

#### west virginia department of environmental protection

Office of Oil and Gas 601 57th Street, S.E. Charleston, WV 25304 (304) 926-0450 fax: (304) 926-0452

Jim Justice , Governor Austin Caperton , Cabinet Secretary www.dep.wv.gov

Friday, February 24, 2017 WELL WORK PERMIT Horizontal 6A / New Drill

TUG HILL OPERATING, LLC (A)
1320 SOUTH UNIVERSITY DRIVE, SUITE 500

FORT WORTH, TX 76107

Re: Permit approval for YODER W-3HM

47-051-01905-00-00

This well work permit is evidence of permission granted to perform the specified well work at the location described on the attached pages and located on the attached plat, subject to the provisions of Chapter 22 of the West Virginia Code of 1931, as amended, and all rules and regulations promulgated thereunder, and to any additional specific conditions and provisions outlined in the pages attached hereto. Notification shall be given by the operator to the Oil and Gas Inspector at least 24 hours prior to the construction of roads, locations, and/or pits for any permitted work. In addition, the well operator shall notify the same inspector 24 hours before any actual well work is commenced and prior to running and cementing casing. Spills or emergency discharges must be promptly reported by the operator to 1-800-642-3074 and to the Oil and Gas Inspector.

Please be advised that form WR-35, Well Operators Report of Well Work is to be submitted to this office within 90 days of completion of permitted well work, as should form WR-34 Discharge Monitoring Report within 30 days of discharge of pits, if applicable. Failure to abide by all statutory and regulatory provisions governing all duties and operations hereunder may result in suspension or revocation of this permit and, in addition, may result in civil and/or criminal penalties being imposed upon the operators.

Per 35 CSR 4-5.2.g this permit will expire in two (2) years from the issue date unless permitted well work is commenced. If there are any questions, please feel free to contact me at (304) 926-0450.

James A. Martin

Chief

Operator's Well Number: YODER W-3HM Farm Name: PPG INDUSTRIES, INC.

U.S. WELL NUMBER: 47-051-01905-00-00

Horizontal 6A / New Drill

Date Issued: 2/24/2017

Promoting a healthy environment.

API Number: \_ 51- 01905

### PERMIT CONDITIONS

West Virginia Code § 22-6A-8(d) allows the Office of Oil and Gas to place specific conditions upon this permit. Permit conditions have the same effect as law. Failure to adhere to the specified permit conditions may result in enforcement action.

#### **CONDITIONS**

- 1. This proposed activity may require permit coverage from the United States Army Corps of Engineers (USACE). Through this permit, you are hereby being advised to consult with USACE regarding this proposed activity.
- 2. If the operator encounters an unanticipated void, or an anticipated void at an unanticipated depth, the operator shall notify the inspector within 24 hours. Modifications to the casing program may be necessary to comply with W. Va. Code § 22-6A-5a (12), which requires drilling to a minimum depth of thirty feet below the bottom of the void, and installing a minimum of twenty (20) feet of casing. Under no circumstance should the operator drill more than one hundred (100) feet below the bottom of the void or install less than twenty (20) feet of casing below the bottom of the void.
- 3. When compacting fills, each lift before compaction shall not be more than 12 inches in height, and the moisture content of the fill material shall be within limits as determined by the Standard Proctor Density test of the actual soils used in specific engineered fill, ASTM D698, Standard Test Method for Laboratory Compaction Characteristics of Soil Using Standard Effort, to achieve 95 % compaction of the optimum density. Each lift shall be tested for compaction, with a minimum of two tests per lift per acre of fill. All test results shall be maintained on site and available for review.
- 4. Operator shall install signage per § 22-6A-8g (6) (B) at all source water locations included in their approved water management plan within 24 hours of water management plan activation.
- 5. Oil and gas water supply wells will be registered with the Office of Oil and Gas and all such wells will be constructed and plugged in accordance with the standards of the Bureau for Public Health set forth in its Legislative rule entitled *Water Well Regulations*, 64 C.S.R. 19. Operator is to contact the Bureau of Public Health regarding permit requirements. In lieu of plugging, the operator may transfer the well to the surface owner upon agreement of the parties. All drinking water wells within fifteen hundred feet of the water supply well shall be flow tested by the operator upon request of the drinking well owner prior to operating the water supply well.
- 6. Pursuant to the requirements pertaining to the sampling of domestic water supply wells/springs the operator shall, no later than thirty (30) days after receipt of analytical data provide a written copy to the Chief and any of the users who may have requested such analyses.
- 7. 24 hours prior to the initiation of the completion process the operator shall notify the Chief or his designee.
- 8. During the completion process the operator shall monitor annular pressures and report any anomaly noticed to the chief or his designee immediately.
- 9. If any explosion or other accident causing loss of life or serious personal injury occurs in or about a well or well work on a well, the well operator or its contractor shall give notice, stating the particulars of the explosion or accident, to the oil and gas inspector and the Chief, within 24 hours of said accident.
- 10. During the casing and cementing process, in the event cement does not return to the surface, the oil and gas inspector shall be notified within 24 hours.

API Number: 51-01905

### **PERMIT CONDITIONS**

11. The operator shall provide to the Office of Oil and Gas the dates of each of the following within 30 days of their occurrence: completion of construction of the well pad, commencement of drilling, completion of any other permitted well work, and completion of the well. Such notice shall be provided by sending an email to DEPOOGNotify@wv.gov.

| API NO. 47-051 |      | Ĉ     | ) 1  | 905      |
|----------------|------|-------|------|----------|
| OPERATOR W     | VELL | NO.   | Yode | er W-3HM |
| Well Pad Na    | me:  | roder |      |          |

## STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS WELL WORK PERMIT APPLICATION

| 1) Well Operator: Tug Hill Operating, LLC                                                             | 494510851                                  | Marshall            | Franklin         | Powhatan Point Z          |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------|------------------|---------------------------|
|                                                                                                       | Operator ID                                | County              | District         | Quadrangle                |
| 2) Operator's Well Number: Yoder W-3HM                                                                | Well Pa                                    | nd Name: Yod        | er               |                           |
| 3) Farm Name/Surface Owner: PPG Industries                                                            | , Inc. Public Ro                           | ad Access: Wa       | aynes Ridge I    | Rd County Route 78        |
| 4) Elevation, current ground: 1,090'                                                                  | Elevation, proposed                        | l post-construc     | tion: 1,084      | ·                         |
| 5) Well Type (a) Gas X Oil Other                                                                      | Uno                                        | lerground Stor      | age              |                           |
| (b)If Gas Shallow X                                                                                   | Deep                                       |                     |                  |                           |
| Horizontal X                                                                                          |                                            | 1                   | u 2/=            | 1/17                      |
| 6) Existing Pad: Yes or No No                                                                         |                                            |                     |                  | 1                         |
| 7) Proposed Target Formation(s), Depth(s), Anti-                                                      | and the second of the second of the second |                     |                  |                           |
| Marcellus is the target formation at a depth of 6,12                                                  | 9' - 6,184', thickness                     | of 55' and antic    | ipated pressu    | re of approx. 3800 psi    |
| 8) Proposed Total Vertical Depth: 6,284'                                                              |                                            |                     |                  |                           |
| 9) Formation at Total Vertical Depth: Onondag                                                         | ga                                         |                     |                  |                           |
| 10) Proposed Total Measured Depth: 13,965'                                                            |                                            |                     |                  |                           |
| 11) Proposed Horizontal Leg Length: 7,325'                                                            |                                            |                     |                  |                           |
| 12) Approximate Fresh Water Strata Depths:                                                            | 70', 661'                                  |                     |                  |                           |
| 13) Method to Determine Fresh Water Depths:                                                           | Offset well reports or r                   | oticeable flow at t | he flowline or w | hen need to start soaping |
| 14) Approximate Saltwater Depths: 1,740'                                                              |                                            |                     |                  |                           |
| 15) Approximate Coal Seam Depths: Sewickly                                                            | Coal - 564' and F                          | ittsburgh Coa       | I - 654'         |                           |
| 16) Approximate Depth to Possible Void (coal m                                                        | nine, karst, other):                       | None anticipa       | ated             |                           |
| 17) Does Proposed well location contain coal sea<br>directly overlying or adjacent to an active mine? |                                            | N                   | o X              |                           |
| (a) If Yes, provide Mine Info: Name:                                                                  |                                            |                     |                  |                           |
| Depth:                                                                                                |                                            |                     |                  |                           |
| Seam:                                                                                                 |                                            |                     |                  |                           |
| Owner:                                                                                                |                                            |                     |                  |                           |

| API NO. 47- 051 C | 1905        |
|-------------------|-------------|
| OPERATOR WELL NO. | Yoder W-3HM |

Well Pad Name: Yoder

18)

#### CASING AND TUBING PROGRAM

| ТУРЕ         | Size<br>(in) | New<br>or<br>Used | Grade | Weight per ft. (lb/ft) | FOOTAGE: For Drilling (ft) | INTERVALS:<br>Left in Well<br>(ft) | CEMENT:<br>Fill-up<br>(Cu. Ft.)/CTS |
|--------------|--------------|-------------------|-------|------------------------|----------------------------|------------------------------------|-------------------------------------|
| Conductor    | 30"          | NEW               | BW    | BW                     | 125'                       | 120'                               | 338FT^3(CTS)                        |
| Fresh Water  | 13 3/8"      | NEW               | H40   | 48#                    | 810'                       | 800'                               | 909ft^3(CTS)                        |
| Coal         | 13 3/8"      | NEW               | H40   | 48#                    | 810'                       | 800'                               | 909ft^3(CTS)                        |
| Intermediate | 9 5/8"       | NEW               | J55   | 36#                    | 2,615'                     | 2,605'                             | 842ft^3(CTS)                        |
| Production   | 5 1/2"       | NEW               | P110  | 20#                    | 13,975'                    | 13,965'                            | 3,143ft^3(CTS)                      |
| Tubing       | 2 3/8"       | NEW               | N80   | 4.7#                   |                            | 5,840'                             |                                     |
| Liners       |              |                   |       |                        |                            |                                    |                                     |

Ju 2/21/17

| TYPE         | Size (in) | Wellbore<br>Diameter (in) | Wall<br>Thickness<br>(in) | Burst Pressure (psi) | Anticipated Max. Internal Pressure (psi) | Cement<br>Type | Cement<br>Yield<br>(cu. ft./k) |
|--------------|-----------|---------------------------|---------------------------|----------------------|------------------------------------------|----------------|--------------------------------|
| Conductor    | 30"       | 36"                       | 1.0                       | 2,333                | 1,866                                    | CLASS A        | 1.2                            |
| Fresh Water  | 13 3/8"   | 17.5"                     | .33                       | 1,730                | 1,384                                    | SEE #24        | 1.2                            |
| Coal         | 13 3/8"   | 17.5"                     | .33                       | 1,730                | 1,384                                    | SEE#24         | 1.2                            |
| Intermediate | 9 5/8"    | 12 1/4"                   | .352                      | 3,520                | 2,816                                    | SEE#24         | 1.19                           |
| Production   | 5 1/2"    | 8 7/8_8 3/4               | .361                      | 12,640               | 10,112                                   | SEE#24         | 1.17/1.19                      |
| Tubing       | 2 3/8"    |                           | .19                       | 11,200               | 8,960                                    |                |                                |
| Liners       |           |                           |                           |                      |                                          |                |                                |

#### **PACKERS**

| Kind:       | N/A |  |
|-------------|-----|--|
| Sizes:      | N/A |  |
| Depths Set: | N/A |  |

| WW-6B   |  |
|---------|--|
| (10/14) |  |

API NO. 47-051 - 01905

OPERATOR WELL NO. Yoder W-3HM

Well Pad Name: Yoder

Defully

19) Describe proposed well work, including the drilling and plugging back of any pilot hole:

Drill through the Marcellus and TD Pilot Hole 100' into the Onondaga. Log vertical section and run a solid cement plug back to proposed KOP. Drill curve and lateral per proposed well plan, run and cement production casing. Perform CBL from 60 deg to surface, make cleanout run, and stimulate.

20) Describe fracturing/stimulating methods in detail, including anticipated max pressure and max rate:

Well to be completed with approximately 18,312,500 lb proppant and 501,414 bbl of water. Max rate = 80 bpm; max psi = 9,000#.

- 21) Total Area to be disturbed, including roads, stockpile area, pits, etc., (acres): 19.66
- 22) Area to be disturbed for well pad only, less access road (acres): 4.36
- 23) Describe centralizer placement for each casing string:

Will run 3 centralizers on surface casing at equal distance. Intermediate will have 1 centralizer every other joint. Production casing will have one centralizer every other joint in lateral, one centralizer every joint through curve, one centralizer every other joint to surface.

