



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

PERMIT APPLICATION TO DRILL AND OPERATE A CONVENTIONAL WELL

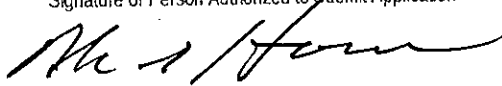
Notes		DEP USE ONLY	
OGO #	65180-	Objection Date - Do not issue before:	API #'s37- _____
Client Id	244615	Date Approved:	and _____
Bond #		Special Cond.	Watershed Name: Designation: <input type="checkbox"/> HQ <input type="checkbox"/> EV
C: _____ G: _____			
INV: _____			
APS #	Auth Id	Site Id	PF Id SF Id

Please read instructions before you begin filling in this form.

WELL INFORMATION							
Well Operator	DEP ID#	Well API #	Well Farm Name	Well #			
Windfall Oil & Gas, Inc.	244615	37- - -	Frank & Susan Zelman	1			
Address	LAT	LONG	NAD	Project Number	Serial #		
63 Hill Street	41°4' 55.00"	78°44' 48.00" 95	83				
City	State	Zip	Municipality Name/ City, Borough, Township	County			
Falls Creek	PA	15840	Brady	Clearfield			
Phone	Fax	Email	USGS 7.5 min. quadrangle map	Section			
814-771-9686	814-371-0678	mhoov16@verizon.net	Luthersburg	4			
<input type="checkbox"/> Check if this is a new address		24/7 Emergency Phone contact number	911 address of well site (if available)				
		814-771-9686	Tower Lane, Dubois 15801				
Freshwater Impoundment Name/ Identification	Centralized Impoundment Name/ Identification	Well Pad Name/Identification	Borrow Area Name/Identification				
		Frank & Susan Zelman No. 1	N.A.				
Surface Elev	Deepest Formation to be penetrated:	Anticipated TVD	PERMIT TYPE	TYPE OF WELL	APPLICATION FEE		
1697	Chert/Orisanky	7500	Check applicable.	Check applicable.	Check applicable.		
Target Formation(s) proposed for production	Anticipated Target Top/Bottom TVD	Application is to:		Total Application Fee \$		Bond Agreement Id	
Chert/Orisanky	7306 7387	<input checked="" 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 type="checkbox"/> Other (specify)		<input checked="" type="checkbox"/> Conventional <input type="checkbox"/> \$200 (Home Use Well)		Total Application Fee \$ 1100.00 OK# 4352	
Number of wellbore laterals proposed under this application			<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)				
Total feet of wellbore to be drilled under this application 7500 Ft.			Configuration <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Deviated <input type="checkbox"/> Multiple laterals				
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)			RECEIVED SEP 14 2015 DEP SWDO OIL & GAS				
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.							

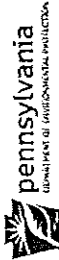
COORDINATION WITH REGULATIONS AND OTHER PERMITS.	Yes	No
1. Will the well be subject to the Oil and Gas Conservation Law? If "No," go to 2).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. If "Yes" to #1, is the well at least 330 feet from outside lease or unit boundary?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Does the location fall within an area covered by a spacing order?	<input type="checkbox"/>	<input checked="" 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 7 1/2' 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?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
7. Will any portion of the well site be in a Special Protection High Quality <input type="checkbox"/> (HQ) or Exceptional Value <input type="checkbox"/> (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 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 	(Print or Type)	Name of Signer: <i>Michael G Hoover</i> Title: <i>President</i>
Application Preparer/Contact: FOX AND FOX, INC.			Phone: 814-745-2861

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OIL & GAS



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

Farm Name - Well # Frank & Susan Zelman Well No. 1	DEP ID# 244615
Applicant Name Windfall Oil & Gas, Inc.	DEP USE ONLY APS #

	Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors <1000' Municipalities	Notification		Written Consent
				Certified Mail Dates	Note the means and attach proof.	
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						
Print Name: FRANK & SUSAN ZELMAN Signature	Address: 1431 HIGHLAND ST. EXT. DUBOIS, PA 15801		X		Return Receipt 7-27-15	
Print Name: RITA M. & DAVID W. BARR Signature	Address: 1317 TOWER LANE DUBOIS, PA 15801		X		Return Receipt 7-25-15	
Print Name: JOHN M. & SUE A. BARR Signature	Address: 1268 TOWER LANE DUBOIS, PA 15801		X		Return Receipt 7-25-15	
Print Name: CAROL J. KURTZ Signature	Address: 1072 TOWER LANE DUBOIS, PA 15801		X		Return Receipt 7-25-15	
Print Name: DENNIS R. & TERRY MARSH Signature	Address: 1379 HIGHLAND ST. EXT. DUBOIS, PA 15801		X		Return Receipt 7-28-15	

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"/>



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

Farm Name - Well #	Frank & Susan Zeiman	Well No. 1
Applicant Name	Windfall Oil & Gas, Inc.	DEP ID# 244615
DEP USE ONLY	APS #	

Print Name: Signature	Address:	Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors <1000' Municipalities	Notification		
					Certified Mail Dates	Return Receipt	Address Affidavit
Print Name: THEODORE J. & RONA C. CRYSTER	Address: 1500 HIGHLAND ST. EXT. DUBOIS, PA 15801			X	7-23-15	7-25-15	
Print Name: ROSEMARY VANTILBURG	Address: 1359 HIGHLAND ST. EXT. DUBOIS, PA 15801			X	7-23-15	7-25-15	
Print Name: EMILY A. & SEAN ZIMMERMAN	Address: 1317 HIGHLAND ST. EXT. DUBOIS, PA 15801			X	7-23-15	7-25-15	
Print Name: MONICA A. LOCKHART	Address: 1298 HIGHLAND ST. EXT. DUBOIS, PA 15801			X	7-23-15	7-25-15	

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"/>	RECEIVED	<input type="checkbox"/>
			<input type="checkbox"/>	SEP 14 2015	<input type="checkbox"/>
			<input type="checkbox"/>	DEP SINDO OIL & GAS	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>



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

Farm Name - Well # Frank & Susan Zeiman Well No. 1	DEP ID# 244615
Applicant Name Windfall Oil & Gas, Inc.	APS #
DEP USE ONLY	

List the following: surface landowner, surface landowners 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		
				Certified Mail Dates	Note the means and attach proof.	Written Consent
Print Name: ROBERT L. EDMISTON, ET. AL. Signature	Address: P.O. BOX 1051 DUBOIS, PA 15801		X	Sent 7-23-15	Return Receipt 7-27-15	Address Affidavit
Print Name: CINDY M. HAAG Signature	Address: 1252 HIGHLAND ST. EXT. DUBOIS, PA 15801		X	Sent 7-23-15	Return Receipt 7-25-15	Address Affidavit
Print Name: RANDAL L. BAIRD, ET. UX. Signature	Address: 1273 HIGHLAND ST. EXT. DUBOIS, PA 15801		X	Sent 7-23-15	Return Receipt 7-27-15	Address Affidavit
Print Name: RANDAL T. POWERS, ET. UX. Signature	Address: 1235 HIGHLAND ST. EXT. DUBOIS, PA 15801		X	Sent 7-23-15	Return Receipt 7-25-15	Address Affidavit
Print Name: RICHARD & MARIANNE ATKINSON Signature	Address: 221 DEER LANE DUBOIS, PA 15801		X	Sent 7-23-15	Return Receipt 7-25-15	Address Affidavit

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"/>

**PERMIT APPLICATION TO DRILL AND OPERATE
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 Record of Notification**

Form Name - Well #	Frank & Susan Zeiman	Well No. 1
Applicant Name	Windfall Oil & Gas, Inc.	DEP ID# 244615
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			Written Consent
					Note the means and attach proof.		Return Receipt	
					Certified Mail Dates	Sent	Address Affidavit	
Print Name: BRADY TOWNSHIP Signature	Address: P.O. BOX 125 LUTHERSBURG, PA 15848			X		7-23-15	7-25-15	
Print Name: TROUTVILLE BOROUGH Signature	Address: P.O. BOX 81 TROUTVILLE, PA 15866			X		7-23-15	7-27-15	
Print Name: SYKESVILLE BOROUGH Signature	Address: 21 EAST MAIN STREET SYKESVILLE, PA 15865			X		7-23-15	7-27-15	
Print Name: HENDERSON TOWNSHIP Signature	Address: P.O. BOX 175 STUMP CREEK, PA 15863			X		7-23-15	7-29-15	
Print Name: WINSLOW TOWNSHIP Signature	Address: 3478 SPORTSMAN'S DAM ROAD REYNOLDSVILLE, PA 15851			X		7-23-15	7-27-15	

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		Surface Owner	Water Well within 200 feet	Building within 200 feet
Print and Sign Name:	Address: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 A CONVENTIONAL WELL
 Record of Notification**

Farm Name - Well # Frank & Susan Zeiman Well No. 1
Applicant Name Windfall Oil & Gas, Inc.
DEP USE ONLY APS #
DEP ID# 244615

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 <1000'	Municipalities	Notification		
					Sent	Return Receipt	Address Affidavit
Print Name: SANDY TOWNSHIP Signature	Address: P. O. BOX 1027 CHESTNUT AVENUE DUBOIS, PA 15801			X	7-23-15	7-27-15	
Print Name: UNION TOWNSHIP Signature	Address: 696 ROCK RUN ROAD ROCKTON, PA 15856			X	7-23-15	7-25-15	
Print Name: BELL TOWNSHIP Signature	Address: P. O. BOX 196 MAHAFFEY, PA 15757			X	7-23-15	7-27-15	
Print Name: BLOOM TOWNSHIP Signature	Address: 6209 GREENVILLE PIKE GRAMPIAN, PA 16838			X	7-23-15	7-27-15	
Print Name: PENN TOWNSHIP Signature	Address: 500 MELODY ROAD GRAMPIAN, PA 16838			X	7-23-15	7-25-15	

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"/>

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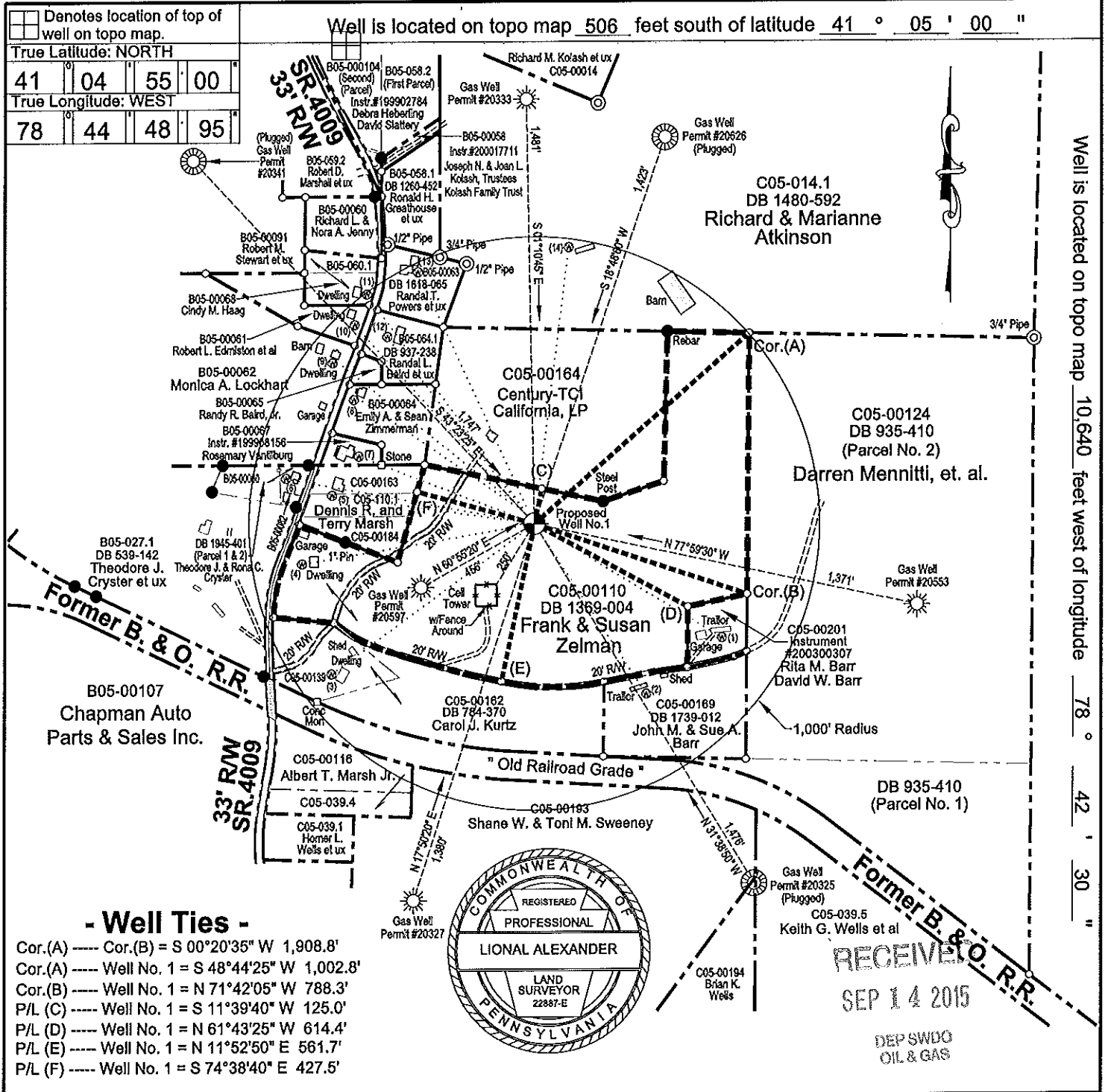


COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

WELL LOCATION PLAT

PAGE 1 Surface Location

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



Applicant / Well Operator Name: Windfall Oil & Gas, Inc.		DEP ID #: 244615	Well (Farm) Name: Frank & Susan Zelman		Well #: 1	Serial #:
Address: 63 Hill Street, Falls Creek, Pa. 15840			County: Clearfield - 17	Municipality: Brady Township	Well Type: Gas	
911 address of well site: Frank & Susan Zelman 1431 Highland Street, Ext. DuBois, PA 15801			USGS 7-1/2' Quadrangle Map Name: Luthersburg	Map Section: 4	Surface Elevation: 1697 ft.	
Surveyor or Engineer: Lional Alexander, PLS	Phone #: (814) 371-5578	Dwg #: JN336411 Well 1 Plat	Date: July 10, 2015	Scale: 1" = 500'	Tract Acreage: 23.8 Acres	
Lat. & Long Metadata Method: GPS	Accuracy: Submeter 3' ± ft.	Datum: NAD 83	Elevation Metadata Method: Topo	Accuracy: 10' ± ft.	Datum: NVGD 88	Survey Date: June 15, 2011

WELL LOCATION PLAT

Page 2 Notifications

DEP Statewide toll-free phone number for reporting cases of water contamination which may be associated with development of oil and gas resources is **1-866-255-5158**.

Applicant / Well Operator Name Windfall Oil & Gas, Inc.	DEP ID # 244615	Well (Farm) Name Frank & Susan Zelman	Well # 1	Serial #
Surface Landowner / Lessor: Frank & Susan Zelman		Angle & Course of Deviation (Drilling): Vertical	Anticipated True Vertical Depth Feet (TVD): 7,500'	Anticipated Total Measured Depth Feet (TMD): 7,500'
Target Formation (s) : Chert/Oriskany		Deepest Formation to be penetrated:	Number of laterals:	Total footage to be drilled all laterals:
Surface Owner / Water Purveyor w/ Water Supply within 1,000' / 3,000'		Latitude Longitude of Water Supply		
(1) = Rita M. & David W. Barr	1317 Tower Lane, DuBois, Pa. 15801	LAT:41°04'51.26"	LON:78°44'40.61"	
(2) = John M. & Sue A. Barr	1268 Tower Lane, DuBois, Pa. 15801	LAT:41°04'49.31"	LON:78°44'43.76"	
(3) = Carol J. Kurtz	1072 Tower Lane, DuBois, Pa. 15801	LAT:41°04'49.80"	LON:78°44'57.75"	
(4) = Frank & Susan Zelman	1431 Highland St. Ext., DuBois, Pa. 15801	LAT:41°04'53.60"	LON:78°44'58.93"	
(5) = Dennis R. & Terry Marsh	1379 Highland St. Ext., DuBois, Pa. 15801	LAT:41°04'56.06"	LON:78°44'57.90"	
(6) = Theodore J. & Rona C. Cryster	1500 Highland St. Ext., DuBois, Pa. 15801	LAT:41°04'56.40"	LON:78°44'59.93"	
(7) = Rosemary Vantilburg	1359 Highland St. Ext., DuBois, Pa. 15801	LAT:41°04'56.22"	LON:78°44'57.96"	
(8) = Emily A. & Sean Zimmerman	1317 Highland St. Ext., DuBois, Pa. 15801	LAT:41°04'59.28"	LON:78°44'57.06"	
(9) = Monica A. Lockhart	1298 Highland St. Ext., DuBois, Pa. 15801	LAT:41°05'00.69"	LON:78°44'58.21"	
(10) = Robert L. Edmiston et al	P.O. Box 1051 DuBois, Pa. 15801	LAT:41°05'02.02"	LON:78°44'57.47"	
(11) = Cindy M. Haag	1252 Highland St. Ext., DuBois, Pa. 15801	LAT:41°05'02.92"	LON:78°44'57.10"	
(12) = Randal L. Baird et ux	1273 Highland St. Ext., DuBois, Pa. 15801	LAT:41°05'01.30"	LON:78°44'55.64"	
(13) = Randal T. Powers et ux	1235 Highland St. Ext., DuBois, Pa. 15801	LAT:41°05'03.73"	LON:78°44'54.74"	
(14) = Richard & Marianne Atkinson	221 Deer Lane, DuBois, Pa. 15801	LAT:41°05'04.37"	LON:78°44'47.17"	
Municipality: where the well will be drilled, adjacent to the well, or within 3,000 feet		Municipality: where the well will be drilled, adjacent to the well, or within 3,000 feet		
Brady Township		Penn Township		
Winslow Township				
Henderson Township				
Sandy Township		Coal related parties		
Union Township				
Bell Township				
Bloom Township				
Troutville Borough				
Sykesville Borough				

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Property Owner's List within a 1,000 Foot Radius of the Proposed Disposal / Injection Well (7-10-15)

- | | | |
|---|---|--|
| <p>1070-C05-000-00110
Frank & Susan Zelman
1431 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-00139
Carol J. Kurtz
1072 Tower Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00162
Carol J. Kurtz
1072 Tower Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00169
John M. & Sue A. Barr
1268 Tower Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00201
Rita M. & David W. Barr
1317 Tower Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00124
Darren Mennitti, et. al.
229 4th Street
Reynoldsville, Pa. 15851</p> <p>1070-C05-000-039.5
Keith G. Wells et al
121 Potter Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00193
Shane W. & Toni M. Sweeney
506 N. Penn Street
Punxsutawney, PA 15767</p> <p>1070-C05-000-00116
Albert T. Jr. & Barbara A. Marsh
1583 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-039.4
Albert T. Jr. & Barbara A. Marsh
1583 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-039.1
Homer L. & Shirley J. Wells
1625 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-00164
Century - TCI California, LP
Attn: Property Tax Dept.
One Comcast Center
Philadelphia, PA 19103</p> | <p>1070-C05-000-014.1
Richard Lee & Marianne Atkinson
221 Deer Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00184
Dennis R. & Terry L. Marsh
1379 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-110.1
Dennis R. & Terry L. Marsh
1379 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-00163
Dennis R. & Terry L. Marsh
1379 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00067
Rosemary Vantilburg
c/o Rosemary Frizzell
1359 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00064
Emily A. & Sean Zimmerman
1317 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00065
Randy R. & Joanne Baird
1273 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-064.1
Randall R. & Joanne Baird
1273 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00063
Randell T. & Valerie J. Powers
1235 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-058.1
Ronald H. & Joyce Greathouse
1197 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-059.2
Robert D. & Ethel M. Marshall
1154 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00060
Richard L. & Nora A. Jenny
Trustees, Jenney Family Trust
1222 Highland Street Ext.
DuBois, Pa. 15801</p> | <p>1070-B05-000-060.1
Cindy M. Haag
1252 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00068
Cindy M. Haag
1252 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00091
Robert M. & Edith M. Stewart
115 Robin Lane
DuBois, Pa. 15801</p> <p>1070-B05-000-00061
Robert L. Edmiston
Debra K. Reasinger
P.O. Box 1051
DuBois, Pa. 15801</p> <p>1070-B05-000-00062
Monica A. Lockhart
c/o Monica Kutsel
1298 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00082
Theodore J. & Rona C. Crytser
1500 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00080
Theodore J. & Rona C. Crytser
1500 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-027.1
Theodore J. & Rona C. Crytser
1500 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00107
Chapman Auto Parts & Sales Inc.
2608 Carson Hill Road
DuBois, Pa. 15801</p> |
|---|---|--|

DENOTES WATER WELL No.
ON GAS WELL PLAT

RECEIVED

SEP 14 2015

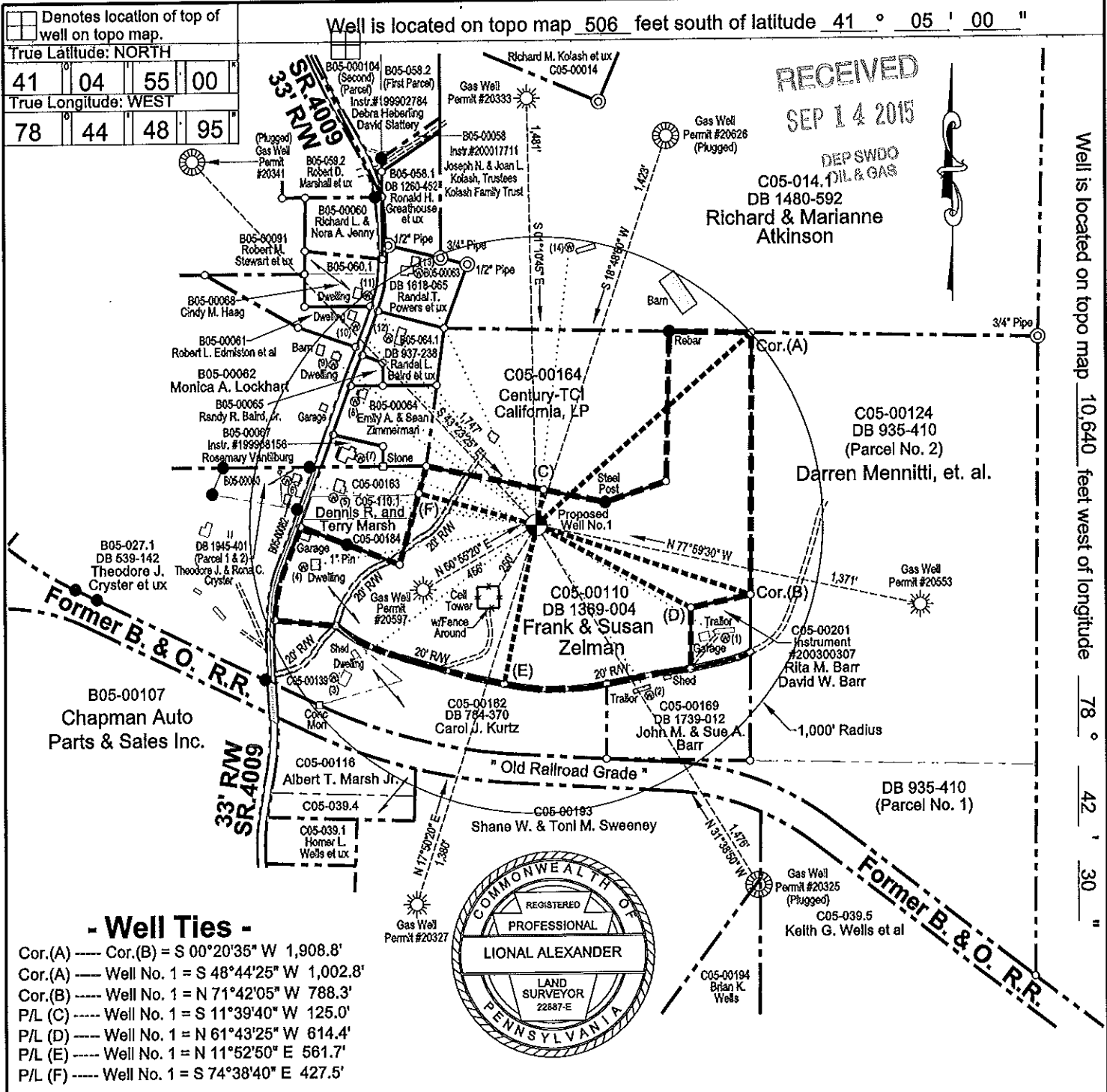
DEP SWDO
OIL & GAS



WELL LOCATION PLAT

PAGE 1 Surface Location

DEP	Auth ID #:	
USE	Permit #:	
ONLY	Project #:	



