



PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL

Notes		DEP USE ONLY	
NC	OGO#	68607	Objection Date - Do not issue before: 01/09/2023
	Client Id	307592	Date Approved:
	Bond #	13747	API #'s37- 105-21374 and - - - - - ; - - - - - ; - - - - - ; - - - - - ; - - - - -
	C: 9/2/2022 kh G: 9/13/2022 beh	Special Cond.	Watershed Name: Designation: <input type="checkbox"/> HQ <input type="checkbox"/> EV
PNDI - 2/14/2022	INV:	Site Id	691543
APS# 1071101	Auth Id	1409974	PF Id
			695214
			SF Id
			948668

Please read instructions before you begin filling in this form.

WELL INFORMATION									
Well Operator	DEP ID#	Well API #	Well Farm Name	Well #					
Roulette Oil & Gas Co, LLC	307592	37-105-21374-0-0	Clara Field	20	BEH per CK, see attached				
Address	LAT	LONG	NAD	Project Number	Serial #				
1140 Route 44 South	41°53' 40.61"	78°8' 52.88"	83	na	na				
City	State	Zip	Municipality Name/ City, Borough, Township	County					
Shinglehouse	PA	16748	Clara Township	Potter					
Phone	Fax	Email	USGS 7.5 min. quadrangle map	Section					
814-697-7891		jrgasmanpa@yahoo.com	Shinglehouse	9					

<input type="checkbox"/> Check if this is a new address	24/7 Emergency Phone contact number	911 address of well site (if available)
	716-864-5535 or 814-697-7891	na

Freshwater Impoundment Name/ Identification	Centralized Impoundment Name/ Identification	Well Pad Name/Identification	Borrow Area Name/Identification
None	Tank Battery	Clara Field 20	Pit on Lease: no name

Surface Elev	Deepest Formation to be penetrated:	Anticipated TVD	PERMIT TYPE Check applicable. Application is to: <input type="checkbox"/> Drill a new <input type="checkbox"/> Re-permit expired permit <input type="checkbox"/> Deepen well <input type="checkbox"/> Redrill wellbore <input type="checkbox"/> Alter well <input checked="" type="checkbox"/> Other (specify) Change of Use	TYPE OF WELL Check applicable. <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Comb. (gas & oil/condensate) <input type="checkbox"/> Injection, recovery <input checked="" type="checkbox"/> Injection, disposal <input type="checkbox"/> Coalbed Methane <input type="checkbox"/> Gas Storage <input type="checkbox"/> Other (specify) Configuration <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Deviated <input type="checkbox"/> Multiple laterals	APPLICATION FEE Check applicable. <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> \$200 (Home Use Well) Total Application Fee \$ 100 Check # 7466 \$100.00 Bond Agreement Id 13747 Roulette Oil Bond
2305	Elk Group	2310			
Target Formation(s) proposed for production	Anticipated Target Top/Bottom TVD				
Cooper5-0 Sheffield3-1, Kane3-0,	1486 1833				
Number of wellbore laterals proposed under this application 0					
Total feet of wellbore to be drilled under this application 0 Ft.					
If applying for a permit to rework an existing well not registered or permitted, check this box <input type="checkbox"/> and enter date drilled, if known: _____ (see instructions)					
PNDI Attached: <input checked="" type="checkbox"/> Any threatened or endangered "hit" must include a copy of the clearance letter from the applicable agency(ies).					
Application submitted as: Coal well: <input type="checkbox"/> Attach Coal Module CBM well <input type="checkbox"/> Attach Coal Module Non coal well <input checked="" type="checkbox"/> Attach justification.					

