

**From:** [Hogue, Kate](#)  
**To:** [MFesenmyer@minardrunoil.com](mailto:MFesenmyer@minardrunoil.com)  
**Cc:** [Ayers, Brian](#)  
**Subject:** 053-31224, 053-31226, 053-31228, 053-31218, 053-31221, 053-31219, 053-31220, 053-31222, 053-31223, 053-31227  
**Date:** Thursday, October 1, 2026 2:12:00 PM  
**Attachments:** [Auth1582608 053-31224.pdf](#)  
[image001.png](#)  
[Auth1582622 053-31226.pdf](#)  
[Auth1582625 053-31228.pdf](#)  
[Auth 1581939 053-31218.pdf](#)  
[Auth 1581964 053-31221.pdf](#)  
[Auth 1581970 053-31219.pdf](#)  
[Auth 1581973 053-31220.pdf](#)  
[Auth 1581977 053-31222.pdf](#)  
[Auth 1581993 053-31223.pdf](#)  
[Auth 1582629 053-31227.pdf](#)  
[053-31224 AWM approved 09.17.26.pdf](#)  
[053-31226 AWM denied 09.17.26.pdf](#)  
[053-31227 AWM approved 09.17.26.pdf](#)  
[053-31228 AWM approved 09.17.26.pdf](#)  
[053-31218 AWM approved 09.17.26.pdf](#)  
[053-31219 AWM approved 09.17.26.pdf](#)  
[053-31220 AWM approved 09.17.26.pdf](#)  
[053-31221 AWM approved 09.17.26.pdf](#)  
[053-31222 AWM approved 09.17.26.pdf](#)  
[053-31223 AWM denied 09.17.26.pdf](#)  
[Well Permit Cover Letter \(conventional\) 8-17-26.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.depgis.state.pa.us/PaOilAndGasMapping/>

Thanks,  
Kate



**Kate Hogue** | Clerical Supervisor II  
Department of Environmental Protection | District Oil and Gas Operations

Northwest District Office  
230 Chestnut Street | Meadville, PA 16335  
Office: 814.332.6868  
Emergency: 800.541.2050  
[dep.pa.gov](http://dep.pa.gov)

**PRIVILEGED AND CONFIDENTIAL COMMUNICATION** The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than by the intended recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers.



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

## WELL PERMIT

| DEP USE ONLY                                 |                           |
|----------------------------------------------|---------------------------|
| Permittee's eFACTS ID<br><b>69329</b>        | Auth ID<br><b>1581993</b> |
| Watershed Name<br><b>LITTLE SALMON CREEK</b> | Quality<br><b>HQ</b>      |

|                                        |                                                     |                                            |                                                                                                 |
|----------------------------------------|-----------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------|
| Permittee<br><b>MINARD RUN OIL CO.</b> | OGO.#<br><b>OGO-9601</b>                            | Permit Number<br><b>37-053-31223-00-00</b> | Date Issued<br><b>10/1/2026</b>                                                                 |
| Address<br><b>609 SOUTH AVE</b>        | Farm Name & Well Number<br><b>WARRANT 5110 2601</b> |                                            | Well Serial #                                                                                   |
|                                        | Municipality<br><b>Jenks Twp</b>                    | County<br><b>Forest</b>                    |                                                                                                 |
| <b>BRADFORD, PA 16701-3977</b>         | 7½ ' Quadrangle Name<br><b>Marienville West</b>     |                                            | Map Section #<br><b>2</b>                                                                       |
| Phone<br><b>(814) 362-3531</b>         | Project #                                           | Latitude<br><b>41-29-59.8900</b>           | Longitude<br><b>-79-11-47.8800</b>                                                              |
| Surf Elev at Site<br><b>1409 feet</b>  | Anticipated Maximum TVD<br><b>2300 feet</b>         | Well Type<br><b>OG</b>                     | Offset distances referenced to NE corner of map section.<br><b>South 11 feet West 8208 feet</b> |

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 Lexie Jacobs (WQS) & Brian Ayers (WQS Supervisor) at least 3 business days prior to excavating a pit at the location for this well.
- 4) Conservation Measure: Projects conducted in the occupied range of the timber rattlesnake (*Crotalus horridus*) have a high risk of encountering this species during construction.
  - a) Workers responsible for implementing this project shall be advised that timber rattlesnakes may be encountered, and that avoidance is the best means of minimizing risks to personal safety. Safety protocols shall be implemented for timber rattlesnake encounters and workers shall be advised that the timber rattlesnake is a state protected species and is not to be harmed. Killing of timber rattlesnakes is prohibited by the Commission pursuant to 58 Pa. Code Section 79.6.
  - b) If additional earth disturbance is required, a timber rattlesnake habitat assessment shall be conducted in the project area by a qualified timber rattlesnake surveyor in order to assist project planners in avoiding disturbance of critical habitat. A list of qualified surveyors and habitat assessment protocol can be found here: <https://www.fishandboat.com/Conservation/Reptiles-Amphibians/Pages/Timbe...> for a list of Qualified Timber Rattlesnake Surveyors, and here: <https://www.fishandboat.com/Conservation/Reptiles-Amphibians/Pages/Timbe...> for the Timber Rattlesnake Habitat Protocol
  - c) If potential den (over-wintering) habitat is located during the habitat assessment, the project shall be modified to avoid direct impacts to this irreplaceable habitat, or a Timber Rattlesnake Presence-Absence Survey of potential den (over-wintering) habitat shall be conducted in the habitats that are currently slated for direct disturbance to determine the presence or absence of rattlesnake hibernacula in the project area. Survey reports shall be sent to PFBC for review and consultation. This information is necessary to allow PFBC to formulate

recommendations to avoid adverse impacts to this species of special concern. See: <https://www.fishandboat.com/Conservation/Reptiles-Amphibians/Pages/Timbe...> for the Timber Rattlesnake Presence-Absence Survey Protocol

d) If potential or occupied gestation habitat is located during the habitat assessment and cannot be avoided by the proposed development, this habitat shall be replaced using our habitat creation guidelines. See: <https://www.fishandboat.com/Conservation/Reptiles-Amphibians/Pages/Timbe...> for the PFBC Gestation Habitat Creation Guidelines

e) Tree clearing and timbering within potential timber rattlesnake critical habitats (135°-275° aspect, >10% slope) shall be conducted from October 16 to April 14 in order to avoid encounters with timber rattlesnakes.

f) For the safety of workers and snakes, the Commission recommends that a PFBC permitted timber rattlesnake biologist who has the proper skills to handle this venomous species be on-site prior to and during construction, between April 15 and October 15, to inspect and clear the area (including staging areas and access roads) of timber rattlesnakes and to capture and remove any rattlesnakes that may interfere with work activities. See <https://www.fishandboat.com/Conservation/Reptiles-Amphibians/Pages/Timbe...> for the Monitoring Guidelines

g) If concerns arise during construction over high numbers of snake encounters or habitat alteration, contact the PFBC at 814-359-5237 for consultation with their biologists.

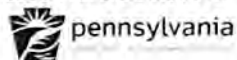
This permit expires **10/1/2027** unless drilling is commenced on or before that date and prosecuted with due diligence.

Thomas Donohue10/1/26

Subsurface Permits Environmental Program Manager

|                     |                              |              |
|---------------------|------------------------------|--------------|
| ERIC WYMER          | PO BOX 669<br>KNOX, PA 16232 | 814-573-3588 |
| Oil & Gas Inspector | Address                      | Phone Number |





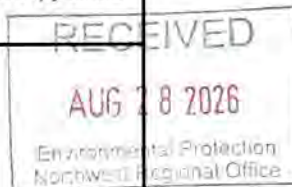
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF OIL AND GAS MANAGEMENT

# PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL

|                                                                                               |                                                            |                                      |                                                                                                                              |                            |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Notes<br><b>NC AWM</b><br><b>PNDI 5/20/2026</b><br><b>CK#055827 #5,520</b><br><b>LID APPS</b> |                                                            | OGO # <b>9601</b>                    | Objection Date - Do not issue before:<br><b>8/28/2026</b>                                                                    | API #s37- <b>053-31223</b> |
| Client Id <b>69329</b>                                                                        | Bond # <b>5796</b>                                         | Date Approved:<br><b>SGP 9/24/26</b> | Watershed Name: <b>LITTLE SALMON CREEK</b><br>Designation <input checked="" type="checkbox"/> HQ <input type="checkbox"/> EV |                            |
| C <b>8/31/26 gmc</b> G <b>9/18/26 BEH</b>                                                     | Special Cond <b>ZONING; FRAC/STIM 24; WQS; RATTLESNAKE</b> | Site Id <b>890705</b>                | PF Id <b>894681</b>                                                                                                          | SF Id <b>1487303</b>       |
| APs # <b>1169597</b> Auth Id <b>1581993</b>                                                   |                                                            |                                      |                                                                                                                              |                            |