24) Describe all cement additives associated with each cement type:

Sfc - Premium NE-1 + 2 CaCl; Int1 - Premium NE-1 + 1.5 CaCL + Flake; Int2 - Lead: Premium NE-1 + 5 BA-90 + .85 R-3 + 3 KCl + .75 gals/100sk FP-13L + 1 MPA-170 Tail: Premium NE-1 + .1 R-3 + 5 KCl + 1 CD-32 + .4 FL-52 + .2 ASA-301 + .6 Sodium Metasilicate; Kick Plug - Class H Cement + 1 CD-32 + .7 Sodium Metasilicate + .1 R-3 + .75 gal/100 sk FP-13L; Prod - Lead: 50:50 (Poz:Class H) + .3 R-3 + .3 MPA-250 + .75 gal/100sk FP-13L Tail: 25:75 (Poz:Class H) + .3 R-3 + .3 MPA-250 + .375 gal/100sk FP-13L

25) Proposed borehole conditioning procedures:

Will circulate a minimum of 3 hours at TD, short trip to curve, circulate bottoms up, check for flow, POOH

\*Note: Attach additional sheets as needed.

#### **Conductor and Surface Casing Cement:**

Premium NE-1 + 2% CaCl

- -Premium NE-1 Class A Portland API Spec
- -CaCl Calcium Chloride

#### **Intermediate Casing:**

Premium NE-1 + 1.5% CaCL + Flake

- -Premium NE-1 Class A Portland API spec
- -CaCl Calcium Chloride
- -CelloFlake

#### **Intermediate Casing 2:**

<u>Lead</u>: Premium NE-1 + 5% BA-90 + .85% R-3 + 3% KCl + .75 gals/100sk FP-13L + 1% MPA-170

Tail: Premium NE-1 +.1% R-3 + 5% KCl + 1% CD-32 + .4% FL-52 +.2% ASA-301 + .6% Sodium Metasilicate

- -Premium NE-1 Class A Portland API spec
- -BA-90 Gas Migration Mitigator
- -R-3 Cement Retarder
- -KCI Potassium Chloride
- -FP-13L Anti-Foaming Agent
- -MPA-170 Gelling Agent
- -CD-32 Dispersant
- -FL-52 -- Fluid Loss Agent
- -ASA-301 Free Water Control Agent
- -Sodium Metasilicate Extending Agent

#### **Kick Off Plug:**

Class H Cement + 1% CD-32 + .7% Sodium Metasilicate + .1% R-3 + .75 gal/100sk FP-13L

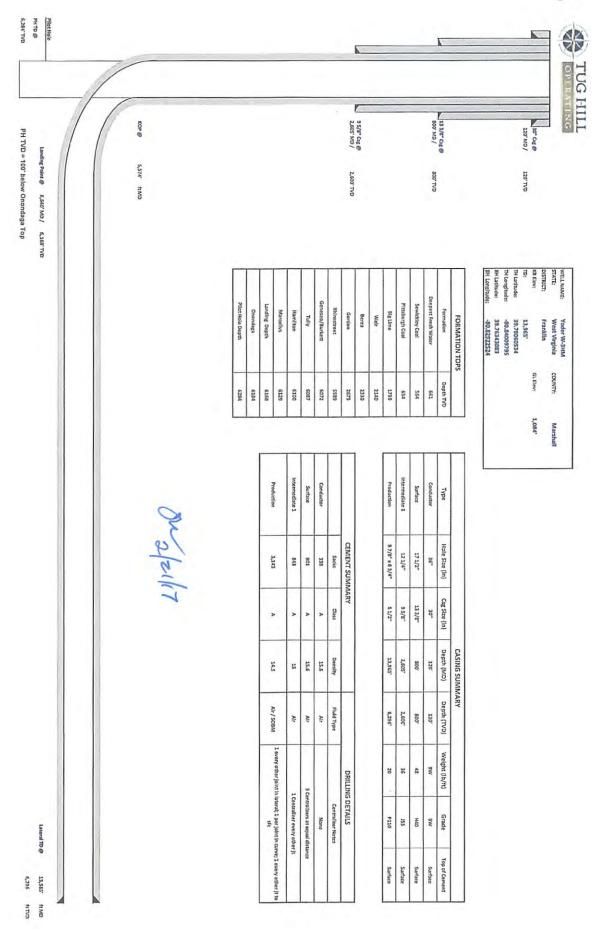
- -CD-32 Dispersant
- -Sodium Metasilicate Extending Agent
- -R-3 Cement Retarder
- -FP-13L Anti-Foaming Agent

#### **Production Casing Cement:**

Lead: 50:50 (Poz:Class H) + .3% R-3 + .3% MPA-250 + .75 gal/100sk FP-13L

Tail: 25:75 (Poz:Class H) + .3% R-3 + .3% MPA-250 + .375 gal/100sk FP-13L

- -R-3 Cement Retarder
- -MPA-250 Gelling Agent
- -FP-13L Anti-Foaming Agent



51-01905

Operator's Well No. Yoder W-3HM

#### Area of Review

#### Sources of information to Support 35CSR8 - 5.11: 9.3 et seq.

Description of process to identify potential pathways for well communication during hydraulic fracturing activities.

#### Data Sources Reviewed:

- 1. IHS Well Data service: Public nationwide data service that pulls directly from State agency Oil and Gas databases
- 2. Farm Maps
- 3. Topo Maps: Recent and older (contact WVGES)
- 4. Check with DPS

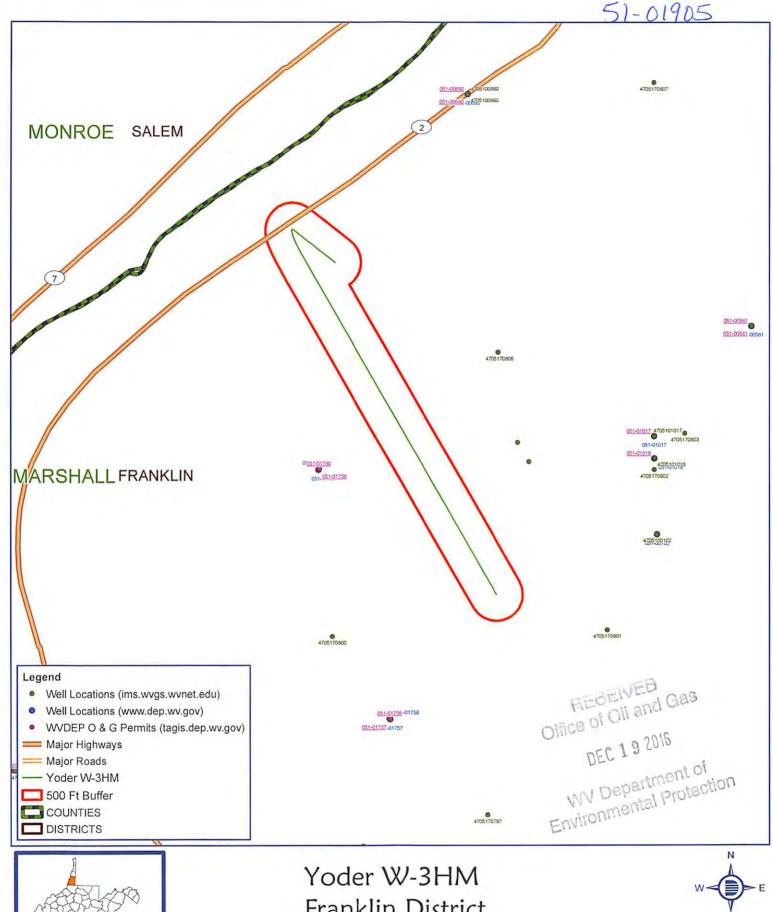
Contacted Devin Ducoeur 724-705-0444, <u>dducoeur@dpslandservices.com</u> DPS GIS (11/16/2016) to have him make maps of the wellbores with his information. DPS utilizes WVGES maps for their mapping seems it as the best publicly available. See attached map he provided.

#### Request maps for:

- 1. Wellbore with IHS All Wells Layer
- 2. Map with Farm lines overlain and any well spots identified on Farm Maps
- 3. More recent (1970s vintage) topos and older topos

#### Discussion with Phil Dinterman WVGES GIS Department (7/15/2016)

- WVGES has plotted every well spot they have access to and are aware of with that contains a
  coordinate. 30000, 70000, and 90000 series wells are available via the WVGES online map. Some
  locations aren't great due to vintage and manipulation of maps through time
- 30000 series any well drilled prior to 1929 APIs were not assigned to original wells
- 70000 series Well spots pulled from old Farm line maps that the WVGES has access to
- 90000 series Any sources that the WVGES has access that shows a well spot but has no additional supporting information. DEP does not have 90000 series on their maps.
- There can be duplication between wells in the 3 series
- Phil indicated that other Operators are providing a screenshot of the WVGES map with their planned well and using that for permits





Map Created: November 14, 2016 an Current As Of: November 16, 2016 Franklin District
Marshall County, WV

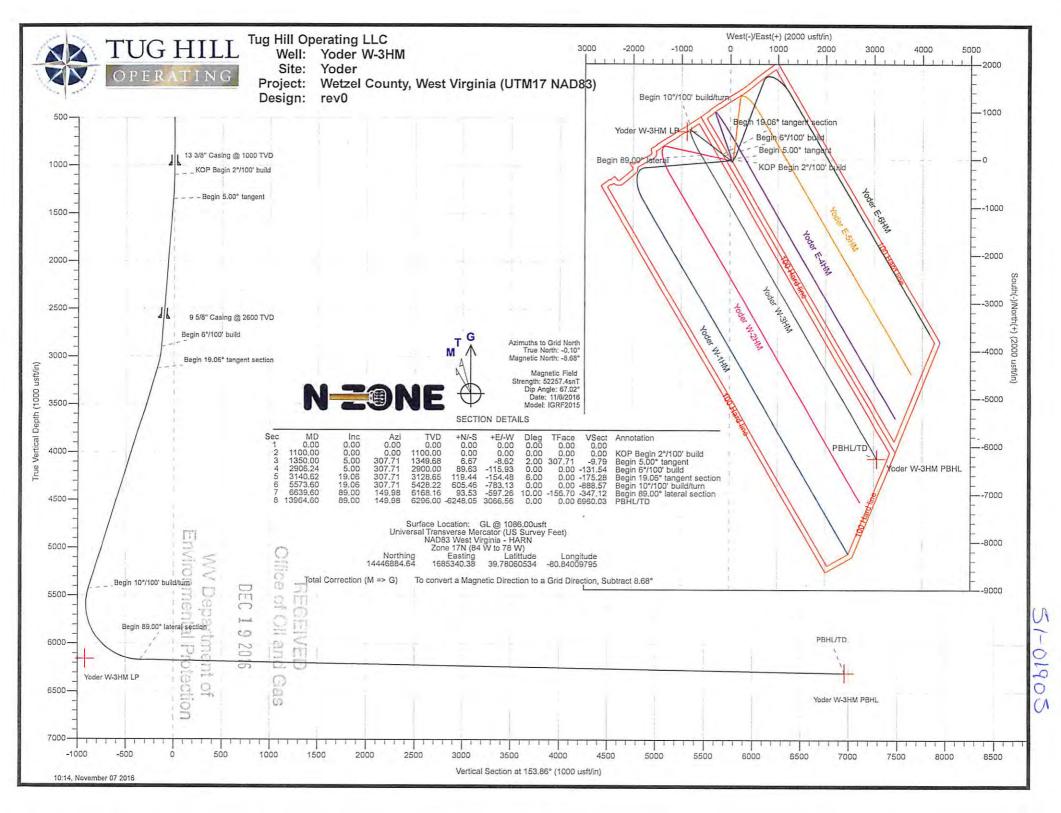


Notes: All locations are approximate and are for visualization purposes only.