COORDINATION WITH REGULATIONS AND OTHER PERMITS		Yes	No
1.	Will the well be subject to the Oil and Gas Conservation Law ? If "No," go to 2).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a.	If "Yes" to #1, is the well at least 330 feet from outside lease or unit boundary?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Does the location fall within an area covered by a spacing order?	<input type="checkbox"/>	<input type="checkbox"/>
c.	If the well will be multilateral, identify the wellbores on the sketch on page 3 of the plat that will be completed as conservation and non-conservation.		
2.	Will the edge of the disturbed area of any portion of the well site of a conventional well be within 100 feet from the edge of any solid blue lined stream, spring or body of water identified on the most current 7½' topographic quadrangle map or wetland greater than one acre in size or in a wetland? If yes, is a waiver request (form 5500-FM-OG0057) and site-specific E&S control plan attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

3. Will the well penetrate or be within 2,000 feet of an active gas storage reservoir boundary?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If Yes, print the names of: Storage Field: Operator:			
4. Is the proposed well location within the permitted area of a landfill ?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Will the well be drilled within 200 feet from any existing building or an existing water supply?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes," is written consent from the owner attached?		<input type="checkbox"/>	<input type="checkbox"/>
b. If written consent is not attached, is a variance request (form 8000-FM-OOGM0058) attached?		<input type="checkbox"/>	<input type="checkbox"/>
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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will any portion of the well site be in a Special Protection High Quality <input checked="" type="checkbox"/> (HQ) or Exceptional Value <input type="checkbox"/> (EV) watershed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Provide name of special protection stream <u>Unnamed Stream within Wokeley Hollow - Designated General Use- ID 90250</u> .		BEH per CK, see attached	
7.1 Will the well be drilled using enhanced drilling or completion technologies into a formation that typically produces gas or petroleum?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.1 Is the disturbed area of the well site between 1 to 5 acres and in a Special Protection Watershed		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Is waste, including drill cuttings, from the drilling of this well is to be disposed of on this well site? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>			
a. If yes, is a waiver request attached that will protect the Waters of the Commonwealth? Yes <input type="checkbox"/> No <input type="checkbox"/>			
11. Is the well to be located within a H ₂ S area pursuant to §78.77a? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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 See Attached		(Print or Type) Name of Signer: James Reynolds Title: Managing Partner	Date
Application Preparer/Contact: CARY P. KUMINECZ P.G.		Phone: 716-316-6069	



PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL

		DEP USE ONLY	
Notes	OGO #	Objection Date - Do not issue before:	
	Client Id	Date Approved:	
	Bond #	API #'s37- _____; _____; _____; _____; _____; _____	
	C: _____ G: _____	Special Cond.	
	INV: _____	Watershed Name: _____ Designation: <input type="checkbox"/> HQ <input type="checkbox"/> EV	
APS#	Auth Id	Site Id	PF Id
			SF Id

Please read instructions before you begin filling in this form.

WELL INFORMATION										
Well Operator Roulette Oil & Gas Co, LLC	DEP ID# 307592	Well API # 37-105-21374-0-0	Well Farm Name Clara	Well # 20						
Address 1140 Route 44 South		LAT 41°53' 41.00"	Project Number na	Serial # na						
LONG - 78°8' 53.00"										
City Shinglehouse	State PA	Zip 16748	Municipality Name/ City, Borough, Township Clara Township	County Potter						
Phone 814-697-7891	Fax	Email jrgasmanpa@yahoo.com	USGS 7.5 min. quadrangle map Shinglehouse	Section 9						

