



CNX Center
1000 Horizon Vue Drive
Canonsburg, PA 15317-6506
724-485-4000
cnx.com

June 11, 2026

VIA EMAIL TO RA-EPSW-OGSUBMISSION@pa.gov

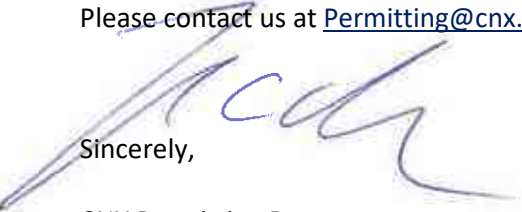
RE: J M BERDINE 1
API NO. 37-059-01237
Freeport Township, Greene County
Proposed Alternate Method of Plugging Application Submittal

To Whom It May Concern:

In accordance with DEP requirements for plugging a well, please find the following signed documentation for the above referenced well(s).

- Application for Approval of Alternate Method
- Plugging Procedure
- Well Plat
- Proof of Coal Owner(s) Notification(s) (USPS Certified Mail)

Please contact us at Permitting@cnx.com , if you have any questions or need further information.



Sincerely,

CNX Permitting Department



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DEP USE ONLY
Application Tracking #
1572987

RECEIVED
6/11/2026

Proposed Alternate Method or Material for Casing, Plugging, Venting or Equipping a Well

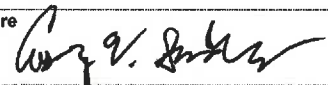
Well Operator CNX GAS COMPANY LLC		DEP ID# 159257		Well Permit or Registration Number 37-059-01237	
Address 1000 HORIZON VUE DRIVE		Well Farm Name J.M. Berdine			
City CANONSBURG	State PA	Zip Code 15317	Well # 1		Serial #
Phone 724-485-4140	Fax	County Greene		Municipality Freeport Township	

A proposed alternate method is subject to provisions in §3221 of the 2012 Oil and Gas Act, 58 Pa. C.S. §3221 Section 13 of the Coal and Gas Resource Coordination Act, 58 P.S. §513 and 25 PA Code §§78.75-78.75a (relating to Alternate Methods.) **Attach proof of notification of coal operator(s).**

Describe in reasonable detail using a written description and / or diagram:

1. the proposed alternate method or materials, and
2. the manner in which the alternative will satisfy the goals of the laws and regulations.

This well falls under 78a.94(a) as being a non cemented noncoal well. Per the regulations, the cemented surface casing must be filled with noncementing material from 50' above the shoe to surface. We propose with our alternate method to cement from attainable bottom to surface. The well will be cemented with a solid column of cement with no gel spacers eliminating all vertical flow of fluid or gas within the wellbore and eliminating the need for a surface vent. In doing this we will meet the requirements set forth in 78a.91(h).

Optional: Approval by Coal Owner or Operator		Signature of Applicant / Well Operator	
Signature 	Date 06/10/2026	Signature 	Date 6/8/2026
Print or Type Signer's Name and Title Casey V. Saunders - Manager Coal/Gas Coordination		Print or Type Signer's Name and Title JOSH HORVATH - Production Superintendent	

If optional approval is signed by coal owner or operator, the 15-day objection period may be waived.

DEP USE ONLY	
Approved by (DEP Manager) 	Conditions ☐ YES, See Attached ☒ NO
	Date 7/17/2026



Well Name: J.M. Berdine

County: Greene

State: PA

API: 37-059-01237

Date: 6/8/2026

10" casing set @ 1621'

8 1/4" casing set @ 2228'

6 5/8" casing set @ 2649'

3" tubing set @ 3546' (with threads), 6 5/8" x 3" spang anchor packer @ 3295'

TD – 3500'

Elevation: 1500'

Fresh Water @ N/A

Coal @ UNK

SW @ N/A

Oil Shows @ N/A

Gas Shows @ UNK

Perf'd & Stimulation: UNK

1. Notify DEP Inspector **James Spino, 717-753-1389**, 48 hours in advance of commencement of operations.
2. Install containment under rig and necessary equipment.
3. Conduct Pre Job Safety meetings and complete JSA's as required.
4. As per the approved Alternate Methods, base plan is to cement from attainable bottom to surface.
5. MIRU rig. Begin plugging and abandonment operations.
6. RIH with sandline/tools to check TD. Notify CNX and OGI of attainable bottom.
7. Load hole with FW.
8. Run a CBL on the 3" tubing from end of tubing to Surface.
9. TIH with tubing and set a solid class A plug from TD to 3325'. TOOH with tubing and allow cement to cure. (Reverse circulate prior to TOOH)
10. RIH with wireline and based on previous CBL, determine free point and cut 3" and TOOH with tubing.
11. TIH with tubing and set a Class a plug from previous cement top to 2700'. TOOH with tubing and allow cement to cure. (TOOH to 2600' and reverse circulate).
12. Hook onto and attempt to recover 6 5/8" casing by exerting a pulling force 120% of string weight or 5k over, whichever is greater. Notify CNX and OGI of recovery attempt.
13. RIH with wireline and run a CBL on the 6 5/8" casing from 2649' to surface. Determine free point and cut 6 5/8" casing. POOH with wireline.
14. TOOH with casing.
15. TIH with tubing and set a Class a plug from previous cement top to 2275'. TOOH with tubing and allow cement to cure. (TOOH to 2220' and reverse circulate).