Please read instructions before you begin filling in this form.

| WELL INFORMATION                                                                                                                                                                                                                                                   |                                                            |                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Well Operator<br><b>MINARD RUN OIL COMPANY</b>                                                                                                                                                                                                                     | DEP ID#<br><b>69329</b>                                    | Well API #<br><b>37- - -</b>                                          | Well Farm Name<br><b>WARRANT 5110</b>                                                                                                                                                                                                                                                                                                  | Well #<br><b>2601</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                   |
| Address<br><b>609 SOUTH AVENUE</b>                                                                                                                                                                                                                                 | LAT<br><b>41°29' 59.89"</b>                                | LONG<br><b>79°11' 47.88"</b>                                          | NAD<br><b>83</b>                                                                                                                                                                                                                                                                                                                       | Project Number                                                                                                                                                                                                                                                                                                                                                                                        | Serial #                                                                                                                                                                          |
| City<br><b>BRADFORD</b>                                                                                                                                                                                                                                            | State<br><b>PA</b>                                         | Zip<br><b>16701</b>                                                   | Municipality Name/ City, Borough, Township<br><b>JENKS Township</b>                                                                                                                                                                                                                                                                    | County<br><b>FOREST</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                   |
| Phone<br><b>814-362-3531</b>                                                                                                                                                                                                                                       | Fax<br><b>814-368-4834</b>                                 | Email<br><b>mfesenmyer@minardrunoil.com</b>                           | USGS 7.5 min. quadrangle map<br><b>Marienville West, PA</b>                                                                                                                                                                                                                                                                            | Section<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                   |
| <input type="checkbox"/> Check if this is a new address                                                                                                                                                                                                            |                                                            | 24/7 Emergency Phone contact number<br><b>TIM WRIGHT 814-598-8163</b> | 911 address of well site (if available)<br><b>N/A</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                   |
| Freshwater Impoundment Name/ Identification<br><b>N/A</b>                                                                                                                                                                                                          | Centralized Impoundment Name/ Identification<br><b>N/A</b> | Well Pad Name/Identification<br><b>N/A</b>                            | Borrow Area Name/Identification                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                   |
| Surface Elev<br><b>1409'</b>                                                                                                                                                                                                                                       | Deepest Formation to be penetrated<br><b>COOPER</b>        | Anticipated TVD<br><b>2300'</b>                                       | PERMIT TYPE<br>Check applicable.<br>Application is to:<br><input checked="" type="checkbox"/> Drill a new<br><input type="checkbox"/> Re-permit expired permit<br><input type="checkbox"/> Deepen well<br><input type="checkbox"/> Redrill wellbore<br><input type="checkbox"/> Alter well<br><input type="checkbox"/> Other (specify) | TYPE OF WELL<br>Check applicable.<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Oil<br><input checked="" type="checkbox"/> Comb. (gas & oil/condensate)<br><input type="checkbox"/> Injection, recovery<br><input type="checkbox"/> Injection, disposal<br><input type="checkbox"/> Coalbed Methane<br><input type="checkbox"/> Gas Storage<br><input type="checkbox"/> Other (specify) | APPLICATION FEE<br>Check applicable.<br><input checked="" type="checkbox"/> Conventional<br><input type="checkbox"/> \$200 (Home Use Well)<br><b>Total Application Fee \$ 550</b> |
| Target Formation(s) proposed for production<br><b>Clarendon, Cherry Grove, Cooper,</b>                                                                                                                                                                             |                                                            | Anticipated Target Top/Bottom TVD<br><b>1500' 2200'</b>               | Bond Agreement Id                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                   |
| Number of wellbore laterals proposed under this application <b>0</b>                                                                                                                                                                                               |                                                            |                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                   |
| Total feet of wellbore to be drilled under this application <b>2300 Ft.</b><br>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<br>CBM well <input type="checkbox"/> Attach Coal Module<br>Non coal well <input checked="" type="checkbox"/> Attach justification.                                                |                                                            |                                                                       | Configuration<br><input checked="" type="checkbox"/> Vertical<br><input type="checkbox"/> Horizontal<br><input type="checkbox"/> Deviated<br><input type="checkbox"/> Multiple laterals                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                   |



| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, is a waiver request (form 5500-FM-OG0057) and site-specific E&S control plan attached?                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            |

3. Will the well penetrate or be within 2,000 feet of an active **gas storage reservoir** boundary? ☐ ☒
- a. If Yes, print the names of: Storage Field: Operator:
4. Is the proposed well location within the permitted area of a **landfill**? ☐ ☒
5. Will the well be drilled within 200 feet from any existing building or an existing water supply? ☐ ☒
- a. If "Yes," is written consent from the owner attached? ☐ ☐
- b. If written consent is not attached, is a variance request (form 8000-FM-OOGM0058) attached? ☐ ☐
6. Will the well be located where it may impact a public resource as outlined in the "Coordination of a Well Location with Public Resources" form 5500-PM-OG0076? If yes, attach a completed copy of the form and clearance letters from applicable agencies. ☒ ☐
7. Will any portion of the well site be in a Special Protection High Quality ☒ (HQ) or Exceptional Value ☐ (EV) watershed? ☒ ☐
- Provide name of special protection stream LITTLE SALMON CREEK.
- 7.1 Will the well be drilled using enhanced drilling or completion technologies into a formation that typically produces gas or petroleum? ☐ ☒
8. Is this well part of a development which requires an Earth Disturbance Permit for Oil and Gas Activities disturbing more than 5 acres? If yes, list the number of the ESCGP approval if the permit has been issued. Has not been issued ☐ ☒
- 8.1 Is the disturbed area of the well site between 1 to 5 acres and in a Special Protection Watershed ☐ ☒
9. Is waste, including drill cuttings, from the drilling of this well is to be disposed of on this well site? Yes ☒ No ☐
10. Will the well or well site be located within a defined 100 year floodplain or where the floodplain is undefined, within 100 feet of the top of the bank of a perennial stream or within 50 feet of the top of the bank of an intermittent stream. Yes ☐ No ☒
- a. If yes, is a waiver request attached that will protect the Waters of the Commonwealth? Yes ☐ No ☒
11. Is the well to be located within a H<sub>2</sub>S area pursuant to §78.77a? Yes ☐ No ☒
12. Attach a current Ownership & Control form 8000-FM-OOGM0118.

**Signature of Applicant**

The person signing this form attests that they have the authority to submit this application on behalf of the applicant, and that the information, including all related submissions, is true and accurate to the best of their knowledge.

Signature of Person Authorized to Submit Application

(Print or Type)

Name of Signer: MEREDITH FESEMYER

Title: PRESIDENT

Date

8/28/26

Phone: 814-368-4139

Application Preparer/Contact: ANDREW ROSENBERGER, PLS





RECEIVED

AUG 28 2026

Environmental Protection  
Northwest Regional OfficeCOMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF OIL AND GAS MANAGEMENT

## WELL LOCATION PLAT

PAGE 1 Surface Location

|      |            |         |
|------|------------|---------|
| DEP  | Auth ID #: | 9/18/26 |
| USE  | Permit #   | G: BEH  |
| ONLY | Project #: | C:      |