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API Number 47 - 051 - 0 19 05

Operator's Well No. Yoder W-3HM

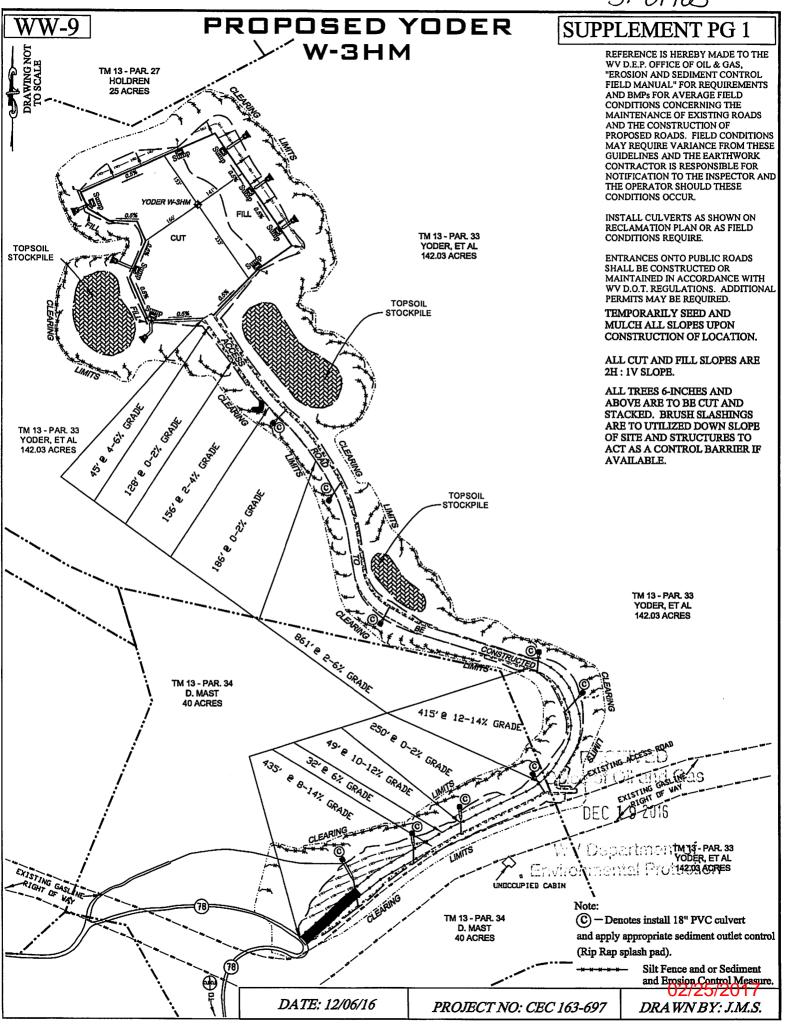
## STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION OFFICE OF OIL AND GAS

#### FLUIDS/ CUTTINGS DISPOSAL & RECLAMATION PLAN

| Operator Name Tug Hill Operating, LLC                                                                                                                                                                                                                                                                           | OP Code _494510851                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Watershed (HUC 10) Fish Creek - Ohio River                                                                                                                                                                                                                                                                      | Quadrangle Powhatan Point 7.5'                                                                                                                                                                                                                                                                                                                                                                                |
| Do you anticipate using more than 5,000 bbls of water to complet Will a pit be used? Yes No                                                                                                                                                                                                                     | e the proposed well work? Yes V No No                                                                                                                                                                                                                                                                                                                                                                         |
| If so, please describe anticipated pit waste: AST Tanks with                                                                                                                                                                                                                                                    | n proper containment will be used for staging fresh water for frac and flow back water                                                                                                                                                                                                                                                                                                                        |
| Will a synthetic liner be used in the pit? Yes 1                                                                                                                                                                                                                                                                | No If so, what ml.? AST Tanks will be used with proper contained                                                                                                                                                                                                                                                                                                                                              |
| Proposed Disposal Method For Treated Pit Wastes:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |
| Land Application                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                 | Tumber_ UIC 2459, UIC 965, UIC 359, UIC 2D0732540, UIC 2D0732523                                                                                                                                                                                                                                                                                                                                              |
| Reuse (at API Number Off Site Disposal (Supply form WW-9                                                                                                                                                                                                                                                        | for disposal location)                                                                                                                                                                                                                                                                                                                                                                                        |
| Other (Explain_                                                                                                                                                                                                                                                                                                 | and anoposat totalion)                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| Will closed loop system be used? If so, describe: Yes - For Vertice                                                                                                                                                                                                                                             | al and Horizontal Drilling                                                                                                                                                                                                                                                                                                                                                                                    |
| Drilling medium anticipated for this well (vertical and horizontal)!                                                                                                                                                                                                                                            | ? Air, freshwater, oil based, etc. Air for vertical / Oil for Horizontal                                                                                                                                                                                                                                                                                                                                      |
| -If oil based, what type? Synthetic, petroleum, etc. Synth                                                                                                                                                                                                                                                      | etic Oil Base                                                                                                                                                                                                                                                                                                                                                                                                 |
| Additives to be used in drilling medium? Barite for weight                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                               |
| Drill cuttings disposal method? Leave in pit, landfill, removed off                                                                                                                                                                                                                                             | site, etc All drill cuttings to be disposed of in Wetzel County Sanitary Landfill                                                                                                                                                                                                                                                                                                                             |
| -If left in pit and plan to solidify what medium will be use                                                                                                                                                                                                                                                    | ed? (cement, lime, sawdust) N/A                                                                                                                                                                                                                                                                                                                                                                               |
| -Landfill or offsite name/permit number? Wetzel County S.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| Permittee shall provide written notice to the Office of Oil and Gas West Virginia solid waste facility. The notice shall be provided with where it was properly disposed.                                                                                                                                       | of any load of drill cuttings or associated waste rejected at any<br>thin 24 hours of rejection and the permittee shall also disclose                                                                                                                                                                                                                                                                         |
| on August 1, 2005, by the Office of Oil and Gas of the West Virgin provisions of the permit are enforceable by law. Violations of an law or regulation can lead to enforcement action.  I certify under penalty of law that I have personally exapplication form and all attachments thereto and that, based of | ditions of the GENERAL WATER POLLUTION PERMIT issued and Department of Environmental Protection. I understand that the system or condition of the general permit and/or other applicable samined and am familiar with the information submitted on this in my inquiry of those individuals immediately responsible for accurate, and complete. I am aware that there are significant of fine or imprisonment. |
| Company Official (Typed Name) Sean Willis                                                                                                                                                                                                                                                                       | White processor and ad-                                                                                                                                                                                                                                                                                                                                                                                       |
| Company Official Title VP, Engineering & Development Manager - A                                                                                                                                                                                                                                                | Appalachia Region                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                 | CHVI-DIOMBILE POUCLION                                                                                                                                                                                                                                                                                                                                                                                        |
| Subscribed and sworn before me this 13 <sup>+n</sup> day of                                                                                                                                                                                                                                                     | ecember, 20 16                                                                                                                                                                                                                                                                                                                                                                                                |
| Cynthia Hays                                                                                                                                                                                                                                                                                                    | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                 |
| My commission expires Daz 10 ZO15                                                                                                                                                                                                                                                                               | CYNTHIA HAYS MY COMMISSION EXPIRES December 10, 2019                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                 | 9 W.S.A. OZ/25/20                                                                                                                                                                                                                                                                                                                                                                                             |

Operator's Well No. Yoder W-3HM

|                                                                                                                      | nt: Acres Disturbed _1                                  | 9.66 Prevegetation                                                                      | <sub>pH</sub> 6.0                                          |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------|
| Lime 3                                                                                                               | _ Tons/acre or to corre                                 | ect to pH 6.5                                                                           |                                                            |
| Fertilizer type 10-20-                                                                                               | 20                                                      |                                                                                         |                                                            |
| Fertilizer amount 500                                                                                                |                                                         | lbs/acre                                                                                |                                                            |
| Mulch_ 2.5                                                                                                           |                                                         | _Tons/acre                                                                              |                                                            |
|                                                                                                                      |                                                         | Seed Mixtures                                                                           |                                                            |
| Temp                                                                                                                 | orary                                                   | Pern                                                                                    | nanent                                                     |
| Seed Type                                                                                                            | lbs/acre                                                | Seed Type                                                                               | Ibs/acre                                                   |
| Annual Ryegrass                                                                                                      | 26                                                      | Tall Fescue                                                                             | 40                                                         |
| Spring Oats                                                                                                          | 64                                                      | Ladino Clover                                                                           | 5                                                          |
| rovided). If water from the pit varieties, of the land application a                                                 | will be land applied, inc<br>area.                      | d application (unless engineered plans incleiude dimensions (L x W x D) of the pit, and | uding this info have been ad dimensions (L $\times$ W), an |
| rovided). If water from the pit veceage, of the land application a                                                   | will be land applied, inc<br>area.                      | clude dimensions (L $\times$ W $\times$ D) of the pit, and                              | uding this info have been ad dimensions (L x W), ar        |
| rovided). If water from the pit vecreage, of the land application a chotocopied section of involved lan Approved by: | will be land applied, incarea. 7.5' topographic sheet.  | clude dimensions (L $\times$ W $\times$ D) of the pit, and                              | uding this info have been ad dimensions (L x W), ar        |
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| rovided). If water from the pit vecreage, of the land application a chotocopied section of involved lan Approved by: | will be land applied, incarea.  7.5' topographic sheet. | Plude dimensions (L x W x D) of the pit, and                                            | Offi                                                       |



WW-9 SUPPLEMENT PG 2 **PROPOSED** YODER W-3HM Mile 115 Franklin Oil MORMAL POOL ELEV 623 RO W-3HM Cem Pulnying Station Wells Clarington Sta Kent W otto RID 3 Chemical 78 NOTE: CLOSEST WATER PURVEYOR GRANDVIEW - DOOLIN PUBLIC SERVICE DISTRICT PROCTOR, WV LAT:39.7136943 LON:-80 8260157 rium LOCATED S 08-23 E AT 24,6942' FROM YODER W-3HM 1200) SURFACE LOCATION 163-697(CEC) **OPERATOR** TOPO SECTION LEASE NAME TUG HILL

TUG HILL OPERATING, LLC

380 SOUTHPOINTE BLVD

CANONSBURG,PA 15317

SUITE 200

POWHATAN POINT 7.5'

1" = 2000'

SCALE:

YODER

DATE: 12/06/16 02/25/2017

DATE:



## Well Site Safety Plan

Tug Hill Operating, LLC

12/191

Well Name: Yoder W-3HM

Pad Loation: Yoder Pad

Marshall County, West Virginia

UTM (meters), NAD83, Zone 17: Northing -4,403,419.3 Easting -513,692.8

December 2016

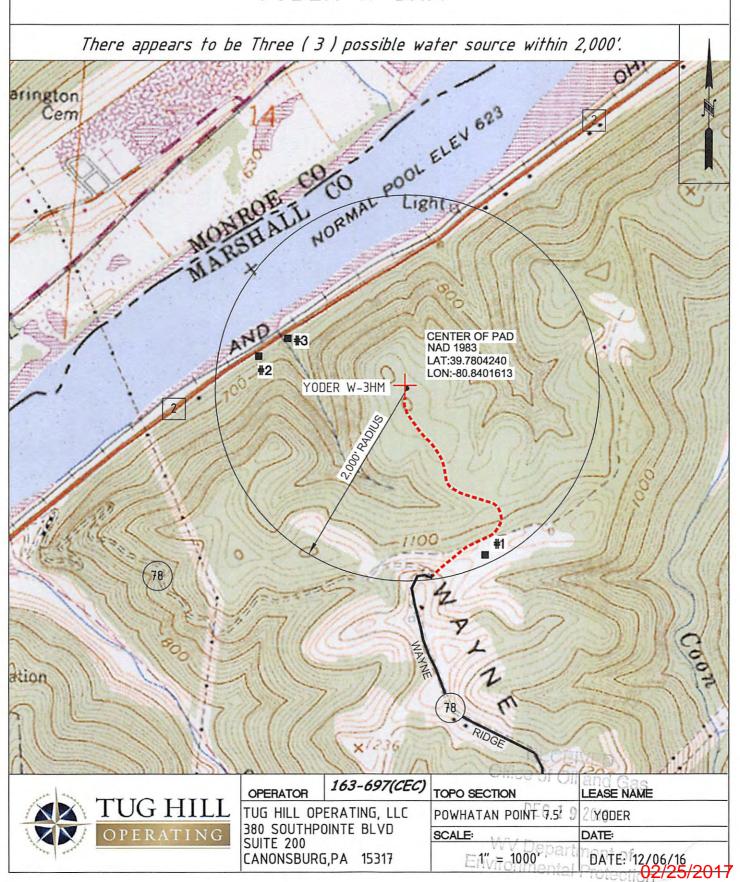
RECEIVED
Office of Oil and Gas

DEC 1 9 2016

WV Department of Environmental Protection WW-6A

### PROPOSED YODER W-3HM

SUPPLEMENT PG 1B



| WW-6A  | l |
|--------|---|
| (5/13) |   |

| Operator's Well No. | Yoder W-3HM |  |
|---------------------|-------------|--|
|---------------------|-------------|--|

#### INFORMATION SUPPLIED UNDER WEST VIRGINIA CODE Chapter 22, Article 6A, Section 5(a)(5) IN LIEU OF FILING LEASE(S) AND OTHER CONTINUING CONTRACT(S)

Under the oath required to make the verification on page 1 of this Notice and Application, I depose and say that I am the person who signed the Notice and Application for the Applicant, and that –

- (1) the tract of land is the same tract described in this Application, partly or wholly depicted in the accompanying plat, and described in the Construction and Reclamation Plan;
- (2) the parties and recordation data (if recorded) for lease(s) or other continuing contract(s) by which the Applicant claims the right to extract, produce or market the oil or gas are as follows:

| Lease Name or |                       |                       |         |           |
|---------------|-----------------------|-----------------------|---------|-----------|
| Number        | Grantor, Lessor, etc. | Grantee, Lessee, etc. | Royalty | Book/Page |

