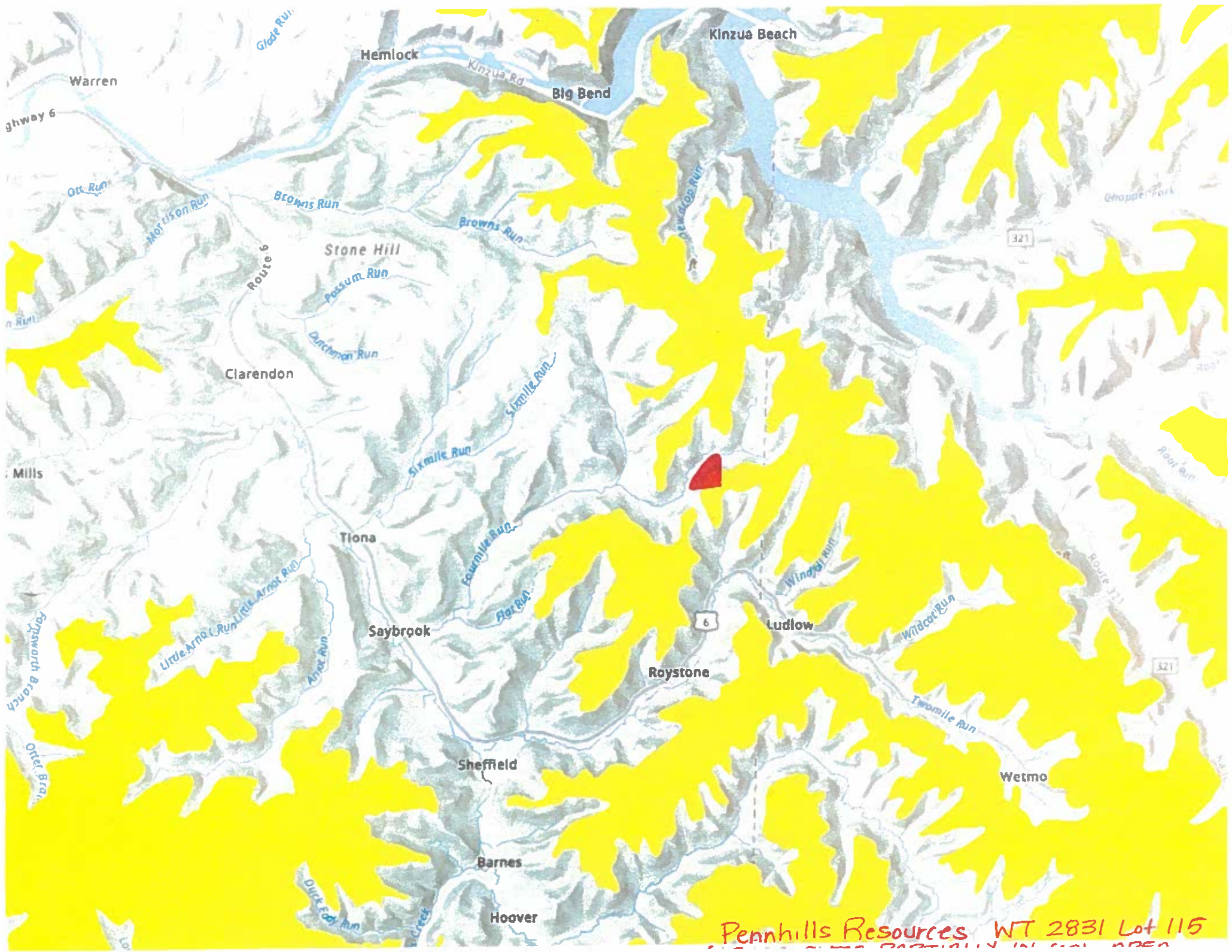
Applicant/Well Operator Name: PENNHILLS RESOURCES, LLC		DEP ID # 306870	Well (Farm) Name: WT 2831 LOT 115		Well #: 6	Serial #:
Address: P.O. BOX 426, MT. JEWETT, PA 16740			County: WARREN	Municipality: MEAD	Well Type: COMBINATION	
911 address of well site: N/A			USGS 7½ Quadrangle Map Name: CORNPLANTER BRIDGE, PA	Map Section: 7	Surface Elevation: 1760 ft.	
Surveyor or Engineer: ANDREW S. ROSENBERGER	Phone #: (814) 368-4139	Dwg #: 06494.6	Date: 11/20/25	Scale: 1"=800'	Tract Acreage: 250.9± ACRES	
Lat. & Long Metadata Method: SURVEY GRADE GPS	Accuracy: +/- 10 ft.	Datum: NAD 83	Elevation Metadata Method: SURVEY GRADE GPS	Accuracy: +/-10 ft.	Datum: NAVD 88	Survey Date: 11/25