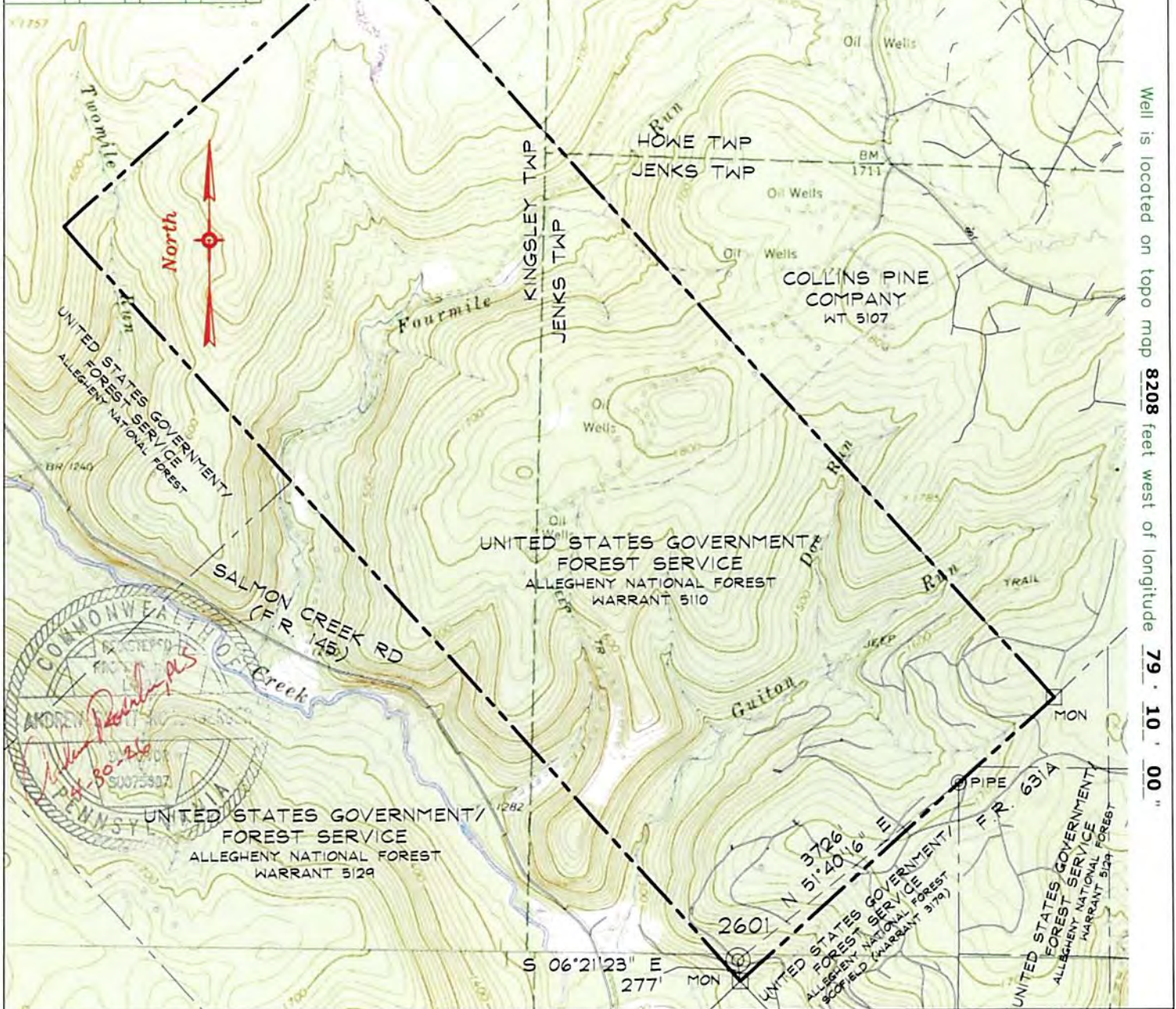
☐ Denotes location of top of well on topo map.
Well is located on topo map 11 feet south of latitude 41° 30' 00"

True Latitude: NORTH

41° 29' 59" 89"

True Latitude: WEST

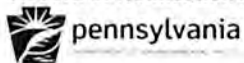
79° 11' 47" 88"

Well is located on topo map 8208 feet west of longitude 79° 10' 00"

|                                                                |                                   |                             |                                                              |                                   |                                       |                             |
|----------------------------------------------------------------|-----------------------------------|-----------------------------|--------------------------------------------------------------|-----------------------------------|---------------------------------------|-----------------------------|
| Applicant/Well Operator Name:<br><b>MINARD RUN OIL COMPANY</b> |                                   | DEP ID #<br><b>69329</b>    | Well (Farm) Name:<br><b>WARRANT 5110</b>                     |                                   | Well #:<br><b>2601</b>                | Serial #:                   |
| Address:<br><b>609 SOUTH AVE., BRADFORD, PA 16701</b>          |                                   |                             | County:<br><b>FOREST</b>                                     | Municipality:<br><b>JENKS TWP</b> | Well Type:<br><b>COMBINATION</b>      |                             |
| 911 address of well site:<br><b>N/A</b>                        |                                   |                             | USGS 7½' Quadrangle Map Name:<br><b>MARIENVILLE WEST, PA</b> | Map Section:<br><b>2</b>          | Surface Elevation:<br><b>1409</b> ft. |                             |
| Surveyor or Engineer:<br><b>ANDREW S. ROSENBERGER</b>          | Phone #:<br><b>(814) 368-4139</b> | Dwg #:<br><b>06539.2601</b> | Date:<br><b>4/30/26</b>                                      | Scale:<br><b>1"=2000'</b>         | Tract Acreage:<br><b>1700± ACRES</b>  |                             |
| Lat. & Long Metadata Method:<br><b>SURVEY GRADE GPS</b>        | Accuracy:<br><b>+/- 10 ft.</b>    | Datum:<br><b>NAD 83</b>     | Elevation Metadata Method:<br><b>SURVEY GRADE GPS</b>        | Accuracy:<br><b>+/-10 ft.</b>     | Datum:<br><b>NAVD 88</b>              | Survey Date:<br><b>4-26</b> |







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

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

|                        |               |
|------------------------|---------------|
| Farm Name - Well #     |               |
| WARRANT 5110           | 2601          |
| Applicant Name         |               |
| MINARD RUN OIL COMPANY | DEP ID# 69329 |
| 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.

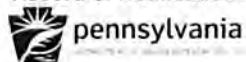
**Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification**

|                                                                     |                                                   | Surface Landowner | Gas Storage Operator | Surface Landowners & Water Purveyors with water supplies <1000' | Municipalities | Notification<br>Note the means and attach proof. |                |                   |                 |
|---------------------------------------------------------------------|---------------------------------------------------|-------------------|----------------------|-----------------------------------------------------------------|----------------|--------------------------------------------------|----------------|-------------------|-----------------|
|                                                                     |                                                   |                   |                      |                                                                 |                | Certified Mail Dates                             |                |                   |                 |
|                                                                     |                                                   |                   |                      |                                                                 |                | Sent                                             | Return Receipt | Address Affidavit | Written Consent |
| Print Name: USGOVERNMENT FORESTSERVICE<br>ALLEGHENY NATIONAL FOREST | Address: 4 FARM COLONY DRIVE<br>WARREN, PA 16365  | X                 |                      |                                                                 |                | 5/7/26                                           | 5/11/26        |                   |                 |
| Signature                                                           |                                                   |                   |                      |                                                                 |                |                                                  |                |                   |                 |
| Print Name: GREEN TOWNSHIP                                          | Address: P.O. BOX 610<br>TIONESTA, PA 16353       |                   |                      |                                                                 | X              | 5/7/26                                           | 5/11/26        |                   |                 |
| Signature                                                           |                                                   |                   |                      |                                                                 |                |                                                  |                |                   |                 |
| Print Name: HIGHLAND TOWNSHIP                                       | Address: P.O. BOX 505<br>JAMES CITY, PA 16734     |                   |                      |                                                                 | X              | 5/7/26                                           | 5/14/26        |                   |                 |
| Signature                                                           |                                                   |                   |                      |                                                                 |                |                                                  |                |                   |                 |
| Print Name: BARNETT TOWNSHIP                                        | Address: 2301 BELLTOWN RD<br>CLARINGTON, PA 15828 |                   |                      |                                                                 | X              | 5/7/26                                           | 5/13/26        |                   |                 |
| Signature                                                           |                                                   |                   |                      |                                                                 |                |                                                  |                |                   |                 |
| Print Name: SPRING CREEK TOWNSHIP                                   | Address: P.O. BOX 385<br>RIDGWAY, PA 15853        |                   |                      |                                                                 | X              | 5/7/26                                           | 5/11/26        |                   |                 |
| 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"/> |



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

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

|                                          |  |                  |
|------------------------------------------|--|------------------|
| Farm Name - Well #<br>WARRANT 5110 2601  |  | DEP ID#<br>69329 |
| Applicant Name<br>MINARD RUN OIL COMPANY |  | DEP USE<br>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.<br><b>Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification</b> |                                                  | Surface Landowner | Gas Storage Operator | Surface Landowners & Water Purveyors with water supplies <1000' | Municipalities | Notification<br>Note the means and attach proof. |                |                   |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|----------------------|-----------------------------------------------------------------|----------------|--------------------------------------------------|----------------|-------------------|-----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                   |                      |                                                                 |                | Certified Mail Dates                             |                | Address Affidavit | Written Consent |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                   |                      |                                                                 |                | Sent                                             | Return Receipt |                   |                 |
| Print Name: HOWE TOWNSHIP<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address: 7947 ROUTE 666<br>SHEFFIELD, PA 16347   |                   |                      |                                                                 | X              | 5/7/26                                           | 5/13/26        |                   |                 |
| Print Name: JENKS TOWNSHIP<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address: P.O. BOX 436<br>MARIENVILLE, PA 16239   |                   |                      |                                                                 | X              | 5/7/26                                           | 5/11/26        |                   |                 |
| Print Name: MILLSTONE TOWNSHIP<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address: 2329 ROUTE 3001<br>SIGEL, PA 15860      |                   |                      |                                                                 | X              | 5/7/26                                           | 5/13/26        |                   |                 |
| Print Name: FARMINGTON TOWNSHIP<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address: 8155 ROUTE 957<br>SUGAR GROVE, PA 16350 |                   |                      |                                                                 | X              | 5/7/26                                           | 5/11/26        |                   |                 |
| Print Name: KINGSLEY TOWNSHIP<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address: P.O. BOX 339<br>MARIENVILLE, PA 16239   |                   |                      |                                                                 | X              | 5/20/26                                          | 5/27/26        |                   |                 |