Applicant / Well Operator Name: Windfall Oil & Gas, Inc.		DEP ID #: 244615	Well (Farm) Name: Frank & Susan Zelman		Well #: 1	Serial #:
Address: 63 Hill Street, Falls Creek, Pa. 15840			County: Clearfield - 17	Municipality: Brady Township	Well Type: Gas	
911 address of well site: Frank & Susan Zelman 1431 Highland Street, Ext. DuBois, PA 15801			USGS 7-1/2' Quadrangle Map Name: Luthersburg	Map Section: 4	Surface Elevation: 1697 ft.	
Surveyor or Engineer: Lional Alexander, PLS	Phone #: (814) 371-5578	Dwg #: JN338411 Well 1 Plat	Date: July 10, 2015	Scale: 1" = 500'	Tract Acreage: 23.8 Acres	
Lat. & Long Metadata Method: GPS	Accuracy: Submeter 3' ± ft.	Datum: NAD 83	Elevation Metadata Method: Topo	Accuracy: 10' ± ft.	Datum: NVDG 88	Survey Date: June 15, 2011

WELL LOCATION PLAT

Page 2 Notifications

DEP Statewide toll-free phone number for reporting cases of water contamination which may be associated with development of oil and gas resources is **1-866-255-5158**.

Applicant / Well Operator Name Windfall Oil & Gas, Inc.	DEP ID # 244615	Well (Farm) Name Frank & Susan Zelman	Well # 1	Serial #
Surface Landowner / Lessor: Frank & Susan Zelman		Angle & Course of Deviation (Drilling): Vertical	Anticipated True Vertical Depth Feet (TVD): 7,500'	Anticipated Total Measured Depth Feet (TMD): 7,500'
Target Formation (s): Chert/Oriskany		Deepest Formation to be penetrated:	Number of laterals:	Total footage to be drilled all laterals:
Surface Owner / Water Purveyor w/ Water Supply within 1,000' / 3,000'		Latitude Longitude of Water Supply		
(1) = Rita M. & David W. Barr	1317 Tower Lane, DuBois, Pa. 15801	LAT:41°04'51.26"	LON:78°44'40.61"	
(2) = John M. & Sue A. Barr	1268 Tower Lane, DuBois, Pa. 15801	LAT:41°04'49.31"	LON:78°44'43.76"	
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(13) = Randal T. Powers et ux	1235 Highland St. Ext., DuBois, Pa. 15801	LAT:41°05'03.73"	LON:78°44'54.74"	
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Municipality: where the well will be drilled, adjacent to the well, or within 3,000 feet		Municipality: where the well will be drilled, adjacent to the well, or within 3,000 feet		
Brady Township		Penn Township		
Winslow Township				
Henderson Township				
Sandy Township		Coal related parties		
Union Township				
Bell Township				
Bloom Township				
Troutville Borough				
Sykesville Borough				

RECEIVED
SEP 14 2015
DEP SWDO
OIL & GAS

Property Owner's List within a 1,000 Foot Radius of the Proposed Disposal / Injection Well (7-10-15)

- | | | |
|--|---|---|
| <p>1070-C05-000-00110
 Frank & Susan Zelman
 1431 Highland Street Ext.
 DuBois, Pa. 15801</p> <p>1070-C05-000-00139
 Carol J. Kurtz
 1072 Tower Lane
 DuBois, Pa. 15801</p> <p>1070-C05-000-00162
 Carol J. Kurtz
 1072 Tower Lane
 DuBois, Pa. 15801</p> <p>1070-C05-000-00169
 John M. & Sue A. Barr
 1268 Tower Lane
 DuBois, Pa. 15801</p> <p>1070-C05-000-00201
 Rita M. & David W. Barr
 1317 Tower Lane
 DuBois, Pa. 15801</p> <p>1070-C05-000-00124
 Darren Mennitti, et. al.
 229 4th Street
 Reynoldsville, Pa. 15851</p> <p>1070-C05-000-039.5
 Keith G. Wells et al
 121 Potter Lane
 DuBois, Pa. 15801</p> <p>1070-C05-000-00193
 Shane W. & Toni M. Sweeney
 506 N. Penn Street
 Punxsutawney, PA 15767</p> <p>1070-C05-000-00116
 Albert T. Jr. & Barbara A. Marsh
 1583 Highland Street Ext.
 DuBois, Pa. 15801</p> <p>1070-C05-000-039.4
 Albert T. Jr. & Barbara A. Marsh
 1583 Highland Street Ext.
 DuBois, Pa. 15801</p> <p>1070-C05-000-039.1
 Homer L. & Shirley J. Wells
 1625 Highland Street Ext.
 DuBois, Pa. 15801</p> <p>1070-C05-000-00164
 Century - TCI California, LP
 Attn: Property Tax Dept.
 One Comcast Center
 Philadelphia, PA 19103</p> | <p>1070-C05-000-014.1
 Richard Lee & Marianne Atkinson
 221 Deer Lane
 DuBois, Pa. 15801</p> <p>1070-C05-000-00184
 Dennis R. & Terry L. Marsh
 1379 Highland Street Ext.
 DuBois, Pa. 15801</p> <p>1070-C05-000-110.1
 Dennis R. & Terry L. Marsh
 1379 Highland Street Ext.
 DuBois, Pa. 15801</p> <p>1070-C05-000-00163
 Dennis R. & Terry L. Marsh
 1379 Highland Street Ext.
 DuBois, Pa. 15801</p> <p>1070-B05-000-00067
 Rosemary Vantilburg
 c/o Rosemary Frizzell
 1359 Highland Street Ext.
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 Emily A. & Sean Zimmerman
 1317 Highland Street Ext.
 DuBois, Pa. 15801</p> <p>1070-B05-000-00065
 Randy R. & Joanne Baird
 1273 Highland Street Ext.
 DuBois, Pa. 15801</p> <p>1070-B05-000-064.1
 Randall R. & Joanne Baird
 1273 Highland Street Ext.
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 Randell T. & Valerie J. Powers
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 Ronald H. & Joyce Greathouse
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 Robert D. & Ethel M. Marshall
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 DuBois, Pa. 15801</p> <p>1070-B05-000-00068
 Cindy M. Haag
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 Theodore J. & Rona C. Crytser
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 DuBois, Pa. 15801</p> <p>1070-B05-000-027.1
 Theodore J. & Rona C. Crytser
 1500 Highland Street Ext.
 DuBois, Pa. 15801</p> <p>1070-B05-000-00107
 Chapman Auto Parts & Sales Inc.
 2608 Carson Hill Road
 DuBois, Pa. 15801</p> |
|--|---|---|

2
 DENOTES WATER WELL No.
 ON GAS WELL PLAT

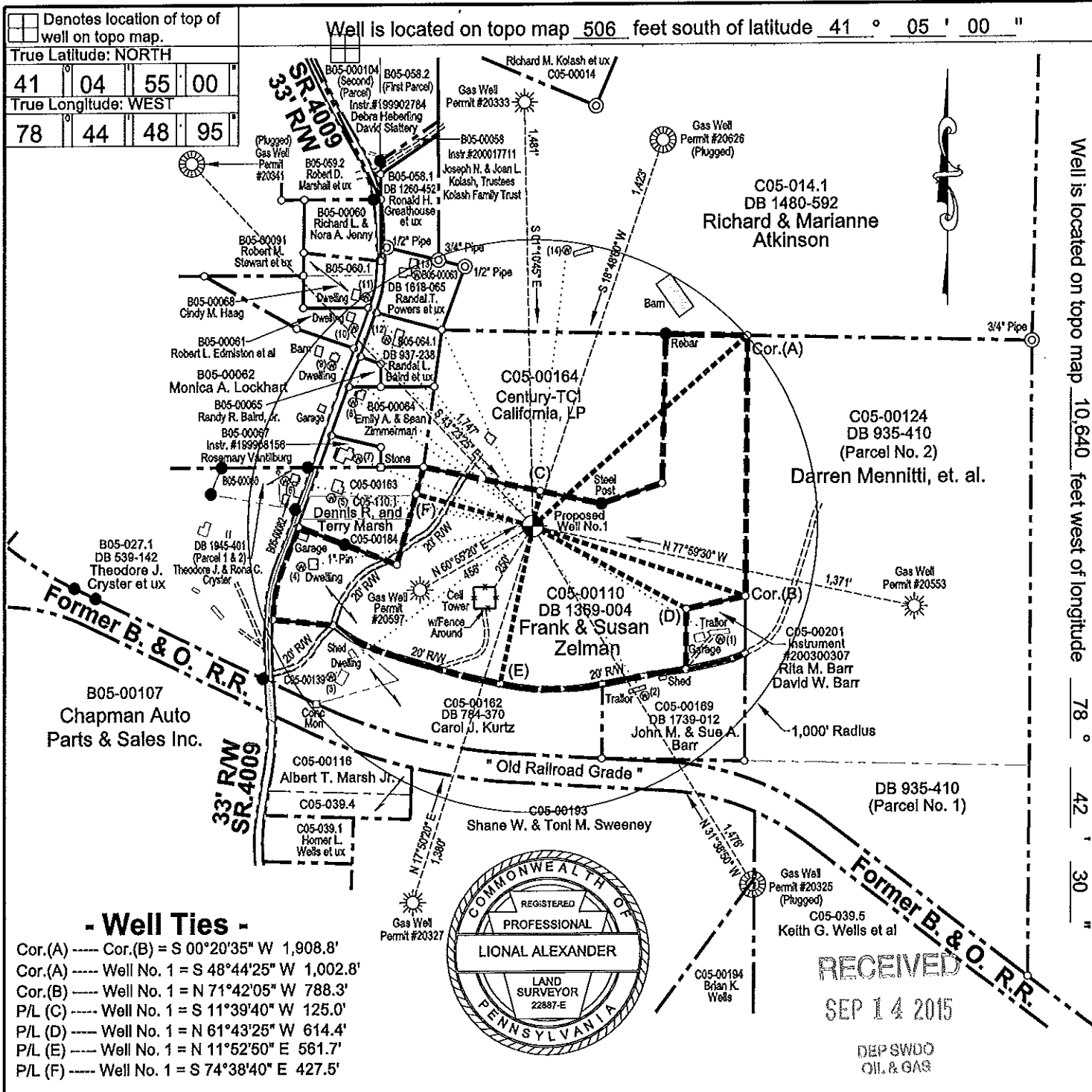
RECEIVED
 SEP 14 2015
 DEP SWDO
 OIL & GAS