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

COORDINATION OF A WELL LOCATION WITH PUBLIC RESOURCES

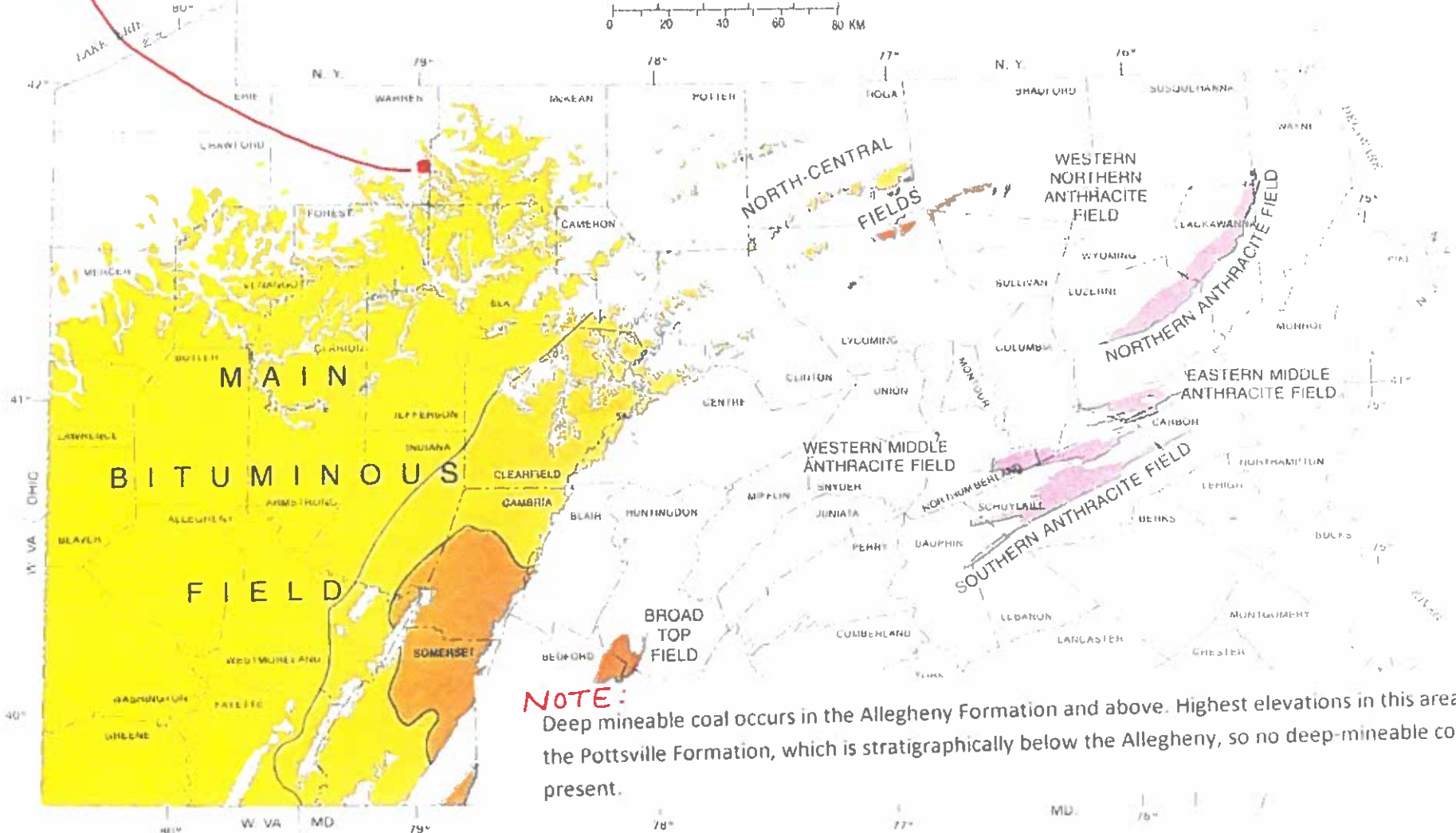
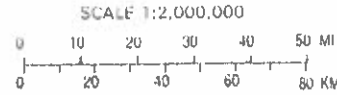
Well Operator PENNHILLS RESOURCES, LLC	DEP ID No. 306870	Well Farm Name and No. WT 2831 LOT 115	6
Address P.O. BOX 426		Project No. (if previously assigned)	
City MT. JEWETT	State PA	Zip Code 16740	County WARREN
			Municipality MEAD
Phone No. 8149753009	Fax No. 8147786874	Latitude N 41° 45' 36.19"	Longitude W 78° 58' 04.29"
1. Will the well be located in or within 200 ft. of a publicly owned park, forest, gameland, designated wildlife area, or Natural National Landmark?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Will the well be located within the corridor of a state or national scenic river?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If answering "Yes" to questions 1 or 2, name the public resource(s). ALLEGHENY NATIONAL FOREST			
List the name, address, and phone number of the person responsible for management of the public resource. 4 FARM COLONY DRIVE, WARREN, PA 16365			
Must the administrator of the public resource approve or otherwise authorize the proposed well, well site, access road, or gathering pipeline?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the approval or authorization been received?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the search of the proposed well location against the Pennsylvania Natural Diversity Inventory (PNDI), or any other evaluation, identified a potential conflict with a species of special concern?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide PNDI Search Number <u>860071</u> or attach a copy of the PNDI Search Results.			
If a potential conflict with a species of special concern was identified, give the name of the responsible agency. PA Game Commission & U.S. FISH & WILDLIFE SERVICE			
5. Will the well be located within 200 ft. of any historical or archaeological sites listed as national or state historic places?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. If the proposed well is an unconventional well, will the well be located within 1000 ft. of water wells, surface water intakes, reservoirs, or other water supply extraction points used by a water purveyor?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. If the answer to questions 1, 2, 4, 5, or 6 is "YES", describe in detail the coordination with applicable resource agencies, the potential impacts to any public resource identified above, if any, and the additional measures proposed to avoid, minimize, or otherwise mitigate the impacts to public resources. There was a potential impact noted for the Northern Long Eared Bat. PA Game Commission defers to USFWS and after further explanation of the project the U.S. Fish & Wildlife Service determined there would be no effect on the subject species. No Effect Determination code: 2026-0065939. In addition, proposed well locations and roads have been reviewed and approved by the landowner.			