**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"/> |



7018 0680 0001 1304 1141

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Warren, PA 16365

**OFFICIAL USE**

Certified Mail Fee \$5.30

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

|                                                              |        |
|--------------------------------------------------------------|--------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$4.40 |
| <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 \$2.17

Total Postage \$11.87

Sent To U.S. Government/Forest Service

Street and Apt. 4 Farm Colony Drive

City, State, ZIP Warren, PA 16365

PS Form 380 MR0 WT 5110 2601-2610

Postmark Here MAY - 7 2026 05/07/2026

## 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:

U.S. Government/Forest Service  
4 Farm Colony Drive  
Warren, PA 16365



9590 9402 8267 3094 9212 41

2. Article Number (Transfer from service label)

7018 0680 0001 1304 1141

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

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No

3. Service Type
- |                                                                        |                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" 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                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

MR0 WT 5110 2601-2610 Domestic Return Receipt

7018 0680 0001 1304 1202

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Tionesta, PA 16353

**OFFICIAL USE**

Certified Mail Fee \$5.30

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

|                                                              |        |
|--------------------------------------------------------------|--------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$4.40 |
| <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 \$2.17

Total Postage \$11.87

Sent To Green Township

Street and Apt. P.O. Box 610

City, State, ZIP Tionesta, PA 16353

PS Form 380 MR0 WT 5110 2601-2610

Postmark Here MAY - 7 2026 05/07/2026

## 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:

Green Township  
P.O. Box 610  
Tionesta, PA 16353



9590 9402 8267 3094 9212 27

2. Article Number (Transfer from service label)

7018 0680 0001 1304 1202

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

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No

3. Service Type
- |                                                                        |                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" 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                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

MR0 WT 5110 2601-2610 Domestic Return Receipt



7018 0680 0001 1304 1127

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

James City, PA 16734

Certified Mail Fee \$5.30

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

☐ Return Receipt (hardcopy) \$4.40

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$2.17

Total Postage and Fees \$11.87

Sent To

Street and Apt. No.

City, State, ZIP+4®

Highland Township

P.O. Box 505

James City, PA 16734

PS Form 3800, APR 2019 MR0 WT 5110 2601-2610



## 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:

Highland Township  
P.O. Box 505  
James City, PA 16734



9590 9402 8267 3094 9212 72

2. Article Number (Transfer from service label)

7018 0680 0001 1304 1127

PS Form 3811, July 2020 PSN 7530-02-000-9053 MR0 WT 5110 2601-2610 Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Jodi Brinkley

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Jodi Brinkley

C. Date of Delivery

5-14-20

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

P.O. Box 505  
James City

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

## 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:

Barnett Township  
2301 Belltown Rd  
Clarrington, PA 15828



9590 9402 8267 3094 9212 03

2. Article Number (Transfer from service label)

7018 0680 0001 1304 1189

PS Form 3811, July 2020 PSN 7530-02-000-9053 MR0 WT 5110 2601-2610 Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Michelle F McDowell

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Michelle F McDowell

C. Date of Delivery

5-13-20

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

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

7018 0680 0001 1304 1189

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Clarrington, PA 15828

Certified Mail Fee \$5.30

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

☐ Return Receipt (hardcopy) \$4.40

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$2.17

Total Postage and Fees \$11.87

Sent To

Street and Apt. No.

City, State, ZIP+4®

Barnett Township

2301 Belltown Rd

Clarrington, PA 15828

PS Form 3800, APR 2019 MR0 WT 5110 2601-2610





7018 0680 0001 1304 1158

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Ridgway, PA 15853

Certified Mail Fee \$5.30

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

|                                                              |        |
|--------------------------------------------------------------|--------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$4.40 |
| <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 \$2.17

Total Postage \$11.87

Sent To  
Street and Apt. Spring Creek Township  
P.O. Box 385  
City, State, ZIP+4 Ridgway, PA 15853

PS Form 3800, MRO WT 5110 2601-2610

Postmark  
MAY - 7 2026  
05/07/2026  
USPS

## 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:

Spring Creek Township  
P.O. Box 385  
Ridgway, PA 15853



9590 9402 8267 3094 9211 80

2. Article Number (Transfer from service label)

7018 0680 0001 1304 1158

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sherry A. Bencko*

☐ Agent  
☐ Addressee

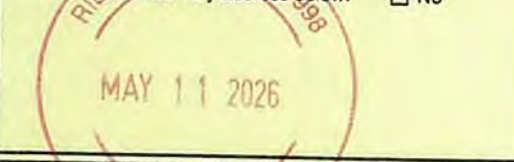
B. Received by (Printed Name)

Sherry A. Bencko

C. Date of Delivery

5/11/26

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



3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 WT 5110 2601-2610

Domestic Return Receipt

7018 0680 0001 1304 1134

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Sheffield, PA 16347

Certified Mail Fee \$5.30

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

|                                                              |        |
|--------------------------------------------------------------|--------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$4.40 |
| <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 \$2.17

Total Postage \$11.87

Sent To  
Street and Apt. N Howe Township  
7947 Route 666  
City, State, ZIP+4 Sheffield, PA 16347

PS Form 3800, MRO WT 5110 2601-2610

Postmark  
MAY - 7 2026  
05/07/2026  
USPS

## 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:

Howe Township  
7947 Route 666  
Sheffield, PA 16347



9590 9402 8267 3094 9212 65

2. Article Number (Transfer from service label)

7018 0680 0001 1304 1134

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jessica Mohr*

☒ Agent  
☐ Addressee

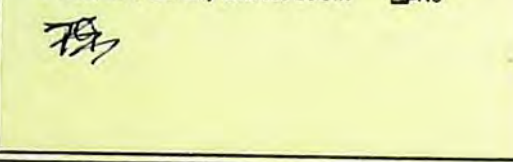
B. Received by (Printed Name)

Jessica Mohr

C. Date of Delivery

5/13/26

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



3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 MRO WT 5110 2601-2610 Domestic Return Receipt



7018 0680 0001 1304 1165

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Marienville, PA 16239

**OFFICIAL USE**

Certified Mail Fee \$5.30

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 \$2.17

Total Postage and Fees \$11.87

Sent To

Street and Apt. No.,

City, State, ZIP+4®

PS Form 3800, Apr

Jenks Township  
P.O. Box 436  
Marienville, PA 16239

MR0 WT 5110 2601-2610



## 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:

Jenks Township  
PO Box 436  
Marienville, PA 16239



9590 9402 8267 3094 9212 58

2. Article Number (Transfer from service label)

7018 0680 0001 1304 1165

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary Ann Seay* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

MISTY DITMAY SEL

C. Date of Delivery

5/11/2026

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

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Registered Mail Restricted Delivery  
(over \$500)

Domestic Return Receipt

7018 0680 0001 1304 1172

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Sigel, PA 15860

**OFFICIAL USE**

Certified Mail Fee \$5.30

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 \$2.17

Total Postage and Fees \$11.87

Sent To

Street and Apt. No.,

City, State, ZIP+4®

PS Form 3800, Apr

Millstone Township  
2329 Route 3001  
Sigel, PA 15860

MR0 WT 5110 2601-2610



## 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:

Millstone Township  
2329 Route 3001  
Sigel, PA 15860



9590 9402 8267 3094 9211 97

2. Article Number (Transfer from service label)

7018 0680 0001 1304 1172

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bon Zim* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Bon Zim

C. Date of Delivery

5-13

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

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Registered Mail Restricted Delivery  
(over \$500)

Domestic Return Receipt



7018 0680 0001 1304 1196

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$5.30  
\$4.40  
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 \$2.17  
 Total Postage \$7.47  
 Sent To Farmington Township USPS  
 Street and Apt 8155 Route 957  
 City, State, Zip Sugar Grove, PA 16350  
 PS Form 3811, July 2020 PSN 7530-02-000-9053 MR0 WT 5110 2601-2610