WELL LOCATION PLAT

PAGE 1 Surface Location

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



Applicant / Well Operator Name: Windfall Oil & Gas, Inc.		DEP ID #: 244615	Well (Farm) Name: Frank & Susan Zelman		Well #: 1	Serial #:
Address: 63 Hill Street, Falls Creek, Pa. 15840			County: Clearfield - 17	Municipality: Brady Township	Well Type: Gas	
911 address of well site: Frank & Susan Zelman 1431 Highland Street, Ext. DuBois, PA 15801			USGS 7-1/2' Quadrangle Map Name: Luthersburg	Map Section: 4	Surface Elevation: 1697 ft.	
Surveyor or Engineer: Lional Alexander, PLS	Phone #: (814) 371-5578	Dwg #: JN336411 Well 1 Plat	Date: July 10, 2015	Scale: 1" = 500'	Tract Acreage: 23.8 Acres	
Lat. & Long Metadata Method: GPS		Accuracy: Submeter 3' ± ft.	Datum: NAD 83	Elevation Metadata Method: Topo	Accuracy: 10' ± ft.	Datum: NVDG 88
						Survey Date: June 15, 2011

WELL LOCATION PLAT

Page 2 Notifications

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Applicant / Well Operator Name Windfall Oil & Gas, Inc.	DEP ID # 244615	Well (Farm) Name Frank & Susan Zelman	Well # 1	Serial #
Surface Landowner / Lessor: Frank & Susan Zelman		Angle & Course of Deviation (Drilling): Vertical	Anticipated True Vertical Depth Feet (TVD): 7,500'	Anticipated Total Measured Depth Feet (TMD): 7,500'
Target Formation (s): Chert/Oriskany		Deepest Formation to be penetrated:	Number of laterals:	Total footage to be drilled all laterals:
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Municipality: where the well will be drilled, adjacent to the well, or within 3,000 feet		Municipality: where the well will be drilled, adjacent to the well, or within 3,000 feet		
Brady Township		Penn Township		
Winslow Township				
Henderson Township				
Sandy Township		Coal related parties		
Union Township				
Bell Township				
Bloom Township				
Troutville Borough				
Sykesville Borough				

Property Owner's List within a 1,000 Foot Radius of the Proposed Disposal / Injection Well (7-10-15)

- | | | |
|---|--|--|
| <p>4 1070-C05-000-00110
Frank & Susan Zelman
1431 Highland Street Ext.
DuBois, Pa. 15801</p> | <p>14 1070-C05-000-014.1
Richard Lee & Marianne Atkinson
221 Deer Lane
DuBois, Pa. 15801</p> | <p>11 1070-B05-000-060.1
Cindy M. Haag
1252 Highland Street Ext.
DuBois, Pa. 15801</p> |
| <p>1070-C05-000-00139
Carol J. Kurtz
1072 Tower Lane
DuBois, Pa. 15801</p> | <p>1070-C05-000-00184
Dennis R. & Terry L. Marsh
1379 Highland Street Ext.
DuBois, Pa. 15801</p> | <p>1070-B05-000-00068
Cindy M. Haag
1252 Highland Street Ext.
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| <p>3 1070-C05-000-00162
Carol J. Kurtz
1072 Tower Lane
DuBois, Pa. 15801</p> | <p>5 1070-C05-000-110.1
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| <p>2 1070-C05-000-00169
John M. & Sue A. Barr
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DuBois, Pa. 15801</p> | <p>1070-C05-000-00163
Dennis R. & Terry L. Marsh
1379 Highland Street Ext.
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Robert L. Edmiston
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| <p>1 1070-C05-000-00201
Rita M. & David W. Barr
1317 Tower Lane
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Rosemary Vantilburg
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Monica A. Lockhart
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| <p>1070-C05-000-00124
Darren Mennitti, et. al.
229 4th Street
Reynoldsville, Pa. 15851</p> | <p>8 1070-B05-000-00064
Emily A. & Sean Zimmerman
1317 Highland Street Ext.
DuBois, Pa. 15801</p> | <p>1070-B05-000-00082
Theodore J. & Rona C. Crytser
1500 Highland Street Ext.
DuBois, Pa. 15801</p> |
| <p>1070-C05-000-039.5
Keith G. Wells et al
121 Potter Lane
DuBois, Pa. 15801</p> | <p>1070-B05-000-00065
Randy R. & Joanne Baird
1273 Highland Street Ext.
DuBois, Pa. 15801</p> | <p>6 1070-B05-000-00080
Theodore J. & Rona C. Crytser
1500 Highland Street Ext.
DuBois, Pa. 15801</p> |
| <p>1070-C05-000-00193
Shane W. & Toni M. Sweeney
506 N. Penn Street
Punxsutawney, PA 15767</p> | <p>12 1070-B05-000-064.1
Randall R. & Joanne Baird
1273 Highland Street Ext.
DuBois, Pa. 15801</p> | <p>1070-B05-000-027.1
Theodore J. & Rona C. Crytser
1500 Highland Street Ext.
DuBois, Pa. 15801</p> |
| <p>1070-C05-000-00116
Albert T. Jr. & Barbara A. Marsh
1583 Highland Street Ext.
DuBois, Pa. 15801</p> | <p>13 1070-B05-000-00063
Randell T. & Valerie J. Powers
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DuBois, Pa. 15801</p> | <p>1070-B05-000-00107
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| <p>1070-C05-000-039.4
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Ronald H. & Joyce Greathouse
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| <p>1070-C05-000-039.1
Homer L. & Shirley J. Wells
1625 Highland Street Ext.
DuBois, Pa. 15801</p> | <p>1070-B05-000-059.2
Robert D. & Ethel M. Marshall
1154 Highland Street Ext.
DuBois, Pa. 15801</p> | |
| <p>1070-C05-000-00164
Century - TCI California, LP
Attn: Property Tax Dept.
One Comcast Center
Philadelphia, PA 19103</p> | <p>1070-B05-000-00060
Richard L. & Nora A. Jenny
Trustees, Jenney Family Trust
1222 Highland Street Ext.
DuBois, Pa. 15801</p> | |

2

DENOTES WATER WELL No.
ON GAS WELL PLAT

RECEIVED

SEP 14 2015

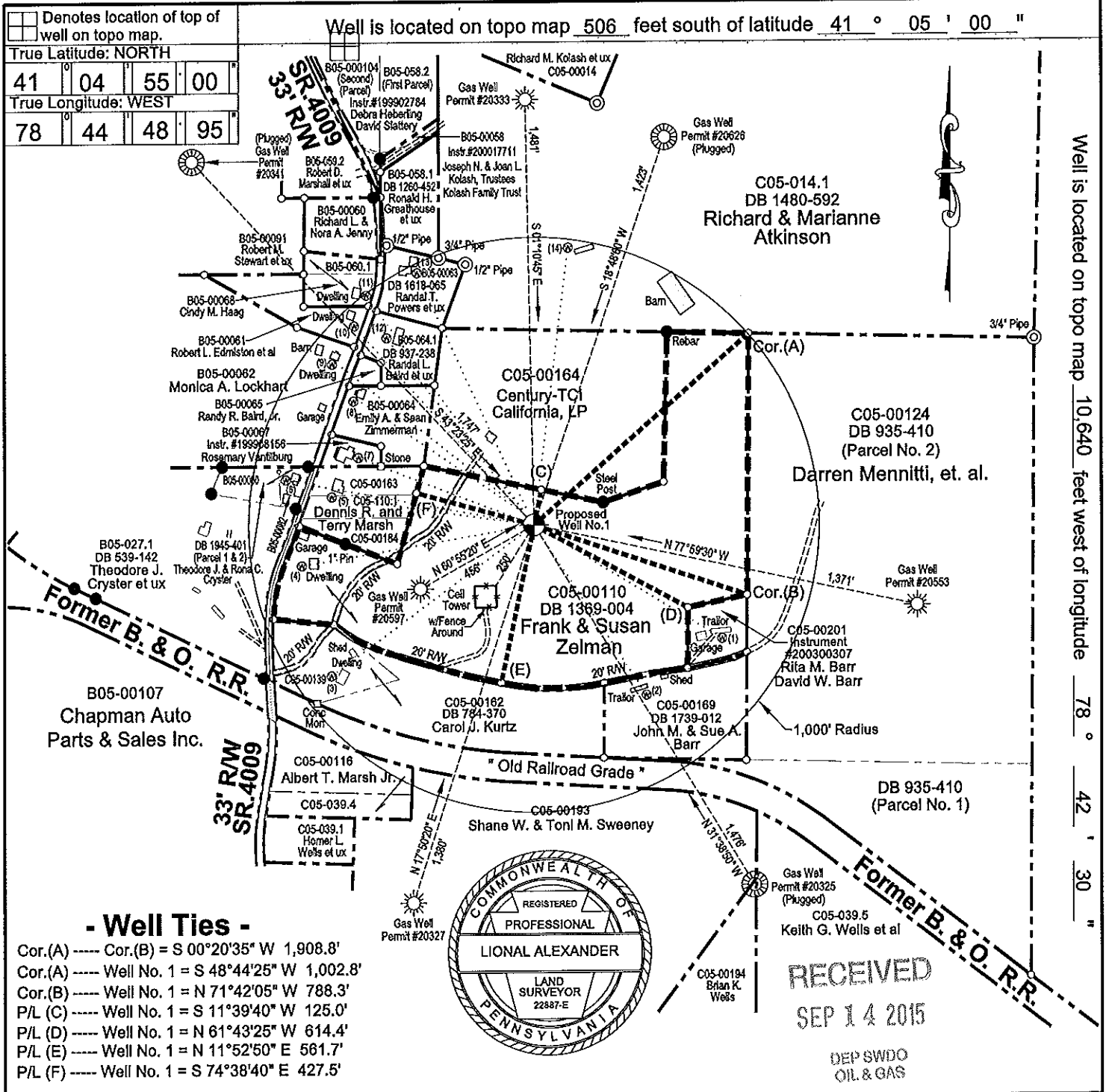
DEPSWDO
OIL & GAS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT
WELL LOCATION PLAT

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

PAGE 1 Surface Location



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Address: 63 Hill Street, Falls Creek, Pa. 15840			County: Clearfield - 17	Municipality: Brady Township	Well Type: Gas	
911 address of well site: Frank & Susan Zelman 1431 Highland Street, Ext. DuBois, PA 15801			USGS 7-1/2' Quadrangle Map Name: Luthersburg	Map Section: 4	Surface Elevation: 1697 ft.	
Surveyor or Engineer: Lional Alexander, PLS	Phone #: (814) 371-5578	Dwg #: JN338411 Well 1 Plat	Date: July 10, 2015	Scale: 1" = 500'	Tract Acreage: 23.8 Acres	
Lat. & Long Metadata Method: GPS	Accuracy: Submeter 3' ± ft.	Datum: NAD 83	Elevation Metadata Method: Topo	Accuracy: 10' ± ft.	Datum: NVDG 88	Survey Date: June 15, 2011

WELL LOCATION PLAT

Page 2 Notifications

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Applicant / Well Operator Name Windfall Oil & Gas, Inc.	DEP ID # 244615	Well (Farm) Name Frank & Susan Zelman	Well # 1	Serial #
Surface Landowner / Lessor: Frank & Susan Zelman		Angle & Course of Deviation (Drilling): Vertical	Anticipated True Vertical Depth Feet (TVD): 7,500'	Anticipated Total Measured Depth Feet (TMD): 7,500'
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(7) = Rosemary Vantilburg	1359 Highland St. Ext., DuBois, Pa. 15801	LAT:41°04'56.22"	LON:78°44'57.96"	
(8) = Emily A. & Sean Zimmerman	1317 Highland St. Ext., DuBois, Pa. 15801	LAT:41°04'59.28"	LON:78°44'57.06"	
(9) = Monica A. Lockhart	1298 Highland St. Ext., DuBois, Pa. 15801	LAT:41°05'00.69"	LON:78°44'58.21"	
(10) = Robert L. Edmiston et al	P.O. Box 1051 DuBois, Pa. 15801	LAT:41°05'02.02"	LON:78°44'57.47"	
(11) = Cindy M. Haag	1252 Highland St. Ext., DuBois, Pa. 15801	LAT:41°05'02.92"	LON:78°44'57.10"	
(12) = Randal L. Baird et ux	1273 Highland St. Ext., DuBois, Pa. 15801	LAT:41°05'01.30"	LON:78°44'55.64"	
(13) = Randal T. Powers et ux	1235 Highland St. Ext., DuBois, Pa. 15801	LAT:41°05'03.73"	LON:78°44'54.74"	
(14) = Richard & Marianne Atkinson	221 Deer Lane, DuBois, Pa. 15801	LAT:41°05'04.37"	LON:78°44'47.17"	
Municipality: where the well will be drilled, adjacent to the well, or within 3,000 feet		Municipality: where the well will be drilled, adjacent to the well, or within 3,000 feet		
Brady Township		Penn Township		
Winslow Township				
Henderson Township				
Sandy Township		Coal related parties		
Union Township				
Bell Township		RECEIVED SEP 14 2015		
Bloom Township				
Troutville Borough		DEP SWDO OIL & GAS		
Sykesville Borough				

