



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

|                        |
|------------------------|
| <b>DEP USE ONLY</b>    |
| Application Tracking # |
| 1579765                |

Electronically Received 8/11/26  
8/12/26 dg  
OGO-49150 CONCORDIA LUTH  
HEALTH & HUMAN CARE  
Client 32900  
Site 13924

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

|                                                     |             |                             |                              |                                                 |  |
|-----------------------------------------------------|-------------|-----------------------------|------------------------------|-------------------------------------------------|--|
| Well Operator<br>Concordia Luth Health & Human Care |             | DEP ID#                     |                              | Well Permit or Registration Number<br>019-00552 |  |
| Address<br>134 Marwood Road                         |             | Well Farm Name<br>WH Cooper |                              |                                                 |  |
| City<br>Cabot                                       | State<br>PA | Zip Code<br>16023-2206      | Well #<br>0                  | Serial #                                        |  |
| Phone<br>724-816-2493                               | Fax         | County<br>Butler            | Municipality<br>Winfield Twp |                                                 |  |

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.

Concordia Nursing is requesting that the Department allow them to begin an alternative method. After shooting off the 3" casing at 1,101 ft and pulling all of it plus 1,040 ft of 2" tubing on a hook wall packer out of the well, I went back in with my 1" cement string and could only get down to 1,130 ft. This is probably due to a sliver of steel casing or a part of the 3" collar from the split shot. I am concerned if I pull the 1" back out, I may have trouble getting back into the 3", so I am requesting to start cementing at 1,130 ft up to near the bottom of the surface casing (approx. 622 ft). Then perforate the surface casing every 100 ft with 4 holes then cement to surface.

|                                                     |      |                                                                                 |                 |
|-----------------------------------------------------|------|---------------------------------------------------------------------------------|-----------------|
| <b>Optional: Approval by Coal Owner or Operator</b> |      | <b>Signature of Applicant / Well Operator</b>                                   |                 |
| Signature                                           | Date | Signature<br><i>Donovan Traggia</i> ON BEHALF OF Concordia Lutheran Ministries  | Date<br>8-11-26 |
| Print or Type Signer's Name and Title               |      | Print or Type Signer's Name and Title<br>DONOVAN TRAGGIA - MAINTENANCE DIRECTOR |                 |

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

|                                                      |                                                                                                    |                   |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------|
| <b>DEP USE ONLY</b>                                  |                                                                                                    |                   |
| Approved by (DEP Manager)<br><i>Brian MacQuarrie</i> | Conditions<br><input type="checkbox"/> YES, See Attached<br><input checked="" type="checkbox"/> NO | Date<br>8/14/2026 |