#### See Attached

#### Acknowledgement of Possible Permitting/Approval In Addition to the Office of Oil and Gas

The permit applicant for the proposed well work addressed in this application hereby acknowledges the possibility of the need for permits and/or approvals from local, state, or federal entities in addition to the DEP, Office of Oil and Gas, including but not limited to the following:

- WV Division of Water and Waste Management
- WV Division of Natural Resources WV Division of Highways
- U.S. Army Corps of Engineers
- · U.S. Fish and Wildlife Service
- County Floodplain Coordinator

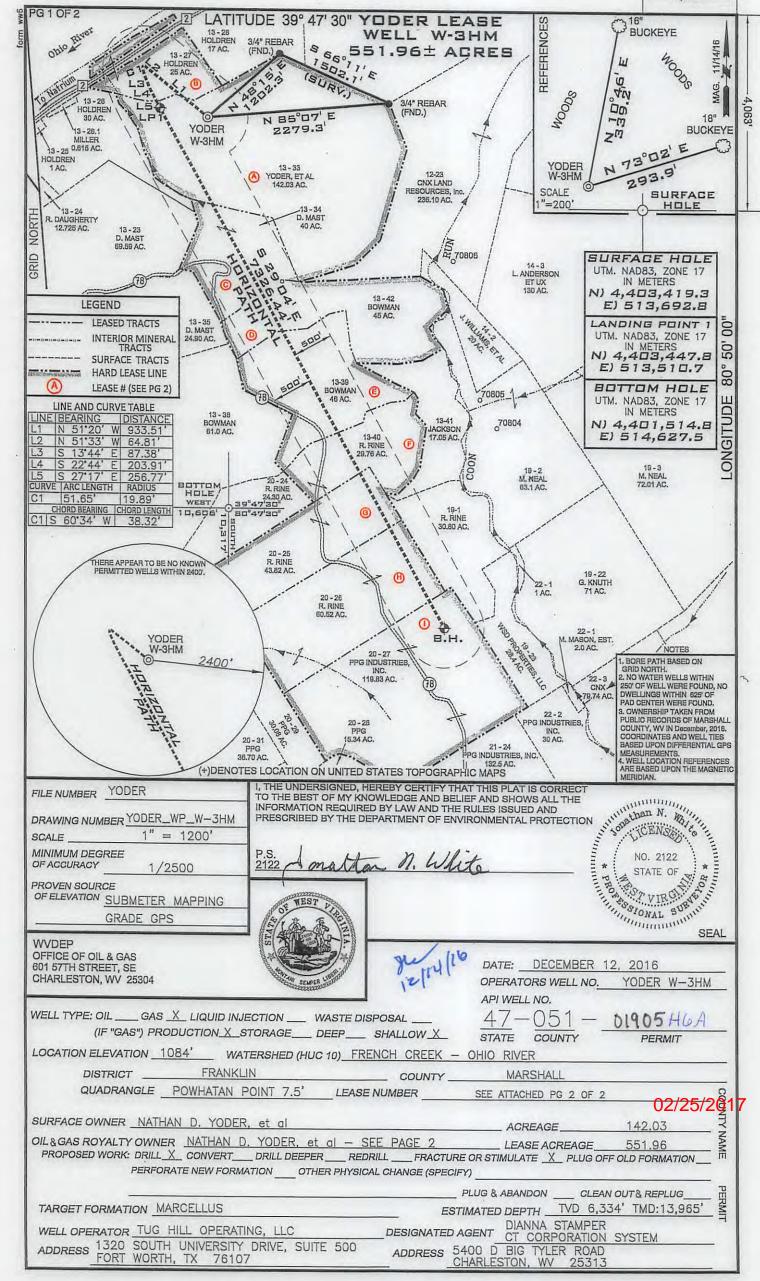
The applicant further acknowledges that any Office of Oil and Gas permit in no way overrides, replaces, or nullifies the need for other permits/approvals that may be necessary and further affirms that all needed permits/approvals should be acquired from the appropriate authority before the affected activity is initiated.

Well Operator: Tug Hill Operating, LLC

By: Jonathan White Appalachia Region 1 9 2016

WV Department of Page 1 of Protection





#### MHE-W RADOY WELL PLAT LEASE INFORMATION

| Lease_N0. | Tag | Parcel  | Oil & Gas Royalty Owner        | Deed B | ook / Pg |
|-----------|-----|---------|--------------------------------|--------|----------|
| 10*14702  | А   | 5-13-33 | NATHAN D. YODER                | 708    | 71       |
| 10*14701  | А   | 5-13-33 | ROSEITA THORNTON               | 885    | 600      |
| 10*14506  | В   | 5-13-27 | JACK L MASON                   | 754    | 240      |
| 10*14617  | С   | 5-13-34 | DAVID J MAST AND MIRIAM A MAST | 716    | 628      |
| 10*14526  | D   | 5-13-42 | THOMAS WILLIAM BOWMAN          | 761    | 432      |
| 10*14527  | D   | 5-13-42 | VICTORIA BOWMAN                | 761    | 434      |
| 10*14526  | E   | 5-13-39 | THOMAS WILLIAM BOWMAN          | 761    | 432      |
| 10*14527  | E   | 5-13-39 | VICTORIA BOWMAN                | 761    | 434      |
| 10*14502  | F   | 5-13-40 | ROBERT E RINE AND DONNA M RINE | 752    | 206      |
| 10*14685  | G   | 5-20-25 | ROBERT E RINE AND DONNA M RINE | 708    | 253      |
| 10*14616  | Н   | 5-20-26 | ROBERT E RINE AND DONNA M RINE | 708    | 250      |
| 10*14325  | 1   | 5-20-27 | ELIZABETH ANN STRAUSBAUGH      | 792    | 104      |
| 10*14326  | 1   | 5-20-27 | JANET LEA BLANKENSHIP          | 792    | 580      |
| 10*14310  | 1   | 5-20-27 | JEAN C. THOMAS                 | 781    | 614      |
| 10*14308  | 1   | 5-20-27 | MARY E. BASSETT                | 779    | 492      |
| 10*14300  | 1   | 5-20-27 | PPG INDUSTRIES, INC.           | 725    | 123      |
| 10*14309  | 1   | 5-20-27 | ROBERT B. THOMAS               | 779    | 484      |
| 10*14324  | 1   | 5-20-27 | RUTH E. BASSETT MEADOWS        | 792    | 100      |
| 10*14307  | 1   | 5-20-27 | SALLY CYNTHIA HOPKINS          | 777    | 572      |

51-01905

02/25/2017

DEC 1 9 7018

WELL OPERATOR TUG HILL OPERATING, LLC

ADDRESS FORT WORTH TX, 76107

DIANNA STAMPER
CT CORPORATION SYSTEM

ADDRESS 5400 D BIG TYLER ROAD
CHARLESTON WV, 25313

WW-6A1 SUPPLEMENT OPERATOR'S WELL NO. YODER W-3HM

| Lease No.      | Tag       | Parcel                     | GRANTOR, LESSOR, ETC.          | GRANTEE, LESSEE, ETC.       | ROYALTY | ВООК | PG  | ASSIGNMENT                                                                                                        | ASSIGNMENT                                                                           | ASSIGNMENT                                                      |
|----------------|-----------|----------------------------|--------------------------------|-----------------------------|---------|------|-----|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 10*14702       | A         | •<br>5-13-33               | NATHAN D. YODER                | CHESAPEAKE APPALACHIA LLC   | 1/8+    | 708  | 71  | 27/321 Chesapeake<br>Appalachia, LLC and Statoil<br>USA Onshore Properties Inc. to<br>Gastar Exploration USA, Inc | 21/41 Cert. of Merger<br>Gastar Exploration<br>USA, Inc to Gastar<br>Exploration Inc | 36/009 Gastar<br>Exploration Inc to TH<br>Exploration II, LLC   |
| 10*14701       | Α         | 5-13-33                    | ROSEITA THORNTON               | GASTAR EXPLORATION INC      | 1/8+    | 885  | 600 | 36/009 Gastar Exploration Inc<br>to TH Exploration II, LLC                                                        | N/A                                                                                  | N/A /                                                           |
| 10*14506       | В         | 5-13-27                    | JACK L MASON                   | GASTAR EXPLORATION USA, INC | 1/8+    | 754  | 240 | 21/41 Cert. of Merger Gastar<br>Exploration USA, Inc to Gastar<br>Exploration Inc                                 | 36/009 Gastar<br>Exploration Inc to TH<br>Exploration II, LLC                        | N/A 🗸                                                           |
| 10*14617       | С         | 5-13-34                    | DAVID J MAST AND MIRIAM A MAST | CHESAPEAKE APPALACHIA LLC   | 1/8+    | 716  | 628 | 27/321 Chesapeake<br>Appalachia, LLC and Statoil<br>USA Onshore Properties Inc. to<br>Gastar Exploration USA, Inc | 21/41 Cert. of Merger<br>Gastar Exploration<br>USA, Inc to Gastar<br>Exploration Inc | 36/009 Gastar V<br>Exploration Inc to TH<br>Exploration II, LLC |
| 10*14526       | D         | 5-13-42                    | THOMAS WILLIAM BOWMAN          | GASTAR EXPLORATION USA, INC | 1/8+    | 761  | 432 | 21/41 Cert. of Merger Gastar<br>Exploration USA, Inc to Gastar<br>Exploration Inc                                 | 36/009 Gastar<br>Exploration Inc to TH<br>Exploration II, LLC                        | N/A 🗸                                                           |
| 10*14527       | D         | 5-13-42                    | VICTORIA BOWMAN                | GASTAR EXPLORATION USA, INC | 1/8+    | 761  | 434 | 21/41 Cert. of Merger Gastar<br>Exploration USA, Inc to Gastar<br>Exploration Inc                                 | 36/009 Gastar Exploration Inc to TH Exploration II, LLC                              | N/A /                                                           |
| 10*14526       | E         | 5-13-39                    | THOMAS WILLIAM BOWMAN          | GASTAR EXPLORATION USA, INC | 1/8+    | 761  | 432 | 21/41 Cert. of Merger Gastar<br>Exploration USA, Inc to Gastar<br>Exploration Inc                                 | 36/009 Gastar Exploration Inc to TH Exploration II, LLC                              | N/A /                                                           |
| 10*14527       | E         | 5-13-39                    | VICTORIA BOWMAN                | GASTAR EXPLORATION USA, INC | 1/8+    | 761  | 434 | 21/41 Cert. of Merger Gastar<br>Exploration USA, Inc to Gastar<br>Exploration Inc                                 | 36/009 Gastar Exploration Inc to TH Exploration II, LLC                              | N/A 🗸                                                           |
| 10*14502       | F         | 5-13-40                    | ROBERT E RINE AND DONNA M RINE | GASTAR EXPLORATION USA, INC | 1/8+    | 752  | 206 | 21/41 Cert. of Merger Gastar<br>Exploration USA, Inc to Gastar<br>Exploration Inc                                 | 36/009 Gastar Exploration Inc to TH Exploration II, LLC                              | N/A 🗸                                                           |
| 10*14685       | G         | 5-20-25                    | ROBERT E RINE AND DONNA M RINE | CHESAPEAKE APPALACHIA LLC   | 1/8+    | 708  | 253 | 27/321 Chesapeake<br>Appalachia, LLC and Statoil<br>USA Onshore Properties Inc. to<br>Gastar Exploration USA, Inc | 21/41 Cert. of Merger<br>Gastar Exploration<br>USA, Inc to Gastar<br>Exploration Inc | 36/009 Gastar  Exploration Inc to TH  Exploration II, LLC       |
| 10*146ent      | DEC 1     | 5-20-267<br>C              | ROBERT E RINE AND DONNA M RINE | CHESAPEAKE APPALACHIA LLC   | 1/8+    | 708  | 250 | 27/321 Chesapeake<br>Appalachia, LLC and Statoil<br>USA Onshore Properties Inc. to<br>Gastar Exploration USA, Inc | 21/41 Cert. of Merger<br>Gastar Exploration<br>USA, Inc to Gastar<br>Exploration Inc | 36/009 Gastar/<br>Exploration Inc to TH<br>Exploration II, LLC  |
| 10*14375       | 9 ZUIB    | 5- <b>20</b> -2 <b>7</b> ] | ELIZABETH ANN STRAUSBAUGH      | GASTAR EXPLORATION USA, INC | 1/8+    | 792  | 104 | 21/41 Cert. of Merger Gastar<br>Exploration USA, Inc to Gastar<br>Exploration Inc                                 | 36/009 Gastar<br>Exploration Inc to TH<br>Exploration II, LLC                        | N/A ~                                                           |
| 10*14\$26<br>O | -<br>t of | 5-26-27                    | JANET LEA BLANKENSHIP          | GASTAR EXPLORATION USA, INC | 1/8+    | 792  | 580 | 21/41 Cert. of Merger Gastar<br>Exploration USA, Inc to Gastar<br>Exploration Inc                                 | 36/009 Gastar<br>Exploration Inc to TH<br>Exploration II, LLC                        | N/A                                                             |