BRADFORD PA 16701  
MAY - 7 2026  
05/07/2026

**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:

Farmington Township  
8155 Route 957  
Sugar Grove, PA 16350



9590 9402 8267 3094 9212 10

2. Article Number (Transfer from service label)

7018 0680 0001 1304 1196

PS Form 3811, July 2020 PSN 7530-02-000-9053 MR0 WT 5110 2601-2610 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*
☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Amanda Hitchcock

C. Date of Delivery

5-11-26

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

3. Service Type

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

7018 0680 0001 1304 2643

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$5.30  
\$4.40  
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 \$2.17  
 Total Postage \$6.47  
 Sent To KINGSLEY TOWNSHIP  
 Street and P.O. BOX 339  
 City, State, Zip MARIENVILLE, PA 16239  
 PS Form 3811, July 2020 PSN 7530-02-000-9053 MR0 WT 5110 2601-2610

BRADFORD PA 16701  
MAY 20 2026

**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:

KINGSLEY TOWNSHIP  
P.O. BOX 339  
MARIENVILLE, PA 16239



9590 9402 8267 3094 9210 81

2. Article Number (Transfer from service label)

7018 0680 0001 1304 2643

PS Form 3811, July 2020 PSN 7530-02-000-9053 MR0 WT 5110 2601-2610 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*
☒ Agent  
☐ Addressee

B. Received by (Printed Name)

DAY Z. M. Mermis

C. Date of Delivery

5-27-26

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

3. Service Type

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

## 1. PROJECT INFORMATION

Project Name: **Minard Run Oil WT 5110 Lease**  
Date of Review: **5/20/2026 09:31:53 AM**  
Project Category: **Mining, Oil or Gas (including roads and pipelines), New Well**  
Project Area: **445.39 acres**  
County(s): **Forest**  
Township/Municipality(s): **Jenks Township**  
ZIP Code:  
Quadrangle Name(s): **MARIENVILLE WEST; MAYBURG**  
Watersheds HUC 8: **Middle Allegheny-Tionesta**  
Watersheds HUC 12: **Salmon Creek**  
Decimal Degrees: **41.507196, -79.193047**  
Degrees Minutes Seconds: **41° 30' 25.9053" N, 79° 11' 34.9683" W**

## 2. SEARCH RESULTS

| Agency                                              | Results              | Response                                               |
|-----------------------------------------------------|----------------------|--------------------------------------------------------|
| PA Game Commission                                  | Potential Impact     | <b>FURTHER REVIEW IS REQUIRED, See Agency Response</b> |
| PA Department of Conservation and Natural Resources | No Known Impact      | No Further Review Required                             |
| PA Fish and Boat Commission                         | Conservation Measure | <b>No Further Review Required, See Agency Comments</b> |
| U.S. Fish and Wildlife Service                      | No Known Impact      | No Further Review Required                             |

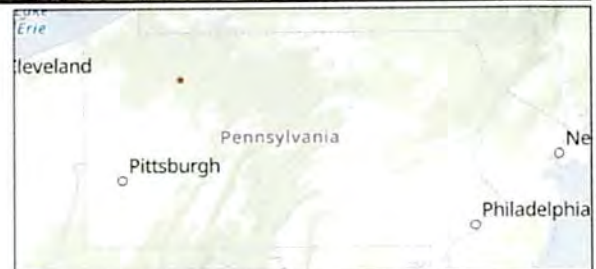
As summarized above, Pennsylvania Natural Diversity Inventory (PNDI) records indicate there may be potential impacts to threatened and endangered and/or special concern species and resources within the project area. If the response above indicates "No Further Review Required" no additional communication 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.



## Minard Run Oil WT 5110 Lease



- Buffered Project Boundary
- Project Boundary



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



## Minard Run Oil WT 5110 Lease



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



## RESPONSE TO QUESTION(S) ASKED

**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:** No

### 3. AGENCY COMMENTS

Regardless of whether a DEP permit is necessary for this proposed project, any potential impacts to threatened and endangered species and/or special concern species and resources must be resolved with the appropriate jurisdictional agency. In some cases, a permit or authorization from the jurisdictional agency may be needed if adverse impacts to these species and habitats cannot be avoided.

These agency determinations and responses are **valid for two years** (from the date of the review), and are based on the project information that was provided, including the exact project location; the project type, description, and features; and any responses to questions that were generated during this search. If any of the following change: 1) project location, 2) project size or configuration, 3) project type, or 4) responses to the questions that were asked during the online review, the results of this review are not valid, and the review must be searched again via the PNDI Environmental Review Tool and resubmitted to the jurisdictional agencies. The PNDI tool is a primary screening tool, and a desktop review may reveal more or fewer impacts than what is listed on this PNDI receipt. The jurisdictional agencies **strongly advise against** conducting surveys for the species listed on the receipt prior to consultation with the agencies.

#### PA Game Commission

##### RESPONSE:

Further review of this project is necessary to resolve the potential impact(s). Please send project information to this agency for review (see WHAT TO SEND).

**PGC Species:** (Note: The Pennsylvania Conservation Explorer tool is a primary screening tool, and a desktop review may reveal more or fewer species than what is listed below.)

| Scientific Name     | Common Name | Current Status |
|---------------------|-------------|----------------|
| Sensitive Species** |             | Endangered     |

#### 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:

Conservation Measure: Projects conducted in the occupied range of the timber rattlesnake (*Crotalus horridus*) have a high risk of encountering this species during construction.

1) Workers responsible for implementing this project should be advised that timber rattlesnakes may be encountered and that avoidance is the best means of minimizing risks to personal safety. It is suggested that safety protocols be implemented for timber rattlesnake encounters and workers should be advised that the timber rattlesnake is a state protected species and is not to be harmed. Killing of timber rattlesnakes is prohibited by the Commission pursuant to 58 Pa. Code Section 79.6.

2) We recommend that a timber rattlesnake habitat assessment be conducted in the project area by a qualified timber rattlesnake surveyor in order to assist project planners in avoiding disturbance of critical habitat. A list of qualified surveyors and habitat assessment protocol can be found here.

- See [https://www.pa.gov/agencies/fishandboat/conservation/species-management/...](https://www.pa.gov/agencies/fishandboat/conservation/species-management/) for a list of Qualified Timber Rattlesnake Surveyors

- See [https://www.pa.gov/agencies/fishandboat/conservation/species-management/...](https://www.pa.gov/agencies/fishandboat/conservation/species-management/) the Timber Rattlesnake Habitat Protocol

3) If potential den (over-wintering) habitat is located during the habitat assessment, we recommend that the project be modified to avoid direct impacts to this irreplaceable habitat, or a Timber Rattlesnake Presence-Absence Survey of potential den (over-wintering) habitat be conducted in the habitats that are currently slated for direct disturbance to determine the presence or absence of rattlesnake hibernacula in the project area. Survey reports should be sent to PFBC for review and consultation. This information is necessary to allow PFBC to formulate recommendations to avoid adverse impacts to this species of special concern.

- See [https://www.pa.gov/agencies/fishandboat/conservation/species-management/...](https://www.pa.gov/agencies/fishandboat/conservation/species-management/) the Timber Rattlesnake Presence-Absence Survey Protocol

4) If potential or occupied gestation habitat is located during the habitat assessment and cannot be avoided by the proposed development, we recommend that this habitat be replaced using our habitat creation guidelines.

- See [https://www.pa.gov/agencies/fishandboat/conservation/species-management/...](https://www.pa.gov/agencies/fishandboat/conservation/species-management/) the PFBC Gestation Habitat Creation Guidelines

5) Tree clearing and timbering within potential timber rattlesnake critical habitats (135°-275° aspect, >10% slope) should be conducted from October 16 to April 14 in order to avoid encounters with timber rattlesnakes.

6) For the safety of workers and snakes, the Commission recommends that a PFBC permitted timber rattlesnake biologist who has the proper skills to handle this venomous species be on-site prior to and during construction, between April 15 and October 15, to inspect and clear the area (including staging areas and access roads) of timber rattlesnakes and to capture and remove any rattlesnakes that may interfere with work activities.

See [https://www.pa.gov/agencies/fishandboat/conservation/species-management/...](https://www.pa.gov/agencies/fishandboat/conservation/species-management/) the Monitoring Guidelines

7) If concerns arise during construction over high numbers of snake encounters or habitat alteration, please contact the PFBC at 814-359-5237 for consultation with our biologists.