Pennhills Resources WT 2831 Lot 115

*Pennhills Resources LLC
WT 2831 Lot 115
* LEASE PUTS PARTIALLY
IN A COAL AREA*

DISTRIBUTION OF PENNSYLVANIA COALS



NOTE: Deep mineable coal occurs in the Allegheny Formation and above. Highest elevations in this area are of the Pottsville Formation, which is stratigraphically below the Allegheny, so no deep-mineable coal is present.

EXPLANATION



From: [Andrew Rosenberger](#)
To: [Hanes, Barbara](#)
Cc: s.morris@pennhillsresources.com
Subject: [External] Re: PennHills WT 2831 LOT 115
Date: Tuesday, April 28, 2026 8:17:02 AM
Attachments: [image001.png](#)
[pennhills lot 115_20260428071530.pdf](#)

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](#).

Good morning Barbara,

Thank you for reviewing the Pennhills Permit applications. I can answer some of the questions and I have some other questions I guess I would like clarification on.

First off, the timber for these well locations was all cut over the last year, prior to the bat season and its restrictions. This timber was cut to minimize the effects it would have on the bat. With that being said, I feel the questions on the iPAC document are relatively hard to answer, so I apologize for the confusion. The habitat in the project area is technically not suitable for the bat mainly because there are no trees. The 1,000 foot buffer for the trees makes no sense to me, I would like clarification on how this would be impacting the bat. All public roads and public areas could technically impact the bat if this were the case. I think that the proactive approach that has been taken here is the smartest and safest for the bat. If there is a better way to fill out the iPAC please let me know and we will attempt to adjust it accordingly, if it can be revised after its been submitted?

On the coordination form I have included the verbage for PA Game Commission. After filling out the iPAC and seeing the conservation measure and that it defers to the USFWS I had assumed it was covered, I will update going forward.