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| Lease No. | Tag | Parcel  | GRANTOR, LESSOR, ETC.   | GRANTEE, LESSEE, ETC.       | ROYALTY | воок | PG  | ASSIGNMENT                     | ASSIGNMENT            | ASSIGNMENT       |
|-----------|-----|---------|-------------------------|-----------------------------|---------|------|-----|--------------------------------|-----------------------|------------------|
|           |     |         |                         |                             |         |      |     | 21/41 Cert. of Merger Gastar   | 36/009 Gastar         |                  |
| 10*14310  | 1   | 5-20-27 | JEAN C. THOMAS          | GASTAR EXPLORATION USA, INC | 1/8+    | 781  | 614 | Exploration USA, Inc to Gastar | Exploration Inc to TH | N/A 🗸            |
|           |     |         |                         |                             |         |      |     | Exploration Inc                | Exploration II, LLC   |                  |
| 1         |     |         |                         |                             |         |      |     | 21/41 Cert. of Merger Gastar   | 36/009 Gastar         |                  |
| 10*14308  | 1   | 5-20-27 | MARY E. BASSETT         | GASTAR EXPLORATION USA, INC | 1/8+    | 779  | 492 | Exploration USA, Inc to Gastar | Exploration Inc to TH | N/A              |
|           |     |         |                         |                             |         |      |     | Exploration Inc                | Exploration II, LLC   |                  |
| ;         |     |         |                         |                             |         |      |     | 21/41 Cert. of Merger Gastar   | 36/009 Gastar         |                  |
| 10*14300  | 1   | 5-20-27 | PPG INDUSTRIES, INC.    | GASTAR EXPLORATION USA, INC | 1/8+    | 725  | 123 | Exploration USA, Inc to Gastar | Exploration Inc to TH | N/A /            |
|           |     |         |                         |                             |         |      |     | Exploration Inc                | Exploration II, LLC   |                  |
|           |     |         |                         |                             |         |      |     | 21/41 Cert. of Merger Gastar   | 36/009 Gastar         | 1                |
| 10*14309  | I   | 5-20-27 | ROBERT B. THOMAS        | GASTAR EXPLORATION USA, INC | 1/8+    | 779  | 484 | Exploration USA, Inc to Gastar | Exploration Inc to TH | N/A /            |
|           |     |         |                         |                             |         |      |     | Exploration Inc                | Exploration II, LLC   |                  |
| 1         |     |         |                         |                             |         |      |     | 21/41 Cert. of Merger Gastar   | 36/009 Gastar         | 1                |
| 10*14324  | 1   | 5-20-27 | RUTH E. BASSETT MEADOWS | GASTAR EXPLORATION USA, INC | 1/8+    | 792  | 100 | Exploration USA, Inc to Gastar | Exploration Inc to TH | N/A              |
|           |     | :       |                         |                             |         |      |     | Exploration Inc                | Exploration II, LLC   |                  |
| 1         |     |         |                         |                             |         |      |     | 21/41 Cert. of Merger Gastar   | 36/009 Gastar         |                  |
| 10*14307  | 1   | 5-20-27 | SALLY CYNTHIA HOPKINS   | GASTAR EXPLORATION USA, INC | 1/8+    | 777  | 572 | Exploration USA, Inc to Gastar | Exploration Inc to TH | N/A <sup>/</sup> |
|           |     |         |                         |                             |         |      |     | Exploration Inc                | Exploration II, LLC   |                  |

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DEC 1 9 2016
W/V Department of
Environmental Protection

#### AFFIDAVIT



| STA   | TE OF TEXAS § \$ SS                                                                                                      |
|-------|--------------------------------------------------------------------------------------------------------------------------|
| COL   | § SS<br>INTY OF TARRANT §                                                                                                |
|       |                                                                                                                          |
|       | On this 18th day of October . 2016, before me, the undersigned authority, personally                                     |
| appe  | ared David D. Kalish ("Affiant") who being first duly sworn under oath, deposes and saith:                               |
| 1.    | TH Exploration, LLC, TH Exploration II, LLC and TH Exploration III, LLC are wholly owned subsidiaries of                 |
|       | THQ Appalachia I, LLC.                                                                                                   |
| 2.    | Tug Hill Operating, LLC provides oil and gas operations services to THQ Appalachia I, LLC under an Operating             |
|       | Services Agreement dated July 23, 2014.                                                                                  |
| 3.    | David D. Kalish, the Affiant, is the Vice President of Tug Hill Operating, LLC, THQ Appalachia I, LLC, TH                |
|       | Exploration, LLC, TH Exploration II, LLC and TH Exploration III, LLC, and;                                               |
| 3.    | Tug Hill Operating, LLC is authorized to operate and maintain the assets owned by THQ Appalachia I, LLC,                 |
|       | including, as referenced above, TH Exploration, LLC, TH Exploration II, LLC, and TH Exploration III, LLC,                |
|       | including oil and gas leases, wells, pipelines, surface facilities, and other all other assets that support the business |
|       | of THQ Appalachia I, LLC, and;                                                                                           |
| 4.    | Specifically, Tug Hill Operating, LLC is authorized to submit and obtain well work permits and carry out all             |
|       | activities pursuant to such work permits for assets owned by TH Exploration, LLC, TH Exploration II, LLC, TH             |
|       | Exploration III, LLC.                                                                                                    |
| FUR   | THER, AFFIANT SAITH NOT.                                                                                                 |
| IN V  | VITNESS WHEREOF, we have hereunto set our hands and seals this 18th day of October, 2016.                                |
| Affia | David D. Kelish  Jan Pest MARSHALL County 03:44:28 PM Instrument No 1416299 Pate Departed 10 (10 percent)                |
|       | JURAT Date Recorded 10/19/2016                                                                                           |

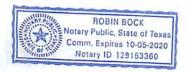
JURA

MARSHALL County 03:44:28 PM Instrument No 1416299 Date Recorded 10/19/2016 Document Type MIS Pages Recorded 1 Book-Page 28-62 Recording Fee \$5.00 Additional \$5.00

STATE OF TEXAS \$ \$ SS COUNTY OF TARRANT \$

Sworn and subscribed to (or affirmed) before me on this, the 18th day of October, 2016, by David D. Kalish

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



My Commission Expires: 10-05-2020

Signature/Notary Public:

Name/Notary Public (Print) Robin Bock

WV Department of Environmental Protection



December 14, 2016

WV Department of Environmental Protection Office of Oil & Gas 601 57<sup>th</sup> Street, SE Charleston, WV 25304 Attention: Laura Adkins

RE: Yoder W-3HM

Subject: Road Crossing Letter

#### Dear Laura:

Tug Hill Operating, LLC will not be drilling, extracting or producing any minerals under any WV County or State Routes in the area reflected on the Yoder W-3HM well plat.

If your office has any questions or concerns regarding the contents of this letter, please do not hesitate to contact me directly at 304-689-7676, or by email at Jwhite@tug-hillop.com.

Sincerely,

Jonathan White

Regulatory Analyst - Appalachia Region

I mathan White

Cell 304-689-7676

Email: jwhite@tug-hillop.com

RECEIVED
Office of Oil and Gas

DEC 1 9 2016

#### STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS **NOTICE CERTIFICATION**

| Date of Notice Certification: 12/15/2018                                                                               |                                                                                                                                                                                                                                                                                                                             | API No. 4                                                                    | API No. 47- 051 - 01905                                                                         |                                                                                                                                                                 |  |  |  |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                             | Operator's                                                                   | Operator's Well No. Yoder W-3HM                                                                 |                                                                                                                                                                 |  |  |  |
| about the M                                                                                                            |                                                                                                                                                                                                                                                                                                                             | Well Pad                                                                     | Name: Yoder                                                                                     |                                                                                                                                                                 |  |  |  |
| Notice has l                                                                                                           |                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                                 |                                                                                                                                                                 |  |  |  |
| Pursuant to th                                                                                                         | ne provisions in West Virginia Code                                                                                                                                                                                                                                                                                         | 22-6A, the Operator has provided the re-                                     | quired parties v                                                                                | with the Notice Forms listed                                                                                                                                    |  |  |  |
| State:                                                                                                                 | tract of land as follows:<br>West Virginia                                                                                                                                                                                                                                                                                  | F-42                                                                         | T40 000 0                                                                                       |                                                                                                                                                                 |  |  |  |
| County:                                                                                                                | Marshall                                                                                                                                                                                                                                                                                                                    | UTM NAD 83 Easting: Northing:                                                | 513,692.8<br>4,403,419.3                                                                        |                                                                                                                                                                 |  |  |  |
| District:                                                                                                              | Franklin                                                                                                                                                                                                                                                                                                                    | Public Road Access:                                                          |                                                                                                 | ad (County Route 78)                                                                                                                                            |  |  |  |
| Quadrangle:                                                                                                            | Powhatan Point 7.5'                                                                                                                                                                                                                                                                                                         | Generally used farm name:                                                    | Nathan D. Yoder                                                                                 |                                                                                                                                                                 |  |  |  |
| Watershed:                                                                                                             | (HUC 10) French Creek - Ohio River                                                                                                                                                                                                                                                                                          | Generally used farm fiame.                                                   | Hadiai D. Todoi                                                                                 |                                                                                                                                                                 |  |  |  |
| prescribed by<br>it has provide<br>information re<br>of giving the<br>requirements<br>Virginia Code<br>of this article | the secretary, shall be verified and seed the owners of the surface described equired by subsections (b) and (c), see surface owner notice of entry to surface owner notice of entry to surface owner notice of subsection (b), section sixteen of \$22-6A-11(b), the applicant shall thave been completed by the applicant |                                                                              | 4) A certification (b), section (b), section (b), section that the surface over that the notice | on from the operator that (i)<br>etion ten of this article, the<br>deemed satisfied as a result<br>cle six-a; or (iii) the notice<br>wher; and Pursuant to West |  |  |  |
| that the Ope                                                                                                           | West Virginia Code § 22-6A, the Oprator has properly served the require<br>ECK ALL THAT APPLY                                                                                                                                                                                                                               | erator has attached proof to this Notice C<br>d parties with the following:  | Certification                                                                                   | OOG OFFICE USE<br>ONLY                                                                                                                                          |  |  |  |
| ☐ 1. NOT                                                                                                               | FICE OF SEISMIC ACTIVITY or                                                                                                                                                                                                                                                                                                 | ■ NOTICE NOT REQUIRED BECASEISMIC ACTIVITY WAS CONDUC                        | V 5 - 3 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4                                                     | RECEIVED/ NOT REQUIRED                                                                                                                                          |  |  |  |
| ■ 2. NO                                                                                                                | FICE OF ENTRY FOR PLAT SURV                                                                                                                                                                                                                                                                                                 | EY or NO PLAT SURVEY WAS C                                                   | ONDUCTED                                                                                        | ☐ RECEIVED                                                                                                                                                      |  |  |  |
| ☐ 3. NO                                                                                                                | TICE OF INTENT TO DRILL or                                                                                                                                                                                                                                                                                                  | NOTICE NOT REQUIRED BECA<br>NOTICE OF ENTRY FOR PLAT SUR<br>WAS CONDUCTED or |                                                                                                 | ☐ RECEIVED/<br>NOT REQUIRED                                                                                                                                     |  |  |  |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                             | ☐ WRITTEN WAIVER BY SURFA (PLEASE ATTACH)                                    | CE OWNER                                                                                        |                                                                                                                                                                 |  |  |  |
| ■ 4. NO                                                                                                                | TICE OF PLANNED OPERATION                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                                 | ☐ RECEIVED                                                                                                                                                      |  |  |  |
| ■ 5. PUE                                                                                                               | BLIC NOTICE                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                 | ☐ RECEIVED                                                                                                                                                      |  |  |  |
| ■ 6. NO                                                                                                                | TICE OF APPLICATION                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                                 | ☐ RECEIVED                                                                                                                                                      |  |  |  |

Required Attachments:

The Operator shall attach to this Notice Certification Form all Notice Forms and Certifications of Notice that have been provided to the required parties and/or any associated written waivers. For the Public Notice, the operator shall attach a copy of the Class II Legal Advertisement with publication date verification or the associated Affidavit of Publication. The rattached Notice Forms and Certifications of Notice shall serve as proof that the required parties have been noticed as required under West Virginia Code § 22-6A. Pursuant to West Virginia Code § 22-6A-11(b), the Certification of Notice to the person may be made by affidavit of personal service, Department of the return receipt card or other postal receipt for certified mailing. Environmental Protection

#### Certification of Notice is hereby given:

THEREFORE, I Jonathan White \_\_\_\_\_\_\_, have read and understand the notice requirements within West Virginia Code § 22-6A. I certify that as required under West Virginia Code § 22-6A, I have served the attached copies of the Notice Forms, identified above, to the required parties through personal service, by registered mail or by any method of delivery that requires a receipt or signature confirmation. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this Notice Certification 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.