**PFBC Species:** (Note: The Pennsylvania Conservation Explorer tool is a primary screening tool, and a desktop review may reveal more or fewer species than what is listed below.)

| Scientific Name     | Common Name | Current Status           |
|---------------------|-------------|--------------------------|
| Sensitive Species** |             | Special Concern Species* |

## U.S. Fish and Wildlife Service RESPONSE:

No impacts to **federally** listed or proposed species are anticipated. Therefore, no further consultation/coordination under the Endangered Species Act (87 Stat. 884, as amended; 16 U.S.C. 1531 et seq. is required. Because no take of federally listed species is anticipated, none is authorized. This response does not reflect potential Fish and Wildlife Service concerns under the Fish and Wildlife Coordination Act or other authorities.

\* Special Concern Species or Resource - Plant or animal species classified as rare, tentatively undetermined or candidate as well as other taxa of conservation concern, significant natural communities, special concern populations (plants or animals) and unique geologic features.

\*\* Sensitive Species - Species identified by the jurisdictional agency as collectible, having economic value, or being susceptible to decline as a result of visitation.



## 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](http://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](mailto:RA-HeritageReview@pa.gov)

### PA Fish and Boat Commission

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

### U.S. Fish and Wildlife Service

Pennsylvania Field Office  
Endangered Species Section  
110 Radnor Rd; Suite 101  
State College, PA 16801  
Email: [IR1\\_ESPenn@fws.gov](mailto:IR1_ESPenn@fws.gov)  
NO Faxes Please

### PA Game Commission

Bureau of Wildlife Management  
Division of Environmental Review  
2001 Elmerton Avenue, Harrisburg, PA 17110-9797  
Email: [RA-PGC\\_PNDI@pa.gov](mailto:RA-PGC_PNDI@pa.gov)  
NO Faxes Please

## 7. PROJECT CONTACT INFORMATION

Name: \_\_\_\_\_ Meredith Fesenmyer, President \_\_\_\_\_  
Company/Business Name: \_\_\_\_\_ Minard Run Oil Company \_\_\_\_\_  
Address: \_\_\_\_\_ P.O. Box 18 \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Bradford, PA 16701 \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ 814-362-3531 ext 127 \_\_\_\_\_  
Email: \_\_\_\_\_ mfeesenmver@minardrunoil.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.

Meredith M. Fesenmyer  
applicant/project proponent signature

5.28.26  
date





# PENNSYLVANIA GAME COMMISSION

## BUREAU OF WILDLIFE MANAGEMENT

2001 ELMERTON AVENUE HARRISBURG, PA 17110-9797 | (717) 787-5529

August 24, 2026

PGC ID Number: 202605200101

Andrew Rosenberger  
Lang Surveying, LLC  
1059 Lafferty Lane  
Bradford, Pennsylvania 16701  
[langsurveyingllc@gmail.com](mailto:langsurveyingllc@gmail.com)

PNDI Receipt File: *project\_receipt\_minard\_run\_oil\_wt\_5110\_le\_858645\_FINAL\_1.pdf*  
Re: Minard Run Oil Company WT 5110 Lease – 10 new wells, ANF  
Jenks Township, Warren County, Pennsylvania

Dear Andrew Rosenberger,

Thank you for submitting Pennsylvania Natural Diversity Inventory (PNDI) Environmental Review Receipt *project\_receipt\_minard\_run\_oil\_wt\_5110\_le\_858645\_FINAL\_1.pdf* for review. The Pennsylvania Game Commission (PGC) screened this project for potential impacts to species and resources of concern under PGC responsibility, which includes birds and mammals only.

### **No Impact Anticipated – PNDI Species**

PNDI records indicate species or resources of concern are located within the vicinity of the project. However, based on the information you submitted concerning the nature of the project, the immediate location, and our detailed resource information, the PGC has determined that no impact is likely. Therefore, no further PNDI coordination with the PGC will be necessary for this project at this time.

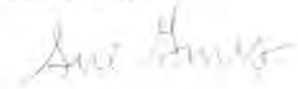
This response represents the most up-to-date summary of the PNDI data files and is valid for two (2) years from the date of this letter. An absence of recorded information does not necessarily imply actual conditions on site. Should project plans change or additional information on listed or proposed species become available, this determination may be reconsidered.

Should the proposed work continue beyond the period covered by this letter, please resubmit the project to this agency as an "Update" (including an updated PNDI receipt, project narrative and accurate map). If the proposed work has not changed and no additional information concerning listed species is found, the project will be cleared for PNDI requirements under this agency for two additional years.

This finding applies to impacts to birds and mammals only. To complete your review of state and federally-listed threatened and endangered species and species of special concern, please be sure that the U.S. Fish and Wildlife Service, the PA Department of Conservation and Natural Resources, and/or the PA Fish and Boat Commission have been contacted regarding this project as directed by the online PNDI ER Tool found at <https://conservationexplorer.dcnr.pa.gov/>.

**Please be sure to include the above-referenced PGC ID Number on any future correspondence with the PGC regarding this project.**

Sincerely,



Sue Guers  
Environmental Review Lead  
Bureau of Wildlife Management  
Phone: 717-787-4250, Extension 73412  
Fax: 717-787-6957  
E-mail: [suguers@pa.gov](mailto:suguers@pa.gov)

A PNHP Partner



SLG/slg

cc: H:\OIL&GAS\_PNDI\_Reviews\Northwest Region





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

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

## COORDINATION OF A WELL LOCATION WITH PUBLIC RESOURCES

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|---------------------------------------------------------------------|
| Well Operator<br><b>MINARD RUN OIL COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DEP ID No.<br><b>69329</b>   | Well Farm Name and No.<br><b>WARRANT 5110</b> | <b>2601</b>                                                         |
| Address<br><b>609 SOUTH AVENUE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | Project No. (if previously assigned)          |                                                                     |
| City<br><b>BRADFORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>PA</b>           | Zip Code<br><b>16701</b>                      | County<br><b>FOREST</b>                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | Municipality<br><b>JENKS</b>                  |                                                                     |
| Phone No.<br><b>8143623531</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fax No.<br><b>8143684834</b> | Latitude<br><b>N 41° 29' 59.89"</b>           | Longitude<br><b>W 79° 11' 47.88"</b>                                |
| 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).<br><b>ALLEGHENY NATIONAL FOREST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                               |                                                                     |
| List the name, address, and phone number of the person responsible for management of the public resource.<br><b>4 FARM COLONY DRIVE, WARREN, PA 16365</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                               |                                                                     |
| 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 checked="" 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>858645</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.<br><b>PA GAME COMMISSION, PA FISH &amp; BOAT COMMISSION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                               |                                                                     |
| 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.<br><br><b>AN EROSION AND SEDIMENTATION CONTROL PLAN HAS BEEN PREPARED AND REVIEWED WITH ALLEGHENY NATIONAL FOREST PERSONNEL. CONSERVATION MEASURES RECOMMENDED BY PA FISH &amp; BOAT COMMISSION WILL BE FOLLOWED. A CLEARANCE LETTER WAS RECEIVED FROM THE PA GAME COMMISSION STATING THERE IS NO IMPACT ANTICIPATED FOR THIS PROJECT.</b> |                              |                                               |                                                                     |

OIL WELL NON-COAL JUSTIFICATION  
MINARD RUN OIL COMPANY  
WARRANT 5110 LEASE  
JENKS TOWNSHIP

5/19/2026

Minard Run Oil Company is proposing to drill new oil wells on the WT 5110 Lease, located in Jenks Township, Forest County, Pennsylvania. This project will consist of 10 wells.

The non-coal justification for these 10 wells is based on a drilling log for plugged well #1297, API# 053-27186, located at Latitude: 41.50319524, Longitude: -79.19642389. The drilling log is attached for reference.

Sincerely,

A handwritten signature in blue ink, appearing to read "Andrew Rosenberger, PLS".