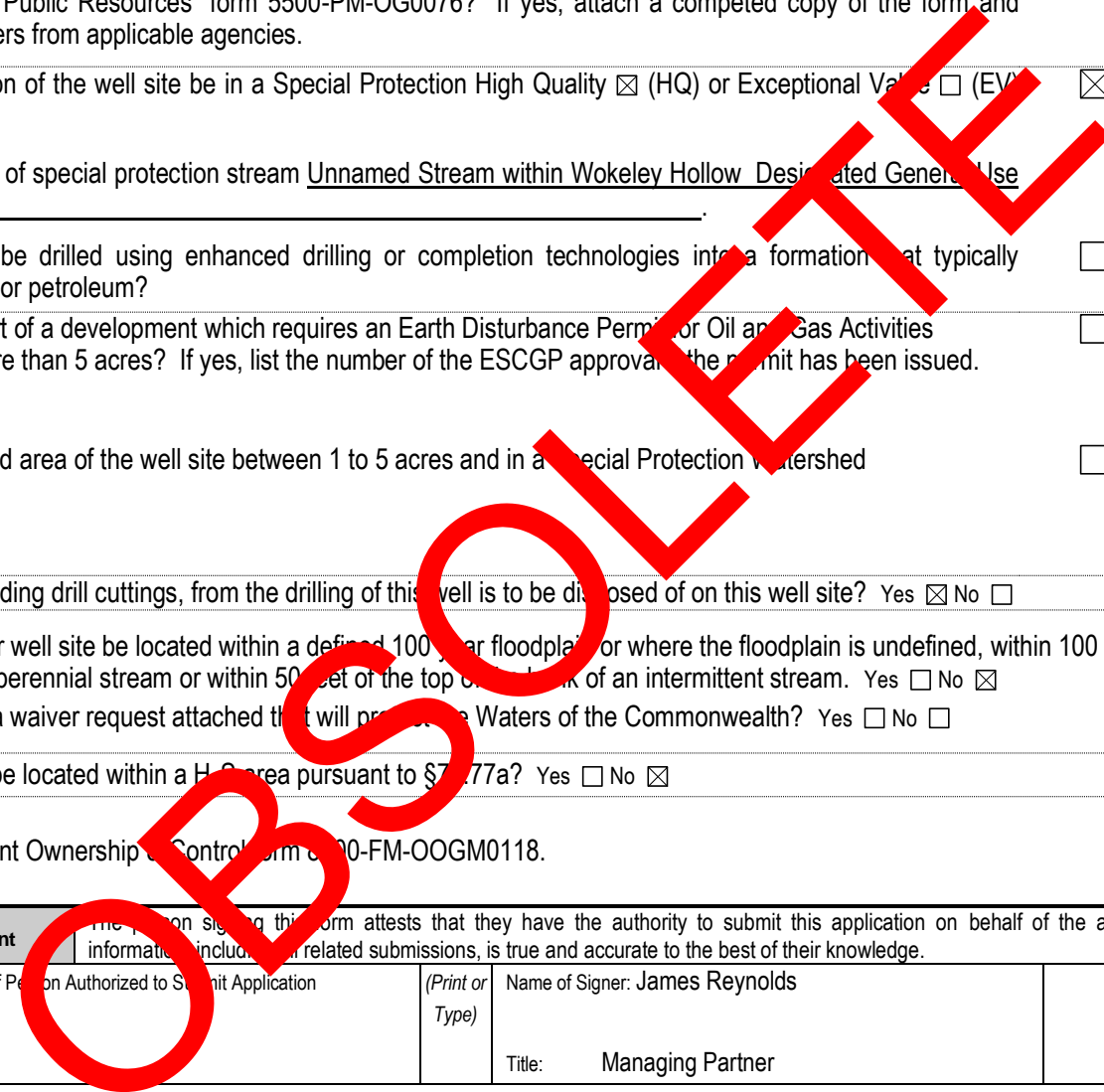
<input type="checkbox"/> Check if this is a new address	24/7 Emergency Phone contact number 716-864-5535 or 814-697-7891	911 address of well site (if available) na
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Freshwater Impoundment Name/ Identification None	Centralized Impoundment Name/ Identification Tank Battery	Well Pad Name/ Identification Clara 20	Borrow Area Name/ Identification Pit on Lease: no name
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Surface Elev 2305	Deepest Formation to be penetrated: Elk Group	Anticipated Target Top/Bottom TVD 1486 1833	PERMIT TYPE Check applicable: <input type="checkbox"/> Drill a new <input type="checkbox"/> Re-permit expired permit <input type="checkbox"/> Deepen well <input type="checkbox"/> Redrill wellbore <input type="checkbox"/> Alter well <input checked="" type="checkbox"/> Other (specify) Change of Use	TYPE OF WELL Check applicable: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Comb. (gas & oil/condensate) <input type="checkbox"/> Injection, recovery <input checked="" type="checkbox"/> Injection, disposal <input type="checkbox"/> Coalbed Methane <input type="checkbox"/> Gas Storage <input type="checkbox"/> Other (specify)	APPLICATION FEE Check applicable: <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> \$200 (Home Use Well) Total Application Fee \$ 100
Target Formation(s) proposed for production Cooper5-0 Sheffield3-1, Kane3-0,	Number of wellbore laterals proposed under this application 0		Total feet of wellbore to be drilled under this application _____ Ft.		
If applying for a permit to rework an existing well not registered or permitted, check this box <input type="checkbox"/> and enter date drilled, if known: _____ (instructions)					
PNDI Attached: <input checked="" type="checkbox"/> Any threatened underground "h" must include a copy of the clearance letter from the applicable agency(ies).					
Application submitted as: Coal well <input type="checkbox"/> Attach Coal Module CBM well <input type="checkbox"/> Attach Coal Module Non coal well <input checked="" type="checkbox"/> Attach justification.					
Configuration <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Deviated <input type="checkbox"/> Multiple laterals				Bond Agreement Id 13747 Roulette Oil Bond	