Well Operator: Tug Hill Operating, LLC

By: Jonathan White malhem

Jonathan White muthem White Regulatory Analyst - Appalachia

Telephone: (7

Its:

(724) 749-8388

Address: 38

380 Southpointe Blvd, Southepointe Plaza II, Suite 200

Canonsburg, PA 15317

Facsimile: 724-338-2030

Email: jwhite tug-hillop.com

NOTARY SEAL

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

David Gabriel DeLallo, Notary Public Cecil Township, Washington County My Commission Expires February 16, 2020 Subscribed and sworn before me this 15 day of December, 2016

Notary Public

My Commission Expires 2/16/2020

Oil and Gas Privacy Notice:

The Office of Oil and Gas processes your personal information, such as name, address and telephone number, as part of our regulatory duties. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. Our office will appropriately secure your personal information. If you have any questions about our use or your personal information, please contact DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.

PRECEIVED
Office of Oil and Gas

DEC 1 9 2016

WV Department of Environmental Protection WW-6A (9-13)

API NO. 47-051 - 0 19 0 5
OPERATOR WELL NO. Yoder W-3HM
Well Pad Name: Yoder

## STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS NOTICE OF APPLICATION

| Notice Time Requirement: notice shall be provided no later t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | than the filing date of permit application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notice: 12/15/16 Date Permit Application Filed: 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2/18/46                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Notice of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Notice of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PERMIT FOR ANY CERTIFICATE OF A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PPROVAL FOR THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | F AN IMPOUNDMENT OR PIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| WELL WORK CONSTRUCTION O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AN INFOUNDMENT OR PIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Delivery method pursuant to West Virginia Code § 22-6A-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ☐ PERSONAL ☐ REGISTERED ☑ MET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | THOD OF DELIVERY THAT REQUIRES A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EIPT OR SIGNATURE CONFIRMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ate of the application, the applicant for a permit for any well work or for a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| the surface of the tract on which the well is or is proposed to be located and gas leasehold being developed by the proposed well work, described in the erosion and sediment control plan submitted pure operator or lessee, in the event the tract of land on which the well more coal seams; (4) The owners of record of the surface tract or well work, if the surface tract is to be used for the placement, con impoundment or pit as described in section nine of this article; (5) have a water well, spring or water supply source located within or provide water for consumption by humans or domestic animals; a proposed well work activity is to take place. (c)(1) If more than the subsection (b) of this section hold interests in the lands, the application of the sheriff required to be maintained pursuant to section provision of this article to the contrary, notice to a lien holder is no | define the well plat to each of the following persons: (1) The owners of record of pocated; (2) The owners of record of the surface tract or tracts overlying the partial plane in the surface tract is to be used for roads or other land disturbance as suant to subsection (c), section seven of this article; (3) The coal owner, proposed to be drilled is located [sic] is known to be underlain by one or tracts overlying the oil and gas leasehold being developed by the proposed struction, enlargement, alteration, repair, removal or abandonment of any Any surface owner or water purveyor who is known to the applicant to be thousand five hundred feet of the center of the well pad which is used to and (6) The operator of any natural gas storage field within which the gree tenants in common or other co-owners of interests described in the cant may serve the documents required upon the person described in the meight, article one, chapter eleven-a of this code. (2) Notwithstanding any of notice to a landowner, unless the lien holder is the landowner. W. Va. provide the Well Site Safety Plan ("WSSP") to the surface owner and any ag as provided in section 15 of this rule. |
| ☑ Application Notice ☑ WSSP Notice ☑ E&S Plan Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ce. 77 Well Plat Notice, is hereby provided to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SURFACE OWNER(s) Name: Nathan D. Yoder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ COAL OWNER OR LESSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Name: Nathan D. Yoder Address: 2150 County Road 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name: Appalachía Power Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Millersburg, OH 44654                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address: 1 Riverside Place  Columbus, OH 43215 **SEE SUPPLEMENT PAGE**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Name: Roseita Thornton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COAL OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Address: 2550 State Road 580, Lot 392                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Clearwater, FL 33761                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SURFACE OWNER(s) (Road and/or Other Disturbance)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Name: David J. Mast and Miriam A. Mast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☑ SURFACE OWNER OF WATER WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Address: 7271 TR 664                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AND/OR WATER PURVEYOR(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Dundee, OH 44625                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name: David J. Mast and Miriam A. Mast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Vame: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address: 271 TR 664                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address: 271 1R 664  Dundee, OH 44625                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OPERATOR OF ANY NATURAL GAS STORAGE FIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SURFACE OWNER(s) (Impoundments or Pits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| James NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name: NONE DEC 192016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Tudi 655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | *Dlagge attack additional C. A. of Language                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | *Please attach additional forms if necessary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Environmental Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , ~ (COD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

API NO. 47- 051 - 0 1905

OPERATOR WELL NO. Yoder W-3HM

Well Pad Name: Yoder

#### Notice is hereby given:

Pursuant to West Virginia Code § 22-6A-10(b), notice is hereby given that the undersigned well operator has applied for a permit for well work or for a certificate of approval for the construction of an impoundment or pit.

#### This Notice Shall Include:

Pursuant to W. Va. Code § 22-6A-10(b), this notice shall include: (1) copies of the application; (2) the erosion and sediment control plan required by section seven of this article; and (3) the well plat.

Pursuant to W. Va. Code § 22-6A-10(f), this notice shall include: (1) a statement of the time limits for filing written comments; (2) who may file written comments; (3) the name and address of the secretary for the purpose of filing the comments and obtaining additional information; and (4) a statement that the persons may request, at the time of submitting written comments, notice of the permit decision and a list of persons qualified to test water.

Pursuant to W. Va. Code R. § 35-8-5.7.a, the operator shall provide the Well Site Safety Plan to the surface owner and any water purveyor or surface owner subject to notice and water testing as provided in section 15 of this rule.

Pursuant to W. Va. Code R. § 35-8-15.2.c, this notice shall: (1) contain a statement of the surface owner's and water purveyor's right to request sampling and analysis; (2) advise the surface owner and water purveyor of the rebuttable presumption for contamination or deprivation of a fresh water source or supply; advise the surface owner and water purveyor that refusal to allow the operator to conduct a pre-drilling water well test constitutes a method to rebut the presumption of liability; (3) advise the surface owner and water purveyor of his or her independent right to sample and analyze any water supply at his or her own expense; advise the surface owner and water purveyor whether or not the operator will utilize an independent laboratory to analyze any sample; and (4) advise the surface owner and or water purveyor that he or she can obtain from the Chief a list of water testing laboratories in the subject area capable of and qualified to test water supplies in accordance with standard acceptable methods.

Additional information related to horizontal drilling may be obtained from the Secretary, at the WV Department of Environmental Protection headquarters, located at 601 57<sup>th</sup> Street, SE, Charleston, WV 25304 (304-926-0450) or by visiting <a href="www.dep.wv.gov/oil-and-gas/pages/default.aspx">www.dep.wv.gov/oil-and-gas/pages/default.aspx</a>.

#### Well Location Restrictions

Pursuant to W. Va. Code § 22-6A-12, Wells may not be drilled within two hundred fifty feet measured horizontally from any existing water well or developed spring used for human or domestic animal consumption. The center of well pads may not be located within six hundred twenty-five feet of an occupied dwelling structure, or a building two thousand five hundred square feet or larger used to house or shelter dairy cattle or poultry husbandry. This limitation is applicable to those wells, developed springs, dwellings or agricultural buildings that existed on the date a notice to the surface owner of planned entry for surveying or staking as provided in section ten of this article or a notice of intent to drill a horizontal well as provided in subsection (b), section sixteen of this article was provided, whichever occurs first, and to any dwelling under construction prior to that date. This limitation may be waived by written consent of the surface owner transmitted to the department and recorded in the real property records maintained by the clerk of the county commission for the county in which such property is located. Furthermore, the well operator may be granted a variance by the secretary from these distance restrictions upon submission of a plan which identifies the sufficient measures, facilities or practices to be employed during well site construction, drilling and operations. The variance, if granted, shall include terms and conditions the department requires to ensure the safety and protection of affected persons and property. The terms and conditions may include insurance, bonding and indemnification, as well as technical requirements. (b) No well pad may be prepared or well drilled within one hundred feet measured horizontally from any perennial stream, natural or artificial lake, pond or reservoir, or a wetland, or within three hundred feet of a naturally reproducing trout stream. No well pad may be located within one thousand feet of a surface or ground water intake of a public water supply. The distance from the public water supply as identified by the department shall be measured as follows: (1) For a surface water intake on a lake or reservoir, the distance shall be measured from the boundary of the lake or reservoir. (2) For a surface water intake on a flowing stream, the distance shall be measured from a semicircular radius extending upstream of the surface water intake. (3) For a groundwater source, the distance shall be measured from the wellhead or spring. The department may, in its discretion, waive these distance restrictions upon submission of a plan identifying sufficient measures, facilities or practices to be employed during well site construction, drilling and operations to protect the waters of the state. A waiver, if granted, shall impose any permit conditions as the secretary considers necessary. (c) Notwithstanding the foregoing provisions of this section, nothing contained in this section prevents an operator from conducting the activities permitted or authorized by a Clean Water Act Section 404 permit or other approval from the United States Army Corps of Engineers within any waters of the state or within the restricted areas referenced in this section. (d) The well location restrictions set forth in this section shall not apply to any well on a multiple well pad if at least one of the wells was permitted prior to the effective date of this article. (e) The secretary shall, by December 31, 2012, report to the Legislature on the noise, light, dust and volatile organic compounds generated by the drilling of horizontal wells as they relate to the well location restrictions regarding occupied dwelling structures pursuant to this section. Upon a finding, if any, by the secretary that the well location restrictions regarding occupied dwelling structures are inadequate or otherwise require alteration to address the items 02/25/2017

API NO. 47-051 - 01905 OPERATOR WELL NO. Yoder W-3HM

Well Pad Name: Yoder

examined in the study required by this subsection, the secretary shall have the authority to propose for promulgation legislative rules establishing guidelines and procedures regarding reasonable levels of noise, light, dust and volatile organic compounds relating to drilling horizontal wells, including reasonable means of mitigating such factors, if necessary.

#### Water Well Testing:

Pursuant to West Virginia Code § 22-6A-10(d), notification shall be made, with respect to surface landowners identified in subsection (b) or water purveyors identified in subdivision (5), subsection (b) of this section, of the opportunity for testing their water well. The operator shall provide an analysis to such surface landowner or water purveyor at their request.

#### Water Testing Laboratories:

Pursuant to West Virginia Code § 22-6A-10(i), persons entitled to notice pursuant to subsection (b) of this section may contact the department to ascertain the names and locations of water testing laboratories in the subject area capable and qualified to test water supplies in accordance with standard accepted methods. In compiling that list of names the department shall consult with the state Bureau for Public Health and local health departments. A surface owner and water purveyor has an independent right to sample and analyze any water supply at his or her own expense. The laboratory utilized by the operator shall be approved by the agency as being certified and capable of performing sample analyses in accordance with this section.

#### Rebuttable Presumption for Contamination or Deprivation of a Fresh Water Source or Supply:

W. Va. Code § 22-6A-18 requires that (b) unless rebutted by one of the defenses established in subsection (c) of this section, in any action for contamination or deprivation of a fresh water source or supply within one thousand five hundred feet of the center of the well pad for horizontal well, there is a rebuttable presumption that the drilling and the oil or gas well or either was the proximate cause of the contamination or deprivation of the fresh water source or supply. (c) In order to rebut the presumption of liability established in subsection (b) of this section, the operator must prove by a preponderance of the evidence one of the following defenses: (1) The pollution existed prior to the drilling or alteration activity as determined by a predrilling or prealteration water well test. (2) The landowner or water purveyor refused to allow the operator access to the property to conduct a predrilling or prealteration water well test. (3) The water supply is not within one thousand five hundred feet of the well. (4) The pollution occurred more than six months after completion of drilling or alteration activities. (5) The pollution occurred as the result of some cause other than the drilling or alteration activity. (d) Any operator electing to preserve its defenses under subdivision (1), subsection (c) of this section shall retain the services of an independent certified laboratory to conduct the predrilling or prealteration water well test. A copy of the results of the test shall be submitted to the department and the surface owner or water purveyor in a manner prescribed by the secretary. (e) Any operator shall replace the water supply of an owner of interest in real property who obtains all or part of that owner's supply of water for domestic, agricultural, industrial or other legitimate use from an underground or surface source with a comparable water supply where the secretary determines that the water supply has been affected by contamination, diminution or interruption proximately caused by the oil or gas operation, unless waived in writing by that owner. (f) The secretary may order the operator conducting the oil or gas operation to: (1) Provide an emergency drinking water supply within twenty-four hours; (2) Provide temporary water supply within seventy-two hours; (3) Within thirty days begin activities to establish a permanent water supply or submit a proposal to the secretary outlining the measures and timetables to be used in establishing a permanent supply. The total time in providing a permanent water supply may not exceed two years. If the operator demonstrates that providing a permanent replacement water supply cannot be completed within two years, the secretary may extend the time frame on case-by-case basis; and (4) Pay all reasonable costs incurred by the real property owner in securing a water supply. (g) A person as described in subsection (b) of this section aggrieved under the provisions of subsections (b), (e) or (f) of this section may seek relief in court... (i) Notwithstanding the denial of the operator of responsibility for the damage to the real property owner's water supply or the status of any appeal on determination of liability for the damage to the real property owner's water supply, the operator may not discontinue providing the required water service until authorized to do so by the secretary or a court of competent jurisdiction.