Andrew Rosenberger, PLS  
c/o Minard Run Oil Company

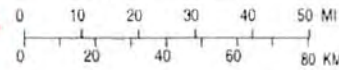


MINARD RUN OIL COMPANY  
WARRANT 5110  
LEASE

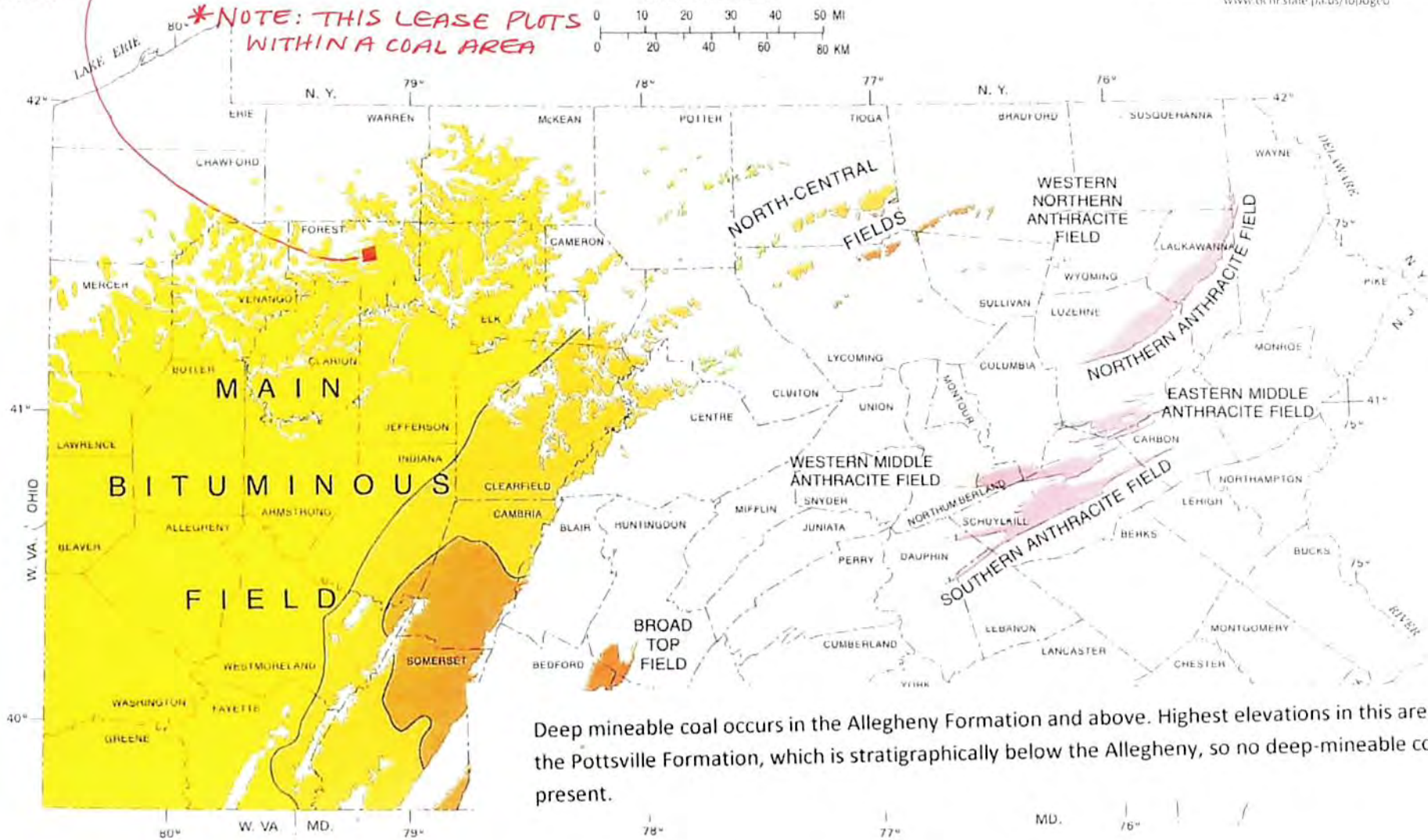
# DISTRIBUTION OF PENNSYLVANIA COALS

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF  
CONSERVATION AND NATURAL RESOURCES  
BUREAU OF TOPOGRAPHIC AND GEOLOGIC SURVEY  
www.dcnr.state.pa.us/topogeo

SCALE 1:2,000,000



\*NOTE: THIS LEASE PLOTS  
WITHIN A COAL AREA



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

### BITUMINOUS FIELDS



### ANTHRACITE FIELDS





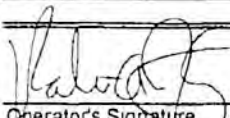
MINARD RUN OIL COMPANY  
WARRANT 5110 LEASE



MINARD RUN OIL COMPANY  
WARRANT 5110 WELL #1297  
API #053-27186

# DRILLER'S LOG OF FORMATIONS

| Name                  | Top   | Bottom | Gas At | Oil At | Water At (Fresh or Brine) | Source of Data |
|-----------------------|-------|--------|--------|--------|---------------------------|----------------|
| Brown Shale & Shale   | 0'    | 100'   |        |        |                           | Drillers Log   |
| Shale & Sandstone     | 100'  | 200'   |        |        | Fresh @ 145'              | "              |
| Shale                 | 200'  | 300'   |        |        |                           | "              |
| Shale                 | 300'  | 400'   |        |        |                           | "              |
| Shale                 | 400'  | 500'   |        |        |                           | "              |
| Shale                 | 500'  | 600'   |        |        |                           | "              |
| Shale                 | 600'  | 700'   |        |        |                           | "              |
| Shale & Red Rock      | 700'  | 800'   |        |        |                           | "              |
| Shale & Sand          | 800'  | 900'   |        |        |                           | "              |
| Shale                 | 900'  | 1000'  |        |        |                           | "              |
| Shale & Pink Rock     | 1000' | 1100'  |        |        |                           | "              |
| Shale & Pink Rock     | 1100' | 1200'  |        |        |                           | "              |
| Shale & Pink Rock     | 1200' | 1300'  |        |        |                           | "              |
| Shale                 | 1300' | 1360'  |        |        |                           | "              |
| Base of Pink Rock     |       | 1360'  |        |        |                           | Electric Log   |
| Shale                 | 1360' | 1420'  |        |        |                           | "              |
| Warren 2nd            | 1420' | 1504'  | 1436'  | 1436'  |                           | "              |
| Shale                 | 1504' | 1540'  |        |        |                           | "              |
| Glade                 | 1540' | 1669'  | 1553'  | 1553'  |                           | "              |
| Shale                 | 1669' | 1718'  |        |        |                           | "              |
| Balltown/Cherry Grove | 1718' | 1848'  | 1734'  | 1734'  |                           | "              |
| Sand/Shale            | 1848' | 1947'  | 1889'  | 1889'  |                           | "              |
| T D                   |       | 1947'  |        |        |                           | "              |

 (P G E C.) Robert A. Kuntz, Geologist 11/30/99  
Operator's Signature Title Date

## FOR OFFICIAL USE ONLY

 12-27-99  
Reviewed by Date Comments



# MINARD RUN OIL COMPANY

P.O. Box 18, 609 South Ave.  
Bradford, PA 16701-0018  
Phone: 814-362-3531

Fax: 814-362-6765  
info@minardrunoil.com  
www.minardrunoil.com

PA Department of Environmental Protection  
230 Chestnut Street  
Meadville, PA 16335-3481

Hand Delivered  
08/28/2026

To Whom It May Concern,

**Re: Applications for Permits to Drill Wells**

Please find enclosed applications, submitted by Minard Run Oil Company (MROC), for permits to drill the following ten (10) wells:

**WARRANT 5110 in Jenks Township, Forest County, PA:**

|      |      |
|------|------|
| 2601 | 2606 |
| 2602 | 2607 |
| 2603 | 2608 |
| 2604 | 2609 |
| 2605 | 2610 |

Also enclosed is MROC's check #055827 in the amount of \$5,500.00 as payment for the permit application for the wells.

If you have any questions, please contact me at your convenience. Thank you for your attention to this matter.

Regards,  
MINARD RUN OIL COMPANY

Marcia Stewart, Vice President  
[mstewart@minardrunoil.com](mailto:mstewart@minardrunoil.com)  
814-362-3531 ext 114

Cc: Meredith Fesenmyer, President

Enclosures





Form



**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION

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

| DEP USE                        |                               |
|--------------------------------|-------------------------------|
| Auth No.<br><b>1581996</b>     | APS No.<br><b>1169597</b>     |
| Site No.<br><b>890705</b>      | Facility No.<br><b>894681</b> |
| FIX Client No.<br><b>69329</b> | Sub-fac No.<br><b>1487303</b> |