COORDINATION WITH REGULATIONS AND OTHER PERMITS	Yes	No
1. Will the well be subject to the Oil and Gas Conservation Law ? If "No," go to 2).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes" to #1, is the well at least 330 feet from outside lease or unit boundary?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the location fall within an area covered by a spacing order?	<input type="checkbox"/>	<input type="checkbox"/>
c. If the well will be multilateral, identify the wellbores on the sketch on page 3 of the plat that will be completed as conservation and non-conservation.		
2. Will the edge of the disturbed area of any portion of the well site of a conventional well be within 100 feet from the edge of any solid blue lined stream, spring or body of water identified on the most current 7½' topographic quadrangle map or wetland greater than one acre in size or in a wetland? If yes, is a waiver request (form 5500-FM-OG0057) and site-specific E&S control plan attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will the well penetrate or be within 2,000 feet of an active gas storage reservoir boundary?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If Yes, print the names of: Storage Field: Operator:		
4. Is the proposed well location within the permitted area of a landfill ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Will the well be drilled within 200 feet from any existing building or an existing water supply?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes," is written consent from the owner attached? <input type="checkbox"/> <input type="checkbox"/>		
b. If written consent is not attached, is a variance request (form 8000-FM-OOGM0058) attached? <input type="checkbox"/> <input type="checkbox"/>		
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will any portion of the well site be in a Special Protection High Quality <input checked="" type="checkbox"/> (HQ) or Exceptional Value <input type="checkbox"/> (EV) watershed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provide name of special protection stream <u>Unnamed Stream within Wokeley Hollow Designated General Use ID 90250</u>		
7.1 Will the well be drilled using enhanced drilling or completion technologies into a formation that typically produces gas or petroleum?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 the permit has been issued.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.1 Is the disturbed area of the well site between 1 to 5 acres and in a special protection watershed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Is waste, including drill cuttings, from the drilling of this well is to be disposed of on this well site? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		
a. If yes, is a waiver request attached that will protect the Waters of the Commonwealth? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11. Is the well to be located within a HQ area pursuant to §71.77a? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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 included in 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: James Reynolds
	Title:	Managing Partner
		Date
Application Preparer/Contact: CARY P. KUMINECZ P.G.		Phone: 716-316-6069



PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL

DEP USE ONLY

Notes	OGO #	Objection Date - Do not issue before:		API #'s 37- _____	
	Client Id	Date Approved:		and - _____	
	Bond #			Watershed Name Designation: <input type="checkbox"/> HQ <input type="checkbox"/> EV	
	C: _____ G: _____	Special Cond.			
	INV				
APS #	Auth Id	Site Id	PF Id	SF Id	