Property Owner's List within a 1,000 Foot Radius of the Proposed Disposal / Injection Well (7-10-15)

- | | | |
|---|---|--|
| <p>1070-C05-000-00110
Frank & Susan Zelman
1431 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-00139
Carol J. Kurtz
1072 Tower Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00162
Carol J. Kurtz
1072 Tower Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00169
John M. & Sue A. Barr
1268 Tower Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00201
Rita M. & David W. Barr
1317 Tower Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00124
Darren Mennitti, et. al.
229 4th Street
Reynoldsville, Pa. 15851</p> <p>1070-C05-000-039.5
Keith G. Wells et al
121 Potter Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00193
Shane W. & Toni M. Sweeney
506 N. Penn Street
Punxsutawney, PA 15767</p> <p>1070-C05-000-00116
Albert T. Jr. & Barbara A. Marsh
1583 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-039.4
Albert T. Jr. & Barbara A. Marsh
1583 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-039.1
Homer L. & Shirley J. Wells
1625 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-00164
Century - TCI California, LP
Attn: Property Tax Dept.
One Comcast Center
Philadelphia, PA 19103</p> | <p>1070-C05-000-014.1
Richard Lee & Marianne Atkinson
221 Deer Lane
DuBois, Pa. 15801</p> <p>1070-C05-000-00184
Dennis R. & Terry L. Marsh
1379 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-110.1
Dennis R. & Terry L. Marsh
1379 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-C05-000-00163
Dennis R. & Terry L. Marsh
1379 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00067
Rosemary Vantilburg
c/o Rosemary Frizzell
1359 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00064
Emily A. & Sean Zimmerman
1317 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00065
Randy R. & Joanne Baird
1273 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-064.1
Randall R. & Joanne Baird
1273 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00063
Randell T. & Valerie J. Powers
1235 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-058.1
Ronald H. & Joyce Greathouse
1197 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-059.2
Robert D. & Ethel M. Marshall
1154 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00060
Richard L. & Nora A. Jenny
Trustees, Jenney Family Trust
1222 Highland Street Ext.
DuBois, Pa. 15801</p> | <p>1070-B05-000-060.1
Cindy M. Haag
1252 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00068
Cindy M. Haag
1252 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00091
Robert M. & Edith M. Stewart
115 Robin Lane
DuBois, Pa. 15801</p> <p>1070-B05-000-00061
Robert L. Edmiston
Debra K. Reasinger
P.O. Box 1051
DuBois, Pa. 15801</p> <p>1070-B05-000-00062
Monica A. Lockhart
c/o Monica Kutsel
1298 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00082
Theodore J. & Rona C. Crytser
1500 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00080
Theodore J. & Rona C. Crytser
1500 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-027.1
Theodore J. & Rona C. Crytser
1500 Highland Street Ext.
DuBois, Pa. 15801</p> <p>1070-B05-000-00107
Chapman Auto Parts & Sales Inc.
2608 Carson Hill Road
DuBois, Pa. 15801</p> |
|---|---|--|

2
DENOTES WATER WELL No.
ON GAS WELL PLAT

RECEIVED

SEP 14 2015

DEPSWDO
OIL & GAS

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Frank Zelman</p> <p>C. Date of Delivery 7-27-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Frank & Susan Zelman 1431 Highland St. Ext. Dubois, PA 15801		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service) 7014 0510 0001 70143290			
PS Form 3811, February 2004		Domestic Return Receipt 102555-02-M-1540	

U.S. Postal Service TM	
CERTIFIED MAIL[®] RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.25
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.50
Sent To	Frank & Susan Zelman 1431 Highland St. Ext. Dubois, PA 15801
PS Form 3811, February 2004	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Robert Edmiston</p> <p>C. Date of Delivery 10/7/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Robert L. Edmiston, et. al P.O. Box 1051 Dubois, PA 15801		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from st) 7014 0510 0001 7014 3349			
PS Form 3811, February 2004		Domestic Return Receipt 102555-02-M-1540	

U.S. Postal Service TM	
CERTIFIED MAIL[®] RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.25
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.50
Sent To	Robert L. Edmiston, et. al P.O. Box 1051 Dubois, PA 15801
PS Form 3811, February 2004	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Ted Cryster</p> <p>C. Date of Delivery 7/25/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Theodore J. & Rona C. Cryster 1500 Highland St. Ext. Dubois, PA 15801		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service) 7014 0510 0001 7014 3351			
PS Form 3811, February 2004		Domestic Return Receipt 102555-02-M-1540	

U.S. Postal Service TM	
CERTIFIED MAIL[®] RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.25
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.50
Sent To	Theodore J. & Rona C. Cryster 1500 Highland St. Ext. Dubois, PA 15801
PS Form 3811, February 2004	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Carol Kurtz</p> <p>C. Date of Delivery 7-25-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Carol J. Kurtz 1072 Tower Lane Dubois, PA 15801		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service) 7014 0510 0001 7014 3320			
PS Form 3811, February 2004		Domestic Return Receipt 102555-02-M-1540	

U.S. Postal Service TM	
CERTIFIED MAIL[®] RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.25
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.50
Sent To	Carol J. Kurtz 1072 Tower Lane Dubois, PA 15801
PS Form 3811, February 2004	See Reverse for Instructions

RECEIVED
 SEP 14 2015
 DEP SWDO
 OIL & GAS

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Richard + Marianne Atkinson 221 Deer Lane Dubois, PA 15801</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (transfer from service label) 7014 0510 0001 7011 3443</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, July 2013 Domestic Return Receipt			

U.S. Postal Service		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)		For delivery information visit our website at www.usps.com	
OFFICIAL USE			
Postage	\$ 1.25	Postmark Here	
Certified Fee	3.45		
Return Receipt Fee (Endorsement Required)	2.80		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 7.50		
<p>Send To: Richard + Marianne Atkinson Street Apt. No.: 221 Deer Lane or PO Box No.: City, State, ZIP+4: Dubois, PA 15801</p>			
PS Form 3800, August 2005		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>John M. & Sue A. Barr 1268 Tower Lane Dubois, PA 15801</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (transfer from service label) 7014 0510 0001 7011 3313</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1543			

U.S. Postal Service		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)		For delivery information visit our website at www.usps.com	
OFFICIAL USE			
Postage	\$ 1.25	Postmark Here	
Certified Fee	3.45		
Return Receipt Fee (Endorsement Required)	2.80		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 7.50		
<p>Send To: John M. & Sue A. Barr 1268 Tower Lane Dubois, PA 15801</p>			
PS Form 3800, August 2005		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Rita M. & David W. Barr 1317 Tower Lane Dubois, PA 15801</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (transfer from service label) 7014 0510 0001 7011 3306</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1543			

U.S. Postal Service		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)		For delivery information visit our website at www.usps.com	
OFFICIAL USE			
Postage	\$ 1.25	Postmark Here	
Certified Fee	3.45		
Return Receipt Fee (Endorsement Required)	2.80		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 7.50		
<p>Send To: Rita M. & David W. Barr 1317 Tower Lane Dubois, PA 15801</p>			
PS Form 3800, August 2005		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Emily A. & Sean Zimmerman 1317 Highland St. Ext. Dubois, PA 15801</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (transfer from service label) 7014 0510 0001 7011 3382</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1543			

U.S. Postal Service		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)		For delivery information visit our website at www.usps.com	
OFFICIAL USE			
Postage	\$ 1.25	Postmark Here	
Certified Fee	3.45		
Return Receipt Fee (Endorsement Required)	2.80		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 7.50		
<p>Send To: Emily A. & Sean Zimmerman 1317 Highland St. Ext. Dubois, PA 15801</p>			
PS Form 3800, August 2005		See Reverse for Instructions	

RECEIVED
SEP 14 2015
DEP SWDO
OIL & GAS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Helena Janny</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Helena Janny</i></p> <p>C. Date of Delivery <i>7-25-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	3. Service Type
Cindy M. Haag 1252 Highland St. Ext. Dubois, PA 15801	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.O.D.
2. Article Number (transfer from ser)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 0510 0001 7011 3405	
PS Form 3811, February 2004	Domestic Return Receipt 102555-02-34-1540

U.S. Postal ServiceTM	
CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.25
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.50
Sent by	
55¢ or PO 25¢	Cindy M. Haag 1252 Highland St. Ext. Dubois, PA 15801
PS Form	for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Randal L. Baird</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Randal L. Baird</i></p> <p>C. Date of Delivery <i>7-25-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	3. Service Type
Randal L. Baird, et ux 1273 Highland St. Ext. Dubois, PA 15801	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.O.D.
2. Article Number (transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 0510 0001 7011 3412	
PS Form 3811, February 2004	Domestic Return Receipt 102555-02-34-1540

U.S. Postal ServiceTM	
CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.25
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.50
Sent by	
55¢ or PO 25¢	Randal L. Baird, et ux 1273 Highland St. Ext. Dubois, PA 15801
PS Form	for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Valerie J. Powers</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Valerie Powers</i></p> <p>C. Date of Delivery <i>7-25-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	3. Service Type
Randal T. Powers 1235 Highland St. Ext. Dubois, PA 15801	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.O.D.
2. Article Number (transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 0510 0001 7011 3429	
PS Form 3811, February 2004	Domestic Return Receipt 102555-02-34-1540

U.S. Postal ServiceTM	
CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.25
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.50
Sent by	
55¢ or PO 25¢	Randal T. Powers 1235 Highland St. Ext. Dubois, PA 15801
PS Form 3809, August 2009	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Rosemary Vantilburg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rosemary Vantilburg</i></p> <p>C. Date of Delivery <i>7-25-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	3. Service Type
Rosemary Vantilburg 1359 Highland St. Ext. Dubois, PA 15801	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.O.D.
2. Article Number (transfer from ser)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 0510 0001 7011 3368	
PS Form 3811, February 2004	Domestic Return Receipt 102555-02-34-1540

U.S. Postal ServiceTM	
CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.25
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.50
Sent by	
55¢ or PO 25¢	Rosemary Vantilburg 1359 Highland St. Ext. Dubois, PA 15801
PS Form 3809, August 2009	See Reverse for Instructions

RECEIVED
 SEP 14 2015
 DEP SWDO
 OIL & GAS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mail piece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Monica A. Lockhart</u> C. Date of Delivery <u>7-25-04</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	3. Service Type
Monica A. Lockhart 1298 Highland St. Ext. Dubois, PA 15801	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service tag) <u>7014 0510 0001 7011 3375</u>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1547	

U.S. Postal Service
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Postage	\$ 1.25	Postmark HUB 25
Certified Fee	3.45	
Return Receipt Fee (Endorsement Required)	2.80	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.50	

7014 0510 0001 7011 3375

Monica A. Lockhart
1298 Highland St. Ext.
Dubois, PA 15801

PS Form 3809, August 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mail piece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Dennis R. Marsh</u> C. Date of Delivery <u>7-28-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	3. Service Type
Dennis R. & Terry Marsh 1379 Highland St. Ext. Dubois, PA 15801	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service tag) <u>7014 0510 0001 7011 3337</u>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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Postage	\$ 1.25	Postmark HUB 28
Certified Fee	3.45	
Return Receipt Fee (Endorsement Required)	2.80	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.50	

7014 0510 0001 7011 3337

Dennis R. & Terry Marsh
1379 Highland St. Ext.
Dubois, PA 15801

PS Form 3809, August 2002 See Reverse for Instructions

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 DEP SWDD
 OIL & GAS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature X <i>Michael</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>7/23/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: Union Township 696 Rock Run Road Rockton, PA 15856	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7014 0510 0001 7011 3207	