16. Hook onto and attempt to recover 8 1/4" casing by exerting a pulling force 120% of string weight or 5k over, whichever is greater. Notify CNX and OGI of recovery attempt.
17. RIH with wireline and run a CBL on the 8 1/4" casing from 2228' to surface. Determine free point and cut 8 1/4" casing. POOH with wireline.
18. TOOH with casing.
19. TIH with tubing and set a Class a plug from previous cement top to 1650'. TOOH with tubing and allow cement to cure. (TOOH to 1600' and reverse circulate).
20. Hook onto and attempt to recover 10" casing by exerting a pulling force 120% of string weight or 5k over, whichever is greater. Notify CNX and OGI of recovery attempt.
21. RIH with wireline and run a CBL on the 10" casing from 1621' to surface. Determine free point and cut 10" casing or perforate casing per DEP. POOH with wireline. **Determine feasibility of recovery attempt with OGI. If no recovery is attempted, review perforation schedule with OGI. Run CBL if necessary.**
22. TOOH with casing.
23. TIH with tubing and set a solid class A plug from previous cement top to surface. TOOH with tubing and allow the cement to cure.
24. Top off well with cement as needed.
25. Install monument per RP. Monument to contain API#, well name, company name, and date plugged.



1000 Horizon Vue Drive
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UNITED STATES POSTAL SERVICE CERTIFIED MAIL



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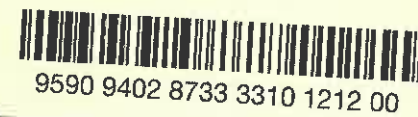
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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Consol RCPC, LLC
Casey Saunders
275 Technology Drive, Suite 101
Canonsburg, PA 15317



9590 9402 8733 3310 1212 00

2. Article Number (Transfer from service label)

9489 0090 0027 6426 0326 83

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

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- D. Is delivery address different from item 1? ☐ Yes
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1. Article Addressed to:

Iron Coal Resources, LLC
295 North Hubbards Lane
Suite 302
Louisville, KY 40207



9590 9402 8733 3310 1211 94

2. Article Number (Transfer from service label)

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☐ Agent
☐ Addressee

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1. Article Addressed to: Patricia Ann Johnson R.D. 1 Box 498C Uniontown, PA 15401		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8733 3310 1211 87		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
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1. Article Addressed to: Thomas C. Campbell III 5121 Timber Race Course Hollywood, SC 29449	B. Received by (Printed Name) C. Date of Delivery
 9590 9402 8733 3310 1211 70	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 9489 0090 0027 6426 0326 69	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
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1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Betty Ilene Babcock 311 E Main Street Apt. 21 Endicott, NY 13760			
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
9590 9402 8733 3310 1211 63			
3. Service Type		3. Service Type	
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1. Article Addressed to: Bonnie Lou Barnhart R.D. 1, Box 2 New Freeport, PA 15352		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8733 3310 1211 56		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

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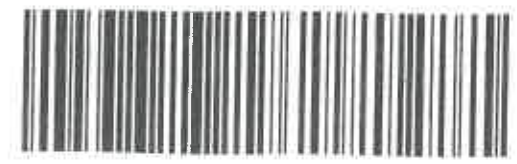
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1. Article Addressed to: Ronald Date Hoppel 590 Eldorado Drive Macon, GA 31204		B. Received by (<i>Printed Name</i>)	C. Date of Delivery
2. Article Number (<i>Transfer from service label</i>) 9590 9402 8733 3310 1211 49		D. Is delivery address different from item 1? ☐ Yes if YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

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1. Article Addressed to: Pamella C. Baumgartner 7828 Alawai Avenue Diamondhead, MS 39525		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9489 0090 0027 6426 0326 21		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
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1. Article Addressed to: William C. Baumgartner 53163 Lola Drive Diamondhead, MS 39525		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8733 3310 1211 32 9489 0090 0027 6426 0326 14		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

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1. Article Addressed to: Jefferson C. Ashcraft 1235 Erbacon Road Cown, WV 26206	B. Received by (Printed Name) C. Date of Delivery
 9590 9402 8733 3310 1211 18	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 9489 0090 0027 6426 0326 07	3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)
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1. Article Addressed to: Beulah Pauline Roberts 336 Southwest Sargents Road Lodi, CA 95240	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from service label) 9489 0090 0027 6426 0325 91	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Maxwell G. Campbell 5610 Tomahawk Trail Durham, NC 27712			
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
9590 9402 8733 3310 1210 95			
3. Service Type		3. Service Type	
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