

<b>United States Environmental Protection Agency</b> <b>Underground Injection Control</b> <b>Permit Application</b> <i>(Collected under the authority of the Safe Drinking Water Act. Sections 1421, 1422, 40 CFR 144)</i>										I. EPA ID Number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">T/A</td> <td style="width: 10%; text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">U</td> <td></td> <td></td> </tr> </table>				T/A	C	U		
	T/A	C																
U																		
Read Attached Instructions Before Starting For Official Use Only																		
Application approved mo    day    year			Date received mo    day    year			Permit Number			Well ID		FINDS Number							
II. Owner Name and Address						III. Operator Name and Address												
Owner Name Windfall Oil & Gas Inc.						Owner Name Windfall Oil & Gas Inc.												
Street Address 63 Hill Street				Phone Number (814) 771-9686		Street Address 63 Hill Street				Phone Number (814) 771-9686								
City Falls Creek		State PA	ZIP CODE 15840		City Falls Creek		State PA	ZIP CODE 15840										
IV. Commercial Facility			V. Ownership			VI. Legal Contact			VII. SIC Codes									
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Other			<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator			311									
VIII. Well Status (Mark "x")																		
<input type="checkbox"/> A. Operating	Date Started mo    day    year		<input type="checkbox"/> B. Modification/Conversion				<input checked="" type="checkbox"/> C. Proposed											
IX. Type of Permit Requested (Mark "x" and specify if required)																		
<input checked="" type="checkbox"/> A. Individual		<input type="checkbox"/> B. Area		Number of Existing Wells 0			Number of Proposed Wells 1			Name(s) of field(s) or project(s)								
X. Class and Type of Well (see reverse)																		
A. Class(es) (enter code(s))		B. Type(s) (enter code(s))		C. If class is "other" or type is code 'x,' explain					D. Number of wells per type (if area permit)									
II		D																
XI. Location of Well(s) or Approximate Center of Field or Project										XII. Indian Lands (Mark 'x')								
Latitude			Longitude			Township and Range				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Deg 41	Min 04	Sec 55	Deg 78	Min 44	Sec 49	Sec 31	Twp 10N	Range 10E	1/4 Sec 1	Feet From 0	Line 1	Feet From 0	Line 1					
XIII. Attachments																		
(Complete the following questions on a separate sheet(s) and number accordingly; see instructions) For Classes I, II, III, (and other classes) complete and submit on a separate sheet(s) Attachments A-U (pp 2-6) as appropriate. Attach maps where required. List attachments by letter which are applicable and are included with your application.																		
XIV. Certification																		
I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32)																		
A. Name and Title (Type or Print) Michael G. Hoover, President										B. Phone No. (Area Code and No.) (814) 771-9686								
C. Signature 										D. Date Signed 04/01/2012								