#### Written Comment:

Pursuant to West Virginia Code § 22-6A-11(a), all persons described in subsection (b), section ten of this article may file written comments with the secretary as to the location or construction of the applicant's proposed well work within thirty days after the application is filed with the secretary. All persons described in West Virginia Code § 22-6A-10(b) may file written comments as to the location or construction of the applicant's proposed well work to the Secretary at:

Chief, Office of Oil and Gas
Department of Environmental Protection
601 57<sup>th</sup> St. SE
Charleston, WV 25304
(304) 926-0450

higdbivEB Office of Oil and Gas

DEC 1 9 2016

(304) 926-0450

Such persons may request, at the time of submitting written comments, notice of the permit decision and a list of persons qualified to test water. NOTE: YOU ARE NOT REQUIRED TO FILE ANY COMMENT.

WW-6A (8-13)

API NO. 47-051 - 0 1905
OPERATOR WELL NO. Yoder W-3HM
Well Pad Name: Yoder

#### Time Limits and Methods for Filing Comments.

The law requires these materials to be served on or before the date the operator files its Application. You have THIRTY (30) DAYS after the filing date to file your comments. Comments must be filed in person or received in the mail by the Chief's office by the time stated above. You may call the Chief's office to be sure of the date. Check with your postmaster to ensure adequate delivery time or to arrange special expedited handling. If you have been contacted by the well operator and you have signed a "voluntary statement of no objection" to the planned work described in these materials, then the permit may be issued at any time.

Pursuant to West Virginia Code § 22-6A-11(c)(2), Any objections of the affected coal operators and coal seam owners and lessees shall be addressed through the processes and procedures that exist under sections fifteen, seventeen and forty, article six of this chapter, as applicable and as incorporated into this article by section five of this article. The written comments filed by the parties entitled to notice under subdivisions (1), (2), (4), (5) and (6), subsection (b), section ten of this article shall be considered by the secretary in the permit issuance process, but the parties are not entitled to participate in the processes and proceedings that exist under sections fifteen, seventeen or forty, article six of this chapter, as applicable and as incorporated into this article by section five of this article.

#### **Comment Requirements**

Your comments must be in writing and include your name, address and telephone number, the well operator's name and well number and the approximate location of the proposed well site including district and county from the application. You may add other documents, such as sketches, maps or photographs to support your comments.

Disclaimer: All comments received will be placed on our web site <a href="http://www.dep.wv.gov/oil-and-gas/Horizontal-Permits/Pages/default.aspx">http://www.dep.wv.gov/oil-and-gas/Horizontal-Permits/Pages/default.aspx</a> and the applicant will automatically be forwarded an email notice that such comments have been submitted. The applicant will be expected to provide a response to comments submitted by any surface owner, water purveyor or natural gas storage operator noticed within the application.

#### Permit Denial or Condition

The Chief has the power to deny or condition a well work permit. Pursuant to West Virginia Code § 22-6A-8(d), the permit may not be issued or be conditioned, including conditions with respect to the location of the well and access roads prior to issuance if the director determines that:

- (1) The proposed well work will constitute a hazard to the safety of persons:
- (2) The plan for soil erosion and sediment control is not adequate or effective;
- (3) Damage would occur to publicly owned lands or resources; or
- (4) The proposed well work fails to protect fresh water sources or supplies.

A permit may also be denied under West Virginia Code § 22-6A-7(k), the secretary shall deny the issuance of a permit if the secretary determines that the applicant has committed a substantial violation of a previously issued permit for a horizontal well, including the applicable erosion and sediment control plan associated with the previously issued permit, or a substantial violation of one or more of the rules promulgated under this article, and in each instance has failed to abate or seek review of the violation within the time prescribed by the secretary pursuant to the provisions of subdivisions (1) and (2), subsection (a), section five of this article and the rules promulgated hereunder, which time may not be unreasonable.

Pursuant to West Virginia Code § 22-6A-10(g), any person entitled to submit written comments to the secretary pursuant to subsection (a), section eleven of this article, shall also be entitled to receive from the secretary a copy of the permit as issued or a copy of the order modifying or denying the permit if the person requests receipt of them as a part of the written comments submitted concerning the permit application. Such persons may request, at the time of submitting written comments, notice of the permit decision and a list of persons qualified to test water.

Office of Gill and Gas DEC 1 9 2016

WV Department of Environmental Protection

WW-6A (8-13)

API NO. 47-051 OPERATOR WELL NO. Yoder W-3HM Well Pad Name: Yoder

Notice is hereby given by:

Well Operator: Tug Hill Operating, LLC

Telephone: 724-338-2026 Email: jwhite@tug-hillop.com

Facsimile: 724-338-2030

Address: 380 Southepointe Blvd, Southpointe Plaza II, Suite 200

Canonsburg, PA 15317

Oil and Gas Privacy Notice:

The Office of Oil and Gas processes your personal information, such as name, address and telephone number, as part of our regulatory duties. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. Our office will appropriately secure your personal information. If you have any questions about our use or your personal information, please contact DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL

David Gabriel DeLallo, Notary Public Cecil Township, Washington County My Commission Expires February 16, 2020 Subscribed and sworn before me this 15 day of December, 2016.

Notary Public

My Commission Expires

RECEIVED Office of Oil and Gas

DEC 1 9 2016

W.V. Department of Environmental Protection WW-6A Notice of Application .......Operator Well No. <u>Yoder W-3HM</u>
Supplement Page

Coal Owner(s):

Name: CNX Land, LLC

Address: 1000 Consol Energy Drive

Canonsburg, PA 15317

SURFACE OWNER OF WATER WELL AND/OR WATER PURVEYOR(S):

Name: Aaron Paul Holdren, et ux

110 Ridgemont Drive Mars, PA 16066-5402

> RECEIVED Office of Oil and Gas

> > DEC 1 9 2016

WV Department of Environmental Protection WW-6A

Supplement Pg. 1A

December 12, 2016 Tug Hill Operating, LLC 380 Southpointe BLVD Suite 200 Canonsburg, PA 15317

#### WATER WELL REPORT

Well: Yoder W-3HM

District: Franklin County: Marshall State: WV

There appears to be three (3) possible water sources within 2,000 feet of the above referenced well location.

| House 1            | House 2                   | House 3                   |
|--------------------|---------------------------|---------------------------|
| TM 13 Par. 34      | TM 13 Par. 26             | TM 13 Par. 27             |
| (Hunting Cabin)    | (Old House Foundation)    | (Old House Foundation)    |
| David Mast         | Aaron Paul Holdren, et ux | Aaron Paul Holdren, et ux |
| Phone 330-359-5622 | Phone Unisted             | Phone Unisted             |
| 7271 TR 664        | 110 Ridgemont Drive       | 110 Ridgemont Drive       |
| Dundee, OH 44626   | Mars, PA 16066-5402       | Mars, PA 16066-5402       |
|                    |                           |                           |

RECEIVED Office of Cil and Gas

DEC 1 9 2016

V/V Department of Environmental Protection

Operator Well No. Yoder W-3HM

## STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS NOTICE OF ENTRY FOR PLAT SURVEY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Requirement: Notice shall be provi                                                                                                                                                                                                                                                                      | ided at least SEVEN (7) day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s but no more than                                                                                                     | n FORTY-FIVE (45) o                                                                                                                        | lays prior to                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| entry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | November 2 2016 Date of Plan                                                                                                                                                                                                                                                                            | and Enter: November 9 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                                                                            |                                                                  |
| Date of Notic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ce: November 2, 2016 Date of Plan                                                                                                                                                                                                                                                                       | ned Entry: November 9, 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                                                                                                      |                                                                                                                                            |                                                                  |
| Delivery met                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | hod pursuant to West Virginia Co                                                                                                                                                                                                                                                                        | de § 22-6A-10a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                                                                                            |                                                                  |
| ☐ PERSO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAL REGISTERED                                                                                                                                                                                                                                                                                          | ☐ METHOD OF DEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IVERY THAT RE                                                                                                          | EOUIRES A                                                                                                                                  |                                                                  |
| SERVIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         | RECEIPT OR SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                                                                            |                                                                  |
| SERVIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MAIL                                                                                                                                                                                                                                                                                                    | RECEII I OR SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A TORL COM IN                                                                                                          | WINTION                                                                                                                                    |                                                                  |
| on to the surfi-<br>but no more t<br>beneath such<br>owner of min<br>and Sediment<br>Secretary, wh<br>enable the sur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Vest Virginia Code § 22-6A-10(a), Pace tract to conduct any plat surveys han forty-five days prior to such entitract that has filed a declaration pursurals underlying such tract in the control Manual and the statutes and ich statement shall include contact inface owner to obtain copies from the | required pursuant to this arry to: (1) The surface owner suant to section thirty-six, are anty tax records. The noticed rules related to oil and gas information, including the according to the | ticle. Such notice s<br>of such tract; (2) t<br>ticle six, chapter to<br>shall include a state<br>exploration and pro- | shall be provided at leas<br>to any owner or lessee of<br>wenty-two of this code;<br>atement that copies of the<br>roduction may be obtain | of coal seams<br>and (3) any<br>ne state Erosion<br>and from the |
| Notice is her                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eby provided to:                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                                                                            |                                                                  |
| ■ SURFAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CE OWNER(s)                                                                                                                                                                                                                                                                                             | ■ COAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OWNER OR LE                                                                                                            | SSEE                                                                                                                                       |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nan D. Yoder, et al                                                                                                                                                                                                                                                                                     | Name: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ppalachia Power Compan                                                                                                 | ny                                                                                                                                         |                                                                  |
| Address: 2150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | County Road 150                                                                                                                                                                                                                                                                                         | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Riverside Place                                                                                                        |                                                                                                                                            |                                                                  |
| the second secon | rsburg, OH 44654                                                                                                                                                                                                                                                                                        | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | olumbus, OH 43215                                                                                                      | *See Attached                                                                                                                              |                                                                  |
| Name: Rose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | eita Thornton                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | J. T. ALD                                                                                                              |                                                                                                                                            |                                                                  |
| Address: 2550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State Road 580, Lot 392                                                                                                                                                                                                                                                                                 | ■ MINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RAL OWNER(s)                                                                                                           | /                                                                                                                                          |                                                                  |
| Clear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | water, FL 33761                                                                                                                                                                                                                                                                                         | Name: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | lathan D. Yoder                                                                                                        |                                                                                                                                            |                                                                  |
| Titaline.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d J. Mast and Miriam A. Mast                                                                                                                                                                                                                                                                            | Address: 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 150 County Road 150                                                                                                    |                                                                                                                                            |                                                                  |
| Address: 7271                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TR 664                                                                                                                                                                                                                                                                                                  | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | fillersburg, OH 44654                                                                                                  | *See Attached                                                                                                                              |                                                                  |
| Dund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ee, OH 44624                                                                                                                                                                                                                                                                                            | *please attacl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | additional forms if ne                                                                                                 | cessary                                                                                                                                    |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | reby given: Vest Virginia Code § 22-6A-10(a), no on the tract of land as follows: WEST VIRGINIA MARSHALL FRANKLIN POWHATAN POINT 7.5'                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ude & Longitude:                                                                                                       | LAT: 39 7806053, LONG: -80.0 WAYNE RIDGE ROAD (COUN (HUC 10) FRENCH CREEK- C                                                               | 3400980<br>ITY ROUTE 78)                                         |
| may be obtain<br>Charleston, V<br>obtained from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | state Erosion and Sediment Control and from the Secretary, at the WV D VV 25304 (304-926-0450). Copies in the Secretary by visiting <a href="https://www.dep.oreby.given.by">www.dep.oreby.given.by</a> : TUG HILL OPERATING, LLC 724-749-8388  JWHITE@TUG-HILLOP.COM                                   | epartment of Environmenta<br>of such documents or additi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | l Protection headq<br>onal information r<br>lefault.aspx.                                                              | uarters, located at 601 5 elated to horizontal dril  LVD, SOUTHPOINTE PLAZA II, 8                                                          | 17 <sup>th</sup> Street, SE,<br>ling may be                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | Office of Of                                                                                                                               | land o                                                           |
| Oil and Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s Privacy Notice:                                                                                                                                                                                                                                                                                       | al information, such as name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | address and tale                                                                                                       | phone number, as part of                                                                                                                   |                                                                  |

The Office of Oil and Gas processes your personal information, such as name, address and telephone number, as part of our regulatory duties. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. Our office will appropriately secure your personal information. If you have any questions about our use or your personal information, please contact DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.