PS Form 3811, February 2004 Domestic Return Receipt 102555-02-M-1547

CERTIFIED MAIL™ RECEIPT
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Postage	\$.80
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.05

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP+4®
Union Township
696 Rock Run Road
Rockton, PA 15856

PS Form 3800, August 2009 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Name]</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>7/23/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: Winslow Township 3478 Sportsman's Dam Road Reynoldsville, PA 15851	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7014 0510 0001 7011 3263	

PS Form 3811, February 2004 Domestic Return Receipt 102555-02-M-1547

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Postage	\$.80
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.05

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP+4®
Winslow Township
3478 Sportsman's Dam Road
Reynoldsville, PA 15851

PS Form 3800, August 2009 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature X <i>Karen M. Deter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>KAREN M. DETER</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>7/27</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: Sykesville Borough 21 East Main Street Sykesville, PA 15865	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7014 0510 0001 7011 3269	

PS Form 3811, February 2004 Domestic Return Receipt 102555-02-M-1547

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Postage	\$ 1.80
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.05

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP+4®
Sykesville Borough
21 East Main Street
Sykesville, PA 15865

PS Form 3800, August 2009 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature X <i>Shelia Dore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Shelia Dore</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: Troutville Borough P.O. Box 81 Troutville, PA 15866	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7014 0510 0001 7011 3252	

PS Form 3811, February 2004 Domestic Return Receipt 102555-02-M-1547

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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.80
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.05

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP+4®
Troutville Borough
P.O. Box 81
Troutville, PA 15866

PS Form 3800, August 2009 See Reverse for Instructions

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DEP SWDO
OIL & GAS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Julia Freeman</i></p> <p>B. Received by (Printed Name) <i>Julia Freeman</i></p> <p>C. Date of Delivery <i>07-25-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Penn Township 500 Melody Road Grampian, PA 16838</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (transfer from service) 7014 0510 0001 7011 3238</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1549</p>	

CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ 1.80	Postmark Here
Certified Fee 3.45	
Return Receipt Fee (Endorsement Required) 2.80	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 7.05	
Sent To Penn Township 500 Melody Road Grampian, PA 16838	
PS Form 3809, A See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Shelly DeBoer</i></p> <p>B. Received by (Printed Name) <i>Shelly DeBoer</i></p> <p>C. Date of Delivery <i>7-27-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Sandy Township P.O. Box 1027 Chestnut Avenue Dubois, PA 15801</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (transfer from service) 7014 0510 0001 7011 3245</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1549</p>	

U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ 1.80	Postmark Here
Certified Fee 3.45	
Return Receipt Fee (Endorsement Required) 2.80	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 7.05	
Sent To Sandy Township P.O. Box 1027 Chestnut Avenue Dubois, PA 15801	
PS Form 3809, A See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Shelly DeBoer</i></p> <p>B. Received by (Printed Name) <i>Shelly DeBoer</i></p> <p>C. Date of Delivery <i>07-25-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Bloom Township 6209 Greenville Pike Grampian, PA 16838</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (transfer from service) 7014 0510 0001 7011 3221</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1549</p>	

U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ 1.80	Postmark Here
Certified Fee 3.45	
Return Receipt Fee (Endorsement Required) 2.80	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 7.05	
Sent To Bloom Township 6209 Greenville Pike Grampian, PA 16838	
PS Form 3809, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Sherry DeBoer</i></p> <p>B. Received by (Printed Name) <i>Sherry DeBoer</i></p> <p>C. Date of Delivery <i>07-25-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Brady Township P.O. Box 125 Luthersburg, PA 15848</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (transfer from service) 7014 0510 0001 7011 3436</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1549</p>	

U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ 1.80	Postmark Here
Certified Fee 3.45	
Return Receipt Fee (Endorsement Required) 2.80	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 7.05	
Sent To Brady Township P.O. Box 125 Luthersburg, PA 15848	
PS Form 3809, August 2006 See Reverse for Instructions	

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 0140-5

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Bob Kaufman</i> C. Date of Delivery <i>7-27-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: Bell Township P.O. Box 196 Mahaffey, PA 15757	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label) 7014 0510 0001 7011 3214	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 10255-02-000-1540

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$ 1.80
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.05

Sent To: Bell Township
P.O. Box 196
Mahaffey, PA 15757

PS Form 3800, August 2009 See reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ruth A. Reitz</i> C. Date of Delivery <i>7/29/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: Henderson Township P.O. Box 175 Stump Creek, PA 15863	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from serv. 7014 0510 0001 7011 3276	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 10255-02-000-1540

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.80
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.05

Sent To: Henderson Township
P.O. Box 175
Stump Creek, PA 15863

PS Form 3800, August 2009 See reverse for instructions

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OIL & GAS

Fox and Fox, Inc.
58 Timber Bridge Road, Suite 20
Clarion, PA 16214
(814)-745-2861 - Phone
(814)-745-2248 – Fax

September 1, 2015

Windfall Oil & Gas, Inc.
63 Hill Street
Falls Creek, PA 15840

RE: Frank & Susan Zelman Farm, Well No. 1
Brady Township, Clearfield County, PA

Dear Madam or Sir:

The following is the Non-Coal Determination for the proposed gas well No. 1 located on the Frank & Susan Zelman property, Frank & Susan Zelman Farm, located in Brady Township, Clearfield County, PA.

Referring to Mineral Resources Report 68 Bituminous Coal Resources in Western Pennsylvania by Sholes and Skema, 1974, reports that the coal is less than 28" in thickness for the Lower Freeport Seam. All other seams are inferred.

The subject well has an elevation of 1697. (See attached plat.)

Therefore upon reviewing the above mentioned report this proposed well qualifies for a Non-Coal Determination.

For your convenience, I have attached copies of the well plat, and the 7.5 quadrangle with the well site identified on each map.

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SEP 14 2015

DEP SWDO
OIL & GAS

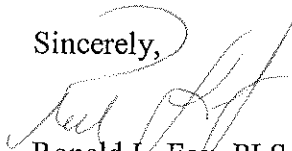
A review of the coal seams utilizing Mineral Resources Report 68 is as follows:

Allegheny Group:

Seam of Coal	Plate	Value
Upper Freeport	8	Inferred
Lower Freeport	7	Less than 28"
Upper Kittanning	6	Inferred
Middle Kittanning	5	Inferred
Lower Kittanning	4	Inferred
Clarion	3	Inferred
Brookville	2	Inferred
Mercer	1	Inferred

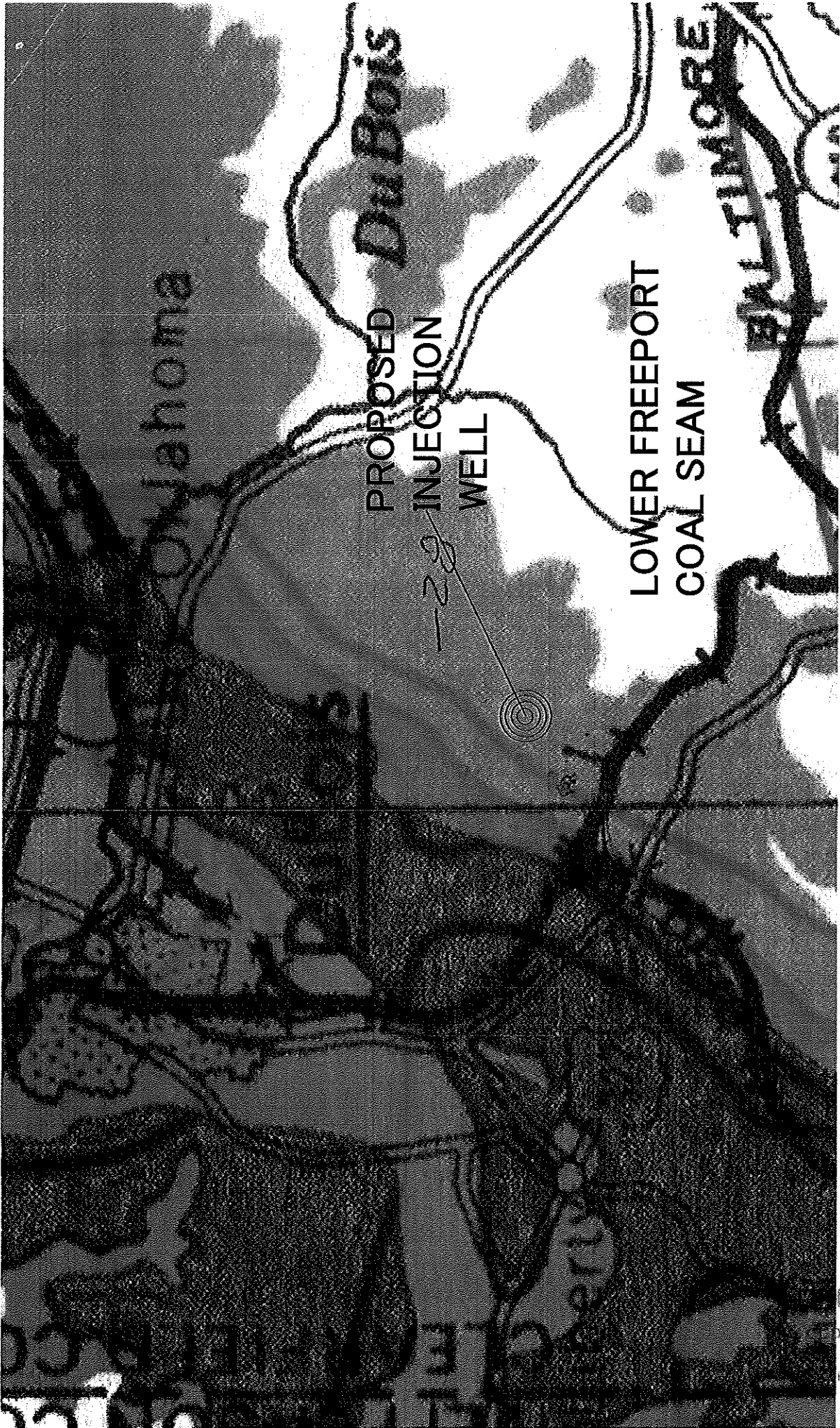
If you should have any questions, please call me at 814-745-2861.