Question 3 has been updated to answer "No". As a courtesy the roads and locations have been reviewed by the ANF but no approval was required to authorize the well sites.

Please let me know if you have any other questions or concerns with these permits. I appreciate you looking them over and if you could give some guidance on the bat / iPAC questions it would be greatly appreciated.

Thank you,
Andrew

On Mon, Apr 27, 2026 at 11:58 AM Hanes, Barbara <bhanes@pa.gov> wrote:

Greetings,

I am reviewing the PennHills WT 2831 LOT 115 applications for Wells 2, 6, and 8, and have a few questions.

On the US Fish and Wildlife Service (USFWS) response to the PNDI, the Information for Planning and Consultation (IPaC) indicates Question 31 is answered 'No' for suitable summer habitat for the northern long-eared bat (see snip below). Please explain the reasoning for this answer, as a desktop review indicates a forested area that appears to include suitable habitat within 1000 feet of these wells (see attached from USFWS). The question also indicates that if unsure, answer Yes.

On the Coordination form, the PA Game Commission must also be listed on Question 4, in addition to USFWS, since there was a PAGC Conservation Measure on the PNDI. Description in Number 7 must state that PA Game Commission defers to USFWS. Most newly-run PNDIs will have this deferral and must be addressed on the coordination form going forward.

Also on the coordination form, Question 3 indicates that the Allegheny National Forest must authorize the proposed well, well site, access road, or gathering pipeline, and that approval or authorization has been received. Please submit the authorization, if one was received. Answering Yes to Question 3 would apparently change the answer to Question 5 on the IPaC. If this was answered in error, please correct on the coordination forms.

Please address these issues and let me know if you have any questions.

31. Is suitable summer habitat for the northern long-eared bat present within 1000 feet of project activities?

If unsure, answer "Yes."

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

Thank You,

Barbara E. Hanes, P.G. | Licensed Professional Geologist
Department of Environmental Protection | District Oil and Gas Operations

Northwest District Office
230 Chestnut Street | Meadville, PA 16335
Phone: 814.332.6870 | Fax: 814.332.6120

bhanes@pa.gov

www.dep.pa.gov

--

Andrew S. Rosenberger

Owner of Lang Surveying LLC

Professional Land Surveyor in PA and NY

Lang Surveying LLC

1059 Lafferty Lane

Bradford, PA 16701

814-368-4139



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

COORDINATION OF A WELL LOCATION WITH PUBLIC RESOURCES

Well Operator PENNHILLS RESOURCES, LLC	DEP ID No. 306870	Well Farm Name and No. WT 2831 LOT 115	6
Address P.O. BOX 426		Project No. (if previously assigned)	
City MT. JEWETT	State PA	Zip Code 16740	County WARREN
		Municipality MEAD	
Phone No. 8149753009	Fax No. 8149753074	Latitude N 41° 45'	Longitude W 78° 58' 04.29"
1. Will the well be located in or within 200 feet of a publicly owned park, forest, or 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 natural scenic area?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If answering "Yes" to questions 1 or 2, name the public resource. ALLEGHENY NATIONAL FOREST			
List the name, address, and phone number of the person responsible for management of the public resource. 4 FARM COLONY DRIVE, WARREN, PA 16365			
Must the administrator of the public resource approve or otherwise authorize the proposed well, well site, access road, or gathering pipeline?			<input checked="" type="checkbox"/> Yes <input 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 0071 or attach a copy of the PNDI Search Results.			
If a potential conflict with a species of special concern was identified, give the name of the responsible agency. U.S. FISH & WILDLIFE SERVICE			
5. Will the well be located within 200 ft. of any historical or archaeological sites listed as national or state historic places?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. If the proposed well is an unconventional well, will the well be located within 1000 ft. of water wells, surface water intakes, reservoirs, or other water supply extraction points used by a water purveyor?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. If the answer to questions 1, 2, 4, 5, or 6 is "YES", describe in detail the coordination with applicable resource agencies, the potential impacts to any public resource identified above, if any, and the additional measures proposed to avoid, minimize, or otherwise mitigate the impacts to public resources. There was a potential impact noted for the Northern Long Eared Bat, but with further explanation of the project the U.S. Fish & Wildlife Service determined there would be no effect on the subject species. No Effect Determination code: 2026-0065939. In addition, proposed well locations and roads have been reviewed and approved by the landowner.			