

**NOTICE OF INTENTION BY
WELL OPERATOR TO PLUG A WELL**

☒ Well Operator ☐ Coal Operator		OGO No. 68607	U.S. Well No. (Permit / Reg) 37-063-34201	Date Drilled (If known) 5/14/2005
Name Roulette Oil and Gas LLC		Well Farm Name Homer City Power Plant		
Address 1034 Route 44		Telephone No. 716-378-4653	Well No. 25	Well Serial No.
City Shinglehouse	State PA	Zip Code 16748	County Indiana	
☐ Agent (contractor) acting on behalf of the operator named above.		Municipality Center Twp		
Address		Telephone No.	Latitude (DD) 40.51775	Longitude (DD) - 79.209437
City	State	Zip Code	Attach well record if not previously submitted.	

Complete this section if applicable. Prior to abandoning any well in an area underlain by a workable coal seam, the well operator or owner shall notify the coal operator, lessee, or owner of the intention to plug and abandon the well, and shall submit a plat showing the location and affix the date and time at which the work of plugging will commence.

Coal: ☐ Operator ☐ Owner ☐ Lessee Name	Coal: ☐ Operator ☐ Owner ☐ Lessee Name	Coal: ☐ Operator ☐ Owner ☐ Lessee Name
Address	Address	Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Telephone No. Notified? ☐ Yes ☐ No	Telephone No. Notified? ☐ Yes ☐ No	Telephone No. Notified? ☐ Yes ☐ No
This Party hereby waives the rights to be notified of the date and time before plugging work will begin and to be present at the plugging of this well. Signature:	This Party hereby waives the rights to be notified of the date and time before plugging work will begin and to be present at the plugging of this well. Signature:	This Party hereby waives the rights to be notified of the date and time before plugging work will begin and to be present at the plugging of this well. Signature:

Scheduled Date and Time of Plugging Plugging is scheduled to begin on (date) 6/25/2025 at (time) 8:00 AM	☐ CHECK BLOCK IF THIS WELL IS BEING PLUGGED PURSUANT TO MINE THROUGH STANDARDS OF ACT 214 of 1984 (REVISED 2011) AND the 2012 Oil & Gas Act.
---	--

Checklist and Additional Attached Information ☐ Location Plat ☐ Current Well Record ☐ Available Well Record ☐ Application for Approval of Alternate Method of Plugging ☐ Mine - Through ☐ Other, describe:	Signature of Applicant (Operator or Agent) Signature:  Date: 6-6-25 Print or Type Signer's Name and Title James Reynolds, Managing Partner
---	--