Sincerely,



Ronald L. Fox, PLS
Professional Land Surveyor

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OIL & GAS



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APR 14 2015

DEP SWDO
OIL & GAS

(HAZEN)

mytopo

078° 46' 03.00" W
041° 05' 25.68" N

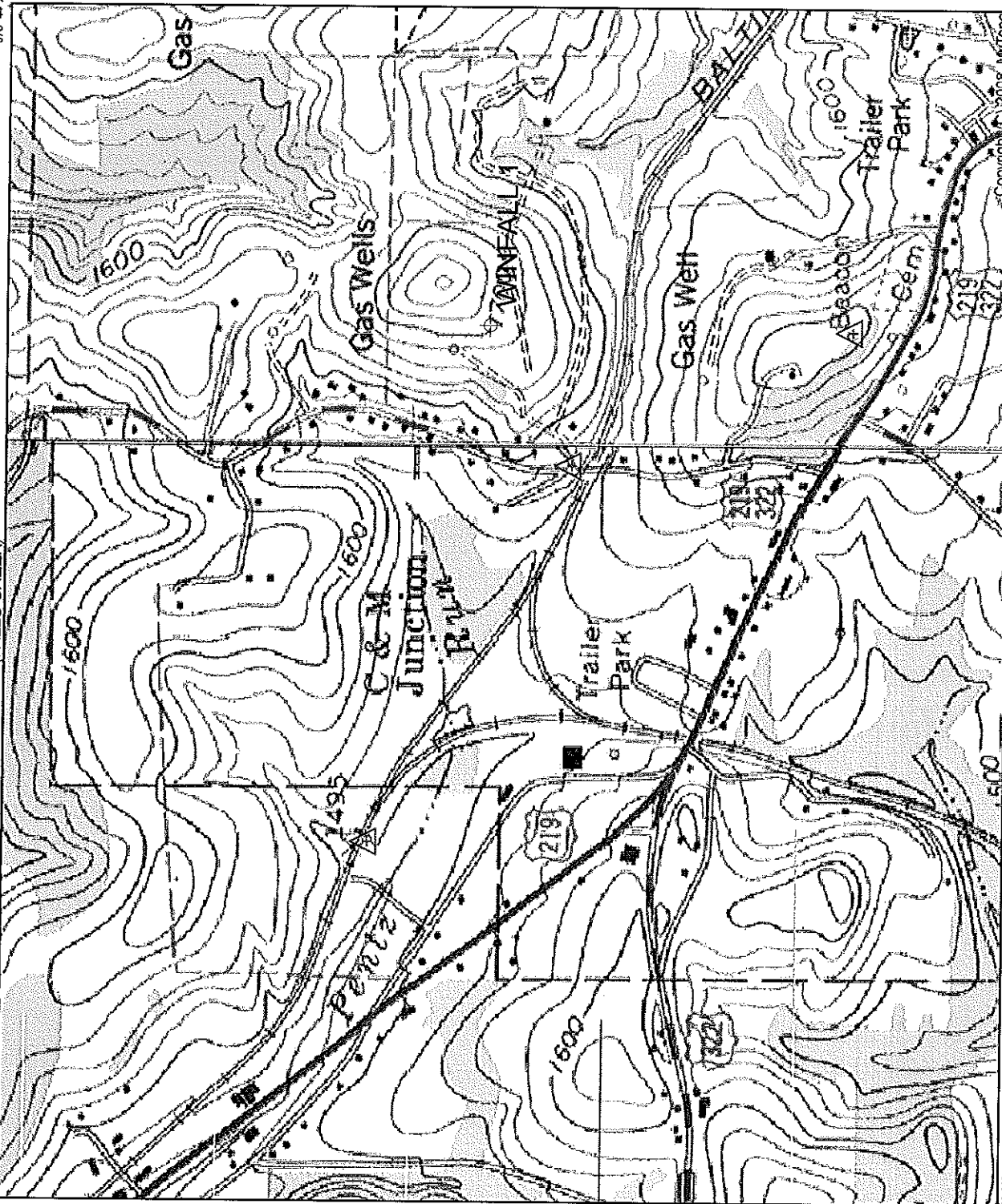
DU BOIS QUADRANGLE
NORTHWEST PENNSYLVANIA/LAKE ERIE
TOPOGRAPHIC SERIES

(SABULA)

078° 44' 22.08" W
041° 05' 28.68" N

(REYNOLDSVILLE)

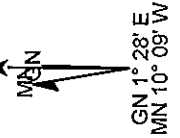
(LUTHERSBURG)



041° 04' 21.95" N
078° 46' 03.00" W

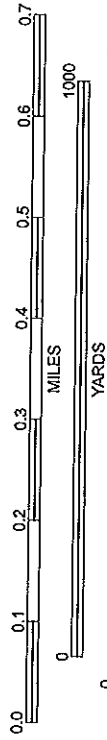
Copyright © 2008, MyTopo
Printed: 1st Sep 07, 2015
041° 04' 21.95" N
078° 44' 22.08" W

Declination



(MC GEES MILLS)

SCALE 1:12000



CONTOUR INTERVAL 20 FEET
NATIONAL GEODETIC VERTICAL DATUM 1929

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(PUNXSUTAWNEY)

Produced by MyTopo Terrain Navigator
Topography based on USGS 1:24,000 Maps
North American 1983 Datum (NAD83)
Lambert Conformal Conic Projection

To place on the predicted North American 1927, move the

DU BOIS, PA
1966

(MAHAFFEY)

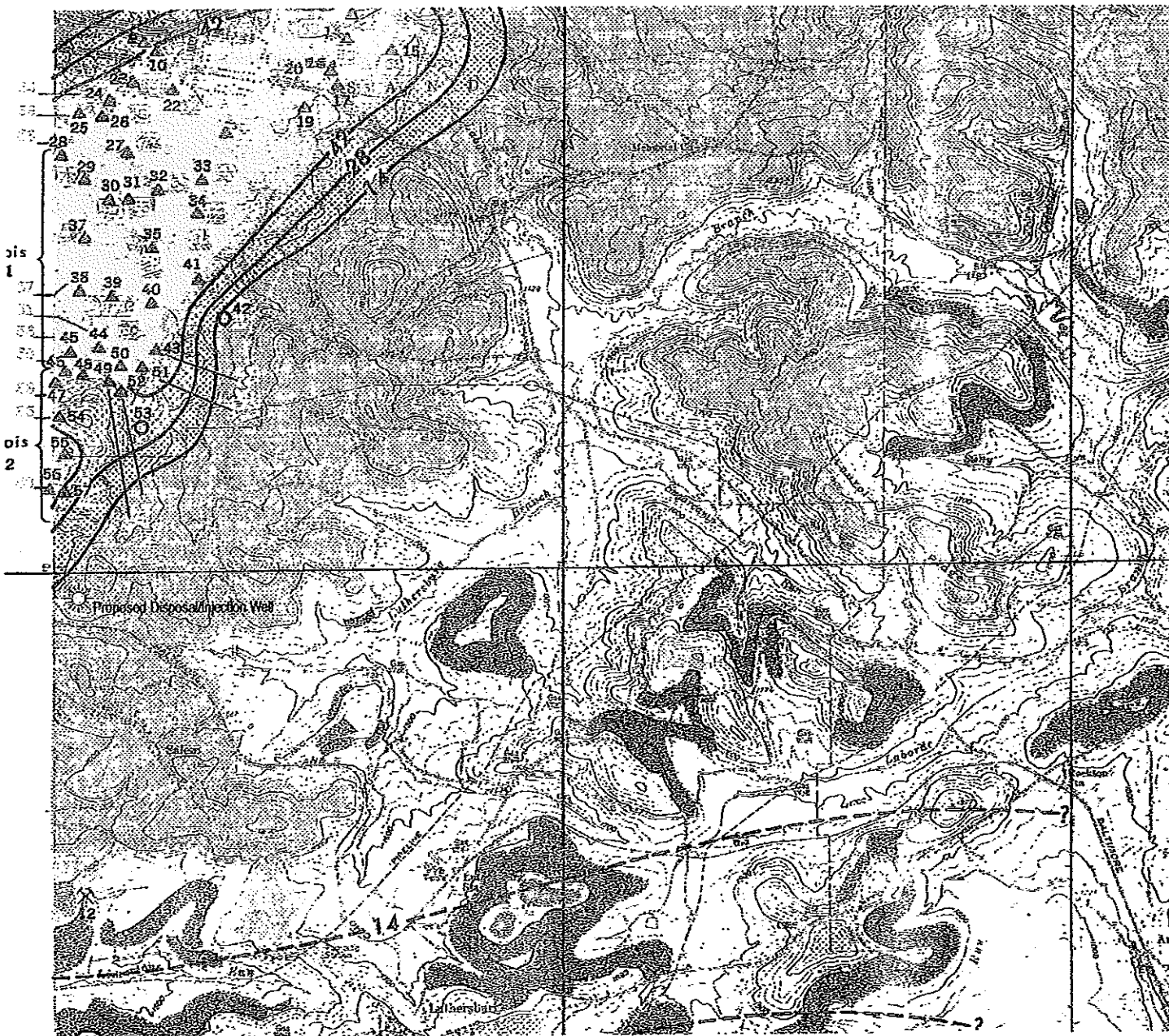


Exhibit #3
Lower Freeport Coal
Extent of Mining, Surface and Deep
Luthersburg Quad
 from Edmunds et al 1971, reprint 1973
ATLAS Report 74 c&d, Plate 16

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RESOURCE MANAGEMENT SERVICES, INC.
 ENVIRONMENTAL ENGINEERING and GPS/GIS SERVICES
 65 FENTON ROAD
 INDIANA, PENNSYLVANIA 15701
 724-465-6556

DRAWN BY	JBG	DATE	09/21/11
APPROVED BY	RFP		09/21/11
SCALE:	1" = 1000'		
DRAWING FILE:			
GPS FILE:			

ZELMAN DISPOSAL WELL
 Windfall Oil and Gas
 Brady Twp., Clearfield Co., Pennsylvania

1. PROJECT INFORMATION

Project Name: **WINDFALL OIL & GAS ZELMAN NO. 1**

Date of review: **8/6/2015 8:33:20 AM**

Project Category: **Energy Storage, Production, and Transfer, Energy Production (generation), Oil or Gas - new wells, expansion of well field**

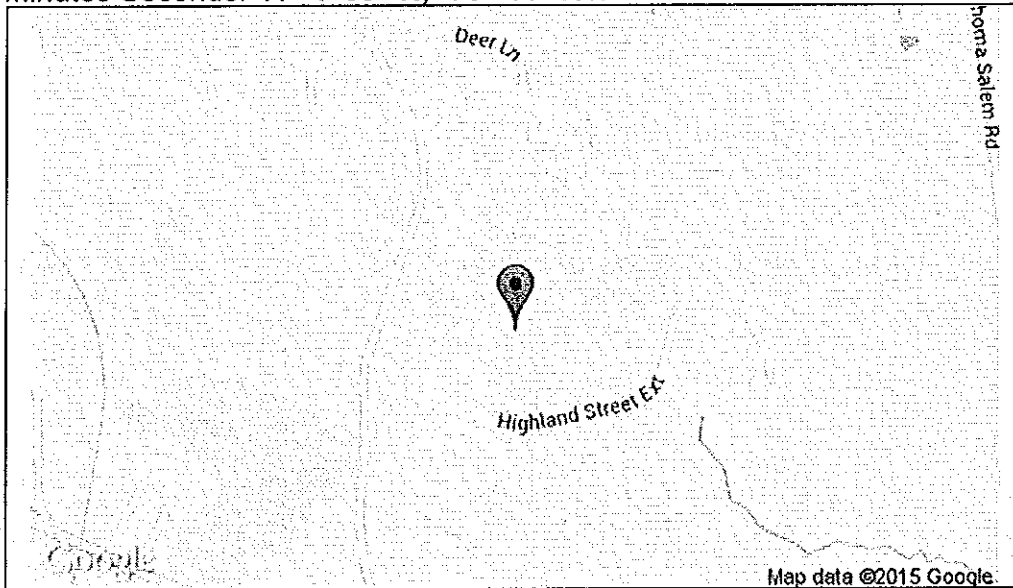
Project Area: **N/A**

County: **Clearfield Township/Municipality: Brady**

Quadrangle Name: **LUTHERSBURG ~ ZIP Code: 15848**

Decimal Degrees: **41.081944 N, -78.746930 W**

Degrees Minutes Seconds: **41° 4' 55" N, -78° 44' 48.9" W**



2. SEARCH RESULTS

Agency	Results	Response
PA Game Commission	No Known Impact	No Further Review Required
PA Department of Conservation and Natural Resources	No Known Impact	No Further Review Required
PA Fish and Boat Commission	No Known Impact	No Further Review Required
U.S. Fish and Wildlife Service	No Known Impact	No Further Review Required

As summarized above, Pennsylvania Natural Diversity Inventory (PNDI) records indicate no known impacts to threatened and endangered species and/or special concern species and resources within the project area. Therefore, based on the information you provided, no further coordination is required with the jurisdictional agencies. This response does not reflect potential agency concerns regarding impacts to other ecological resources, such as wetlands.

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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: No Impact is anticipated to threatened and endangered species and/or special concern species and resources.

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: No Impact is anticipated to threatened and endangered species and/or special concern species and resources.

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.

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. For cases where a "Potential Impact" to threatened and endangered species has been identified before the application has been submitted to DEP, the application should not be submitted until the impact has been resolved. For cases where "Potential Impact" to special concern species and resources has been identified before the application has been submitted, the application should be submitted to DEP along with the PNDI receipt. The PNDI Receipt should also be submitted to the appropriate agency according to directions on the PNDI Receipt. DEP and the jurisdictional agency will work together to resolve the potential impact(s). See the DEP PNDI policy at <http://www.naturalheritage.state.pa.us>.