### WW-6A3 Notice of Entry for Plat Survey ......Operator Well No. Yoder W-3HM **Supplement Page**

#### Mineral Owner(s):

Name: Bounty Minerals, LLC Address:

777 Main Street, Suite 850

Fort Worth, TX 76102

Roseita Thornton Name:

Address: 2550 State Road 580, Lot 392

Clearwater, FL 33761

Name: David J. Mast and Miriam A. Mast

7271 TR 664 Address:

Dundee, OH 44624

Coal Owner(s):

Name: CNX Land LLC

Address: 1000 Consol Energy Drive

Canonsburg, PA 15317

WW-6A5 (1/12)

Operator Well No. Yoder W-3HM

51-01905

# STATE OF WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS NOTICE OF PLANNED OPERATION

| Date of Noti                                                                                                                                                                                                                     | ce: 12/15/2016 Date Perm                                                                                                                                                                                                                                                                                                                                                                                                            | it Application Filed: 12                                                                                                                                                                                                                       | 15/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Delivery me                                                                                                                                                                                                                      | thod pursuant to West Virginia Cod                                                                                                                                                                                                                                                                                                                                                                                                  | le § 22-6A-16(c)                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |
| ■ CERTI                                                                                                                                                                                                                          | FIED MAIL                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ HAND                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                  | RN RECEIPT REQUESTED                                                                                                                                                                                                                                                                                                                                                                                                                | DELIVERY                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |
| return receipt the planned of required to be drilling of a damages to th (d) The notice of notice.  Notice is her                                                                                                                | requested or hand delivery, give the soperation. The notice required by the provided by subsection (b), section the horizontal well; and (3) A proposed ne surface affected by oil and gas oper                                                                                                                                                                                                                                     | surface owner whose land is subsection shall includent of this article to a surface use and compensations to the extent the divento the surface owner.  WNER(s)                                                                                | d will be used for<br>ide: (1) A copy<br>face owner whose<br>sation agreemer<br>amages are com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ication, an operator shall, by certified mail<br>for the drilling of a horizontal well notice of<br>of this code section; (2) The information<br>se land will be used in conjunction with the<br>at containing an offer of compensation for<br>pensable under article six-b of this chapter.<br>sted in the records of the sheriff at the time                                                          |
| •                                                                                                                                                                                                                                | s listed in the records of the sheriff at                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                | Roseita Thornton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                  | II D. Todal                                                                                                                                                                                                                                                                                                                                                                                                                         | Name:                                                                                                                                                                                                                                          | Nuscita Highligh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                         |
| -0.0                                                                                                                                                                                                                             | County Road 150                                                                                                                                                                                                                                                                                                                                                                                                                     | Address                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 580 Lot 392                                                                                                                                                                                                                                                                                                                                                                                             |
| Address: 2150 Millersburg, OH 4                                                                                                                                                                                                  | eby given:                                                                                                                                                                                                                                                                                                                                                                                                                          | Clearwa                                                                                                                                                                                                                                        | S: 2550 State Road 5<br>ter, FL 33761                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **SEE ATTACHED PAGE**                                                                                                                                                                                                                                                                                                                                                                                   |
| Address: 2150 Millersburg, OH 4  Notice is here Pursuant to Woperation on State:                                                                                                                                                 | eby given:                                                                                                                                                                                                                                                                                                                                                                                                                          | Clearwa                                                                                                                                                                                                                                        | s: 2550 State Road Ster, FL 33761  he undersigned all well on the tra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | well operator has developed a planned act of land as follows:  513,692.8                                                                                                                                                                                                                                                                                                                                |
| Address: 2150 Millersburg, OH 4  Notice is here Pursuant to W Operation on State: County;                                                                                                                                        | eby given:<br>Vest Virginia Code § 22-6A-16(c), not<br>the surface owner's land for the purpo<br>WEST VIRGINIA                                                                                                                                                                                                                                                                                                                      | Clearwa<br>ice is hereby given that to<br>ose of drilling a horizonta                                                                                                                                                                          | s: 2550 State Road Ster, FL 33761  the undersigned of the transfer Easting: Northing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | well operator has developed a planned act of land as follows:                                                                                                                                                                                                                                                                                                                                           |
| Address: 2150 Millersburg, OH 4  Notice is here Pursuant to W operation on State: County: District:                                                                                                                              | eby given: Vest Virginia Code § 22-6A-16(c), not the surface owner's land for the purpowers west virginia                                                                                                                                                                                                                                                                                                                           | clearwa  ice is hereby given that to  ose of drilling a horizonta  UTM NAD 8  Public Road                                                                                                                                                      | s: 2550 State Road Ster, FL 33761  the undersigned of the transfer Easting: Northing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | well operator has developed a planned act of land as follows:  513,692.8  4,403,419.3                                                                                                                                                                                                                                                                                                                   |
| Address: 2150 Millersburg, OH 4  Notice is here Pursuant to W                                                                                                                                                                    | eby given: Vest Virginia Code § 22-6A-16(c), not the surface owner's land for the purpowest virginia  MARSHALL FRANKLIN                                                                                                                                                                                                                                                                                                             | clearwa  ice is hereby given that to  ose of drilling a horizonta  UTM NAD 8  Public Road                                                                                                                                                      | s: 2550 State Road Ster, FL 33761  the undersigned of the transport of the | well operator has developed a planned act of land as follows:  513,692.8  4,403,419.3  WAYNE RIDGE ROAD (COUNTY ROUTE 78)                                                                                                                                                                                                                                                                               |
| Address: 2150 Millersburg, OH 4  Notice is here Pursuant to W operation on State: County; District: Quadrangle: Watershed:  Pursuant to W o be provide norizontal we surface affect nformation re                                | eby given:  Vest Virginia Code § 22-6A-16(c), not the surface owner's land for the purpowest virginia  MARSHALL  FRANKLIN  POWHATAN POINT 7.5'  (HUC 10) FRENCH CREEK - OHIO RIVER  Shall Include:  Vest Virginia Code § 22-6A-16(c), this ed by W. Va. Code § 22-6A-10(b) to oll; and (3) A proposed surface use and ed by oil and gas operations to the elated to horizontal drilling may be colocated at 601 57th Street, SE, Co | Clearwa  cice is hereby given that to copy of drilling a horizonta  UTM NAD 8  Public Road  Generally us  s notice shall include: (1) to a surface owner whose d compensation agreement agreement the damages are copy obtained from the Secre | s: 2550 State Road State, FL 33761  the undersigned of well on the trace as Easting: Northing: Access: ed farm name:  (A copy of this e land will be undersigned arm persable undersy, at the WV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | well operator has developed a planned act of land as follows:  513,692.8  4,403,419.3  WAYNE RIDGE ROAD (COUNTY ROUTE 78)                                                                                                                                                                                                                                                                               |
| Address: 2150 Millersburg, OH 4  Notice is here Pursuant to We peration on State: County: District: Quadrangle: Watershed:  Pursuant to We obe provide norizontal we purface affect information re deadquarters, as/pages/defi   | eby given: Vest Virginia Code § 22-6A-16(c), not the surface owner's land for the purpowest virginia MARSHALL FRANKLIN POWHATAN POINT 7.5' (HUC 10) FRENCH CREEK - OHIO RIVER  Shall Include: Vest Virginia Code § 22-6A-16(c), this ed by W. Va. Code § 22-6A-10(b) to ell; and (3) A proposed surface use and eleberated to horizontal drilling may be eleberated at 601 57th Street, SE, Cault.aspx.                             | Clearwa  cice is hereby given that to copy of drilling a horizonta  UTM NAD 8  Public Road  Generally us  s notice shall include: (1 of a surface owner whose d compensation agreement obtained from the Secret charleston, WV 25304           | s: 2550 State Road State, FL 33761  the undersigned of well on the trace and well on the trace and well on the trace.  Access: ed farm name:  A copy of this e land will be understand and well on the trace and well on the containing and the well arry, at the WV (304-926-0450)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | well operator has developed a planned act of land as follows:  513,692.8  4,403,419.3  WAYNE RIDGE ROAD (COUNTY ROUTE 78)  NATHAN D. YODER  code section; (2) The information required used in conjunction with the drilling of an offer of compensation for damages to the ler article six-b of this chapter. Additional Department of Environmental Protection                                        |
| Address: 2150 Millersburg, OH 4  Notice is here Pursuant to W operation on State: County: District: Quadrangle: Watershed:  Chis Notice S Pursuant to W o be provide a orizontal we curface affect information re ineadquarters, | eby given: Vest Virginia Code § 22-6A-16(c), not the surface owner's land for the purpowest virginia MARSHALL FRANKLIN POWHATAN POINT 7.5' (HUC 10) FRENCH CREEK - OHIO RIVER  Shall Include: Vest Virginia Code § 22-6A-16(c), this ed by W. Va. Code § 22-6A-10(b) to ell; and (3) A proposed surface use and eleberated to horizontal drilling may be eleberated at 601 57th Street, SE, Cault.aspx.                             | Clearwa  cice is hereby given that to copy of drilling a horizonta  UTM NAD 8  Public Road  Generally us  s notice shall include: (1) to a surface owner whose d compensation agreement agreement the damages are copy obtained from the Secre | s: 2550 State Road State, FL 33761  the undersigned of well on the trace and well on the trace and well on the trace.  Access: ed farm name:  A copy of this e land will be understand and well on the trace and well on the containing and the well arry, at the WV (304-926-0450)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | well operator has developed a planned act of land as follows:  513,692.8  4,403,419.3  WAYNE RIDGE ROAD (COUNTY ROUTE 78)  NATHAN D. YODER  code section; (2) The information required used in conjunction with the drilling of an offer of compensation for damages to the ler article six-b of this chapter. Additional Department of Environmental Protection or by visiting www.dep.wv.gov/oil-and- |

Oil and Gas Privacy Notice:

The Office of Oil and Gas processes your personal information, such as name, address and telephone number, as part of our regulatory duties. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. Our office will appropriately secure your personal information. If you have any questions about our use or your personal information, please contact DEP's Chief Privacy Officer at depprivacyofficer@wv.gov.

WV Department of Environmental Protection

## WW-6A5 Notice of Planned Operations ......Operator Well No. Yoder W-3HM Supplement Page

Surface Owner(s):

Name:

David J. Mast and Miriam A. Mast

Address:

7271 TR 664

Dundee, OH 44624

RECEIVED
Office of Oil and Gas

DEC 1 9 Z016



#### WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

### **Division of Highways**

1900 Kanawha Boulevard East • Building Five • Room 110 Charleston, West Virginia 25305-0430 • (304) 558-3505

Paul A. Mattox, Jr., P. E. Secretary of Transportation/ Commissioner of Highways

November 21, 2016

James A. Martin, Chief Office of Oil and Gas Department of Environmental Protection 601 57<sup>th</sup> Street, SE Charleston, WV 25304

Subject: DOH Permit for the Yoder Pad, Marshall County Yoder W-3HM Well site

Dear Mr. Martin,

Earl Ray Tomblin

Governor

This well site will be accessed from a DOH permit #06-2016-0506 which has been issued to Tug Hill Operating, LLC for access to the State Road for a well site located off of Marshall County Route 78 SLS.

The operator has signed a DISTRICT WIDE OIL AND GAS ROAD MAINTENANCE BONDING AGREEMENT and provided the required Bond. This operator is currently in compliance with the DOH OIL AND GAS POLICY dated January 3, 2012.

Very Truly Yours,

Gary K. Clayton, P.E.

Regional Maintenance Engineer Central Office O&G Coordinator

Cc: Jonathan White

Tug Hill Operating, LLC

CH, OM, D-6

File

Inscisived Office of Oil and Gas

DEC 1 9 2016

WV Department of Environmental Protection

02/25/2017



#### PLANNED ADDITIVES TO BE USED IN FRACTURING OR STIMULATION

Well No. Yoder W-3HM

PRODUCT NAME: CHEMICAL DESCRIPTION: PRODUCT USE: HAZARDOUS COMPONENT:

GBW-20C Hemicellulase Breaker Breaker - Water None

Biocide **ALPHA 1427** Glutaraldehyde - CAS#000111-30-8

Quaternary ammonium chloride

CAS# 007173-51-5

Alky dimethyl benzyl ammonium Chloride (C12-16) - CAS#068424-85-1

Ethanol - CAS# 000064-17-5 Water - CAS# 007732-18-5

Silica Sand (various Mesh Crystalline silica (quartz) FRAC SAND Proppant CAS# 14808-60-7

sizes)

Silica - CAS# 14808-60-7 S-8C, Sand Silica Sand (100 mesh) Sand

Gellant - Water Petroleum Distillate Blend - Proprietary, **GW-3LDF** 

> (Not Associated with Diesel Fuel) Guar gum - CAS# 