**REQUEST FOR APPROVAL OF  
ALTERNATIVE WASTE MANAGEMENT PRACTICES  
(Conventional Operations Only)**

| PROJECT IDENTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                                            |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------|-------------------------------------|
| Well Operator<br><b>MINARD RUN OIL COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DEP ID/OGO No.<br><b>69329</b> | U.S. Well No. (API No.)<br><b>053-31223</b>                                |                                     |
| Address<br><b>609 SOUTH AVENUE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | Well Farm Name<br><b>Warrant 5110</b>                                      |                                     |
| City<br><b>BRADFORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State<br><b>PA</b>             | Zip Code<br><b>16701</b>                                                   | Well No.<br><b>2601</b>             |
| Telephone No.<br><b>814-362-3531</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fax No.<br><b>814-368-4834</b> | County<br><b>FOREST</b>                                                    | Serial No.<br><b>JENKS TOWNSHIP</b> |
| <p><b>Note:</b> All submittals must include the following information:</p> <ol style="list-style-type: none"> <li>1) United States Geological Survey (USGS) 7.5-minute quadrangle map showing the location of the proposed alternative waste management practices</li> <li>2) Full size set of plan design drawings showing proposed facility dimensions and location relative to existing facilities</li> <li>3) A brief detailed project narrative describing the proposed project</li> </ol> |                                |                                                                            |                                     |
| INTENDED ALTERNATIVE PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | Check the appropriate box and complete the applicable section of the form. |                                     |
| <input type="checkbox"/> For temporary containment of pollutonal substances and wastes generated during drilling, altering, or completing a well; complete section A. Pits and Tanks for Temporary Containment. See 25 Pa. Code § 78.56 for regulations.                                                                                                                                                                                                                                        |                                |                                                                            |                                     |
| <input checked="" type="checkbox"/> For disposal of drill cuttings from above the surface casing seat, complete section B. Alternate Waste Disposal Practices. See 25 Pa. Code § 78.61 for regulations.                                                                                                                                                                                                                                                                                         |                                |                                                                            |                                     |
| <input checked="" type="checkbox"/> For disposal of residual waste and drill cuttings from below the surface casing seat, complete section B. Alternate Waste Disposal Practices. See 25 Pa. Code §§ 78.62 or 78.63 for regulations.                                                                                                                                                                                                                                                            |                                |                                                                            |                                     |
| A. PITS AND TANKS FOR TEMPORARY CONTAINMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                            |                                     |
| Complete this section if requesting approval of an alternative practice for temporary containment of pollutonal substances and wastes from drilling, altering, or completing a well. See 25 Pa. Code § 78.56.                                                                                                                                                                                                                                                                                   |                                |                                                                            |                                     |
| <p>1. Check the box below and fill in the dates the pit will be used if you are requesting a variance from the requirement that the bottom of the pit be at least 20 inches above the seasonal high groundwater table for a pit that exists only during dry times of the year and is located above groundwater. See 25 Pa. Code § 78.56(a)(4)(iii).</p> <p><input type="checkbox"/> Variance requested; dates to be used, from _____ to _____</p>                                               |                                |                                                                            |                                     |
| <p>2. Check the box below if you are requesting approval of an alternative practice for temporary containment.</p> <p><input type="checkbox"/> Approval of another alternative practice is requested. Describe the type of waste and the temporary containment method. Include information that will demonstrate that the proposed alternative practices will provide equivalent or superior protection to the practices indentified in 25 Pa. Code section 78.56.</p>                          |                                |                                                                            |                                     |

RECEIVED

AUG 28 2026

Environmental Protection  
Northwest Regional Office

## B. ALTERNATIVE WASTE DISPOSAL PRACTICES

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

Minard Run Oil Company is requesting DEP approval for disposal of uncontaminated drill cuttings into an unlined drill pit. Uncontaminated drill cuttings and top hole water will be blown into a structurally sound unlined pit. Before the drill cuttings enter the pit, fresh water will be injected into the blooie line, eliminating dust. The pit will be located more than 100' from a stream or federally regulated wetland and more than 200' from any existing building or water supply. The principals of Minard Run Oil Company and their consultants have worked closely with DEP to ensure no proposed well location and disposal pits will be within 100' of a stream or federally regulated wetland. Proposed well 2601 is approximately 245' from a stream. The attached site plan depicts the well location, streams and wetlands. There are no buildings present. (see below for continued practices)

### SIGNATURE OF APPLICANT

Signature of Applicant / Well Operator

*Meredith M. Fesenmyer*

Print or Type Signer's Name and Title

Meredith Fesenmyer, President

Date

8/28/26

### DEP USE ONLY

☐ Approved

☒ Denied

Conditions: ☐ YES, see below or attached.

Date

☐ NO

09.17.26

DEP

Brian Ayers

Representative:

Conditions: A site evaluation determined that this site is unsuited for the proposed Alternate Waste Management Practices. The operator may resubmit the Request for Approval of Alternate Waste Management Practices if they can demonstrate that shallow groundwater will not compromise the drill pit on this well site.

## B. ALTERNATIVE WASTE DISPOSAL PRACTICES, CONTINUED

The soils encountered during well construction will be BxD (Buchanan silt loam, extremely stony), CvC (Cookport silt loam, extremely stony), HvB (Hazleton channery sandy loam, extremely stony) and GpF (Gilpin channery silt loam). Historical records indicate that fresh water is expected to be found at a depth of approximately 145' to 164'. Prior to fracing, a 20mil liner will be installed in the pit, on top of the drill cuttings, to contain frac fluids. Drill cuttings contained in the frac pit will be backfilled, graded, seeded, and mulched after the well is completed.





RECEIVED

AUG 28 2026

Environmental Protection  
Northwest Regional OfficeCOMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF OIL AND GAS MANAGEMENT

## WELL LOCATION PLAT

PAGE 1 Surface Location

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

|                                                                       |  |                                                                                 |  |
|-----------------------------------------------------------------------|--|---------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Denotes location of top of well on topo map. |  | Well is located on topo map <u>11</u> feet south of latitude <u>41° 30' 00"</u> |  |
| True Latitude: NORTH<br><u>41° 29' 59" 89"</u>                        |  |                                                                                 |  |
| True Latitude: WEST<br><u>79° 11' 47" 88"</u>                         |  |                                                                                 |  |
|                                                                       |  |                                                                                 |  |
| Applicant/Well Operator Name:<br><b>MINARD RUN OIL COMPANY</b>        |  | DEP ID #<br><b>69329</b>                                                        |  |
| Address:<br><b>609 SOUTH AVE., BRADFORD, PA 16701</b>                 |  | Well (Farm) Name:<br><b>WARRANT 5110</b>                                        |  |
| 911 address of well site:<br><b>N/A</b>                               |  | Well #:<br><b>2601</b>                                                          |  |
| County:<br><b>FOREST</b>                                              |  | Municipality:<br><b>JENKS TWP</b>                                               |  |
| Well Type:<br><b>COMBINATION</b>                                      |  | Serial #:<br><b>2601</b>                                                        |  |
| USGS 7½ Quadrangle Map Name:<br><b>MARIENVILLE WEST, PA</b>           |  | Map Section:<br><b>2</b>                                                        |  |
| Date:<br><b>4/30/26</b>                                               |  | Surface Elevation:<br><b>1409</b> ft.                                           |  |
| Scale:<br><b>1"=2000'</b>                                             |  | Tract Acreage: <b>1700± ACRES</b>                                               |  |
| Surveyor or Engineer: <b>ANDREW S. ROSENBERGER</b>                    |  | Phone #: <b>(814) 368-4139</b>                                                  |  |
| Dwg #: <b>06539.2601</b>                                              |  | Datum: <b>NAD 83</b>                                                            |  |
| Lat. & Long Metadata Method:<br><b>SURVEY GRADE GPS</b>               |  | Accuracy: <b>+/- 10</b> ft.                                                     |  |
| Elevation Metadata Method: <b>SURVEY GRADE GPS</b>                    |  | Accuracy: <b>+/-10</b> ft.                                                      |  |
| Datum: <b>NAVD 88</b>                                                 |  | Survey Date: <b>4-26</b>                                                        |  |







**NOTE: 2' CONTOURS FROM  
PASDA LIDAR**



**EXISTING LEASE ROAD**

**15" CULVERT W/  
ROCK ENERGY  
DISSIPATER**

**DITCH AROUND  
LOCATION**

**DRILL/FRAC  
PIT AREA**

**COMPOST FILTER SOCK  
TO BE PLACED  
BEFORE CONSTRUCTION**

**DRILL SITE  
2601**

**-1%**

**-1%**

**PLUGGED  
WELL #1295**

**10'X30' DRILL/FRAC  
PIT (TYP.)**

**A MINIMUM OF 100' MUST BE MAINTAINED  
BETWEEN PITS AND WATERCOURSES**

**DURING THE FRAC JOB, THE DIVERSION  
DITCH MUST BE PLUGGED TO PREVENT  
FLUIDS FROM LEAVING THE SITE.**



**ANDREW S. ROSENBERGER**  
**LANG SURVEYING LLC**

**DRAWING TITLE:**  
**E&S PLAN**  
**WARRANT 5110**

**CLIENT:**  
**MINARD RUN**  
**OIL COMPANY**  
JENKS TOWNSHIP  
FOREST COUNTY, PA

**DRAWN BY:** DLC **DATE:** 4/30/26

**CHKD. BY:** ASR **DATE:**

**APPD. BY:** **DATE:**

**SCALE:** 1" = 50'

**ISSUE DATE:** **PROJECT #:** 06570

**DRAWING NUMBER:** 06570.ES1