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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). 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
 Fax:(717) 772-0271

U.S. Fish and Wildlife Service
 Pennsylvania Field Office
 110 Radnor Rd; Suite 101, State College, PA 16801
 NO Faxes Please.

PA Fish and Boat Commission
 Division of Environmental Services
 450 Robinson Lane, Bellefonte, PA. 16823-7437
 NO Faxes Please

PA Game Commission
 Bureau of Wildlife Habitat Management
 Division of Environmental Planning and Habitat Protection
 2001 Elmerton Avenue, Harrisburg, PA. 17110-9797
 Fax:(717) 787-6957

7. PROJECT CONTACT INFORMATION

Name: Zelmond
 Company/Business Name: Windfall oil & Gas Inc.
 Address: 63 Hill Street
 City, State, Zip: Falls Creek PA 15840
 Phone: (814) 771-9686 Fax: (814) 371-0678
 Email: mhoerl6@verizon.net

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.

Mec Hoover
 applicant/project proponent signature

9-6-15
 date

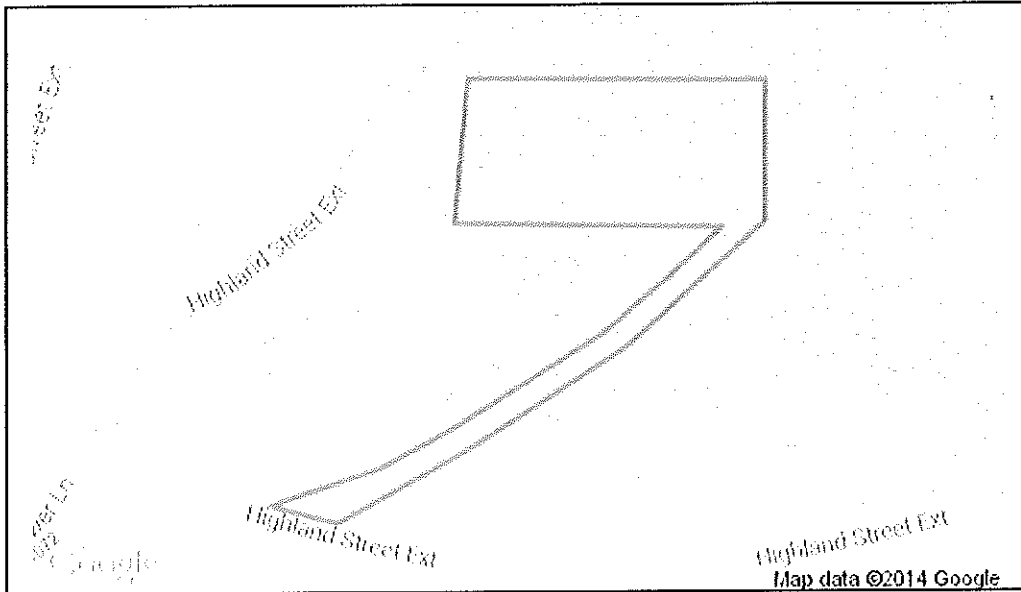
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DEP SWDO
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1. PROJECT INFORMATION

Project Name: **Zelman Injection Well**
 Date of review: **2/27/2014 9:16:44 AM**
 Project Category: **Mining, Oil or Gas (including roads and pipelines), New Well**
 Project Area: **3.1 acres**
 County: **Clearfield Township/Municipality: Brady**
 Quadrangle Name: **LUTHERSBURG ~ ZIP Code: 15848**
 Decimal Degrees: **41.081478 N, -78.745972 W**
 Degrees Minutes Seconds: **41° 4' 53.3" N, -78° 44' 45.5" W**



2. SEARCH RESULTS

Agency	Results	Response
PA Game Commission	No Known Impact	No Further Review Required
PA Department of Conservation and Natural Resources	No Known Impact	No Further Review Required
PA Fish and Boat Commission	No Known Impact	No Further Review Required
U.S. Fish and Wildlife Service	No Known Impact	No Further Review Required

As summarized above, Pennsylvania Natural Diversity Inventory (PNDI) records indicate no known impacts to threatened and endangered species and/or special concern species and resources within the project area. Therefore, based on the information you provided, no further coordination is required with the jurisdictional agencies. This response does not reflect potential agency concerns regarding impacts to other ecological resources, such as wetlands.

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PA Game Commission

RESPONSE: No Impact is anticipated to threatened and endangered species and/or special concern species and resources.

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: No Impact is anticipated to threatened and endangered species and/or special concern species and resources.

U.S. Fish and Wildlife Service

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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). Also note that the PNDI Environmental Review Tool only contains information about species occurrences that have actually been reported to the PNHP.

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PA Department of Conservation and Natural Resources
Bureau of Forestry, Ecological Services Section
400 Market Street, PO Box 8552, Harrisburg, PA. 17105-8552
Fax:(717) 772-0271

U.S. Fish and Wildlife Service
Endangered Species Section
315 South Allen Street, Suite 322, State College, PA. 16801-4851
NO Faxes Please.

PA Fish and Boat Commission
Division of Environmental Services
450 Robinson Lane, Bellefonte, PA. 16823-7437
NO Faxes Please

PA Game Commission
Bureau of Wildlife Habitat Management
Division of Environmental Planning and Habitat Protection
2001 Elmerton Avenue, Harrisburg, PA. 17110-9797
Fax:(717) 787-6957

7. PROJECT CONTACT INFORMATION

Name: Zelman #1
Company/Business Name: Windfall Oil & Gas Inc.
Address: 63 Hill Street
City, State, Zip: Falls Creek PA 15840
Phone: (814) 771-9686 Fax: (814) 371-0678
Email: W400V16@verizon.net

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.

[Signature]
applicant/project proponent signature

2-27-14
date

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

**OIL AND GAS OPERATOR
OWNERSHIP AND CONTROL INFORMATION**

PLEASE TYPE OR PRINT

GENERAL OPERATOR INFORMATION		Enter the name and address under which you or your organization operate oil and gas wells in Pennsylvania which must be the same name as is providing the bond.				
Corporate, Company, Partnership or Registered Fictitious Name Windfall Oil & Gas Inc.			Type of Organization / Code SIC code 311		Federal Tax ID# 46-0474794	
Individual or Partner - Last Name		First Name		MI	Suffix	
Mailing Address 305 Chan Road				<input checked="" type="checkbox"/> Check if this is a new address.		
City Falls Creek		State PA	ZIP+4 15840	Country (If Other Than USA) USA		
Phone (Daytime) 814-771-9686		Ext.	FAX 814-371-0678	Email Address mhoov16@verizon.net		
Person to Contact - Last Name Hoover		First Name Michael		MI G	Suffix Title President	
<p>If the applicant is an individual or partnership operating under a name that is different than your full personal name, the name must be registered as a fictitious name with the Department of State. Please attach a copy of your APPROVED fictitious name registration. <input type="checkbox"/> Registration attached <input type="checkbox"/> Registration previously submitted and still active.</p>						
<p>If the applicant is a domestic or foreign corporation or limited liability company, it must be registered to conduct business in Pennsylvania with the Department of State. Please attach a copy of your APPROVED corporate registration or authorization to conduct business in Pennsylvania.</p> <p><input type="checkbox"/> Registration attached <input type="checkbox"/> Authorization to conduct business in PA attached <input type="checkbox"/> Registration previously submitted still active</p>						
<p>If the applicant has NO parent company, check the following box.</p> <p><input checked="" type="checkbox"/> No parent.</p> <p>If the applicant has a parent company, include the following information for the parent company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation.</p> <p>Name _____ Phone No. () _____</p> <p>Address _____ Taxpayer ID No. _____</p> <p>_____ If corporation, state of incorporation _____</p>						

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If the applicant has **NO** subsidiaries, indicate by checking the following box.

No subsidiary.

If the applicant has **one or more subsidiaries**, include the following information for each subsidiary company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation.

Name _____ Phone No. () _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

Name _____ Phone No. () _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

Name _____ Phone No. () _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

Name _____ Phone No. () _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

Name _____ Phone No. () _____

Address _____ Taxpayer ID No. _____

_____ If corporation, state of incorporation _____

(Attach additional sheet, in the same format, if necessary.)

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SIGNATURES

Under penalty of law, the undersigned hereby certify that they have the authority to submit this application on behalf of the applicant, that they have reviewed the information contained in this application and certify that the information is true and correct to the best of their knowledge and belief.

Windfall Oil & Gas Inc.

(Print Name of Applicant)

Michael G. Hoover, President

(Print Name & Title of Signatory)



(Signature)

Date 9-6-15

Please call 717-772-2199 with any questions.

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OIL & GAS

2002031-1588

APR - 1 2002

Microfilm Number _____

Filed with the Department of State on _____

Entity Number 3062715

C. Michael Stewart
ACTING Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT
OF

WINDFALL OIL and GAS, INC.

Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. § 1306)
- Business-nonstock (15 Pa.C.S. § 2102)
- Business-statutory close (15 Pa.C.S. § 2303)
- Cooperative (15 Pa.C.S. § 7102)
- Management (15 Pa.C.S. § 2702)
- Professional (15 Pa.C.S. § 2903)
- Insurance (15 Pa.C.S. § 3101)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is: WINDFALL OIL and GAS, INC.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) <u>7 Madison Avenue, DuBois, Pennsylvania 15801</u>	<u>Clearfield</u>
Number and Street	City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.
4. The aggregate number of shares authorized is: 100 (other provisions, if any, attach 8 1/2 x 11 sheet)
5. The name and address, including number and street, if any, of each incorporator is:
- | | |
|--------------------------|---|
| Name | Address |
| <u>Michael G. Hoover</u> | <u>113 Aspen Road, Punxsutawney, PA 15767</u> |
| <u>Karen S. Hoover</u> | <u>113 Aspen Road, Punxsutawney, PA 15767</u> |

6. The specified effective date, if any, is: April 1, 2002 Midnight
month day year hour, if any

PADEPT. OF STATE
APR 01 2002

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OIL & GAS

2002031-1589

DSCB:16-1306/2102/2303/2702/2903/3101/7102A (Rev 91)-2

- 7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
- 8. ~~Statutory~~ close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).
- 9. Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: n/a

IN TESTIMONY WHEREOF, the Incorporator(s) has (have) signed these Articles of Incorporation this 27th day of March, ~~19~~2002

Karen J. Hoover
(Signature)

Mahid A. Hoover
(Signature)

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OIL & GAS

2005083-530

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Statement of Change of Registered Office (15 Pa.C.S.)

Entity Number
3062715

- Domestic Business Corporation (§ 1507)
- Foreign Business Corporation (§ 4144)
- Domestic Nonprofit Corporation (§ 5507)
- Foreign Nonprofit Corporation (§ 6144)
- Domestic Limited Partnership (§ 8506)

Name
Windfall oil & gas Inc.

Address
63 Hill Street

City State Zip Code
Falls Creek PA 15840

Document will be returned to the name and address you enter to the left.

Fee: \$70

Filed in the Department of State on AUG 15 2005

Recho C. Costa's

Secretary of the Commonwealth Recho

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations), the undersigned corporation or limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name is:
Windfall Oil & Gas Inc.

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street City State Zip County
7 Madison Avenue DuBois PA 15801 Clearfield.

(b) Name of Commercial Registered Office Provider County
c/o:

3. Complete part (a) or (b):

(a) The address to which the registered office of the corporation or limited partnership in this Commonwealth is to be changed is:

63 Hill Street Falls Creek PA 15840 Jefferson
Number and street City State Zip County

(b) The registered office of the corporation or limited partnership shall be provided by:

c/o:

PA DEPT. OF STATE Name of Commercial Registered Office Provider County

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AUG 15 2005

DEPSWDO
OIL & GAS

2005083-531

DSCB:15-1507/4144/5507/6144/8506-2

4. *Strike out if a limited partnership:*

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer thereof this

11th day of August, 2005.

Windfall oil + gas Inc.

Name of Corporation/Limited Partnership

Michael E. Brown

Signature

President

Title

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