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WELL INFORMATION

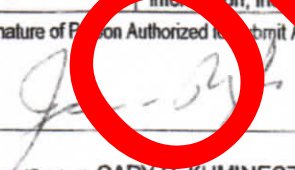
Well Operator Roulette Oil & Gas Co, LLC	DEP ID# 307592	Well API # 37-105-21374-0-0	Well Farm Name Clara FIELD	Well # 20
Address 1140 Route 44 South		LAT 41°53'40.61"	Project Number na	Serial # na
		LONG - 78°8'52.88"		
City Shinglehouse	State PA	Zip 16748	Municipality Name/ City, Borough, Township Clara Township	County Butter
Phone 814-697-7891	Fax	Email jrgasmanpa@yahoo.com	USGS 7.5 min. quadrangle map Shinglehouse	Section 9

<input type="checkbox"/> Check if this is a new address	24/7 Emergency Phone contact number 716-864-5535 or 814-697-7891	911 address of well site (if available) na
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Freshwater Impoundment Name/ Identification None	Centralized Impoundment Name/ Identification Tank Battery	Well Pad Name/ Identification Clara FIELD 20	Borrow Area Name/Identification Pit on Lease: no name
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Surface Elev 305	Deepest Formation to be penetrated: Elk Group	Anticipated Target Depth 1833	Anticipated Top/Bottom TVD 1833	PERMIT TYPE Application is to: <input type="checkbox"/> Drill a new <input type="checkbox"/> Re-permit expired permit <input type="checkbox"/> Deepen well <input type="checkbox"/> Redrill wellbore <input type="checkbox"/> Alter well <input checked="" type="checkbox"/> Other (specify) Change of Use	TYPE OF WELL Check applicable. <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Comb. (gas & oil/condensate) <input type="checkbox"/> Injection, recovery <input checked="" type="checkbox"/> Injection, disposal <input type="checkbox"/> Coalbed Methane <input type="checkbox"/> Gas Storage <input type="checkbox"/> Other (specify)	APPLICATION FEE Check applicable. <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> \$200 (Home Use Well) Total Application Fee \$ 100
Target Formation(s) proposed for production Cooper5-0 Sheffield3-1, Kane3-0,		Number of wellbore laterals proposed under this application 0		Total feet of wellbore to be drilled under this application 1833		Bond Agreement Id 13747 Roulette Oil Bond
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 threats to endangered species must include a copy of the clearance letter from the applicable agency(ies).						
Application submitted as: <input type="checkbox"/> CBM well Attach Coal Module <input checked="" type="checkbox"/> Non coal well Attach justification*						
* CLARA FIELD COMPLETION REPORT						

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.		
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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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If Yes, print the names of: Storage Field: Operator:		
4. Is the proposed well location within the permitted area of a landfill?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Will the well be drilled within 200 feet from any existing building or an existing water supply?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes," is written consent from the owner attached?	<input type="checkbox"/>	<input type="checkbox"/>
b. If written consent is not attached, is a variance request (form 8000-FM-OOGM0058) attached?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will any portion of the well site be in a Special Protection High Quality (HQ) or Exceptional Value (EV) watershed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Provide name of special protection stream:		
7.1 Will the well be drilled using enhanced drilling or completion technologies in a formation that typically produces gas or petroleum?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 the permit has been issued.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.1 Is the disturbed area of the well site between 1 to 5 acres and in a Special Protection watershed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Is waste, including drill cuttings, from the drilling of this well is to be disposed of on this well site? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		
a. If yes, is a waiver request attached that will protect the Waters of the Commonwealth? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11. Is the well to be located within a H ₂ S area pursuant to §7-177a? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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 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: James Reynolds	Date
	Title: Managing Partner	2-9-22
Application Preparer/Contact CARY P. KUMINECZ P.G.		Phone: 716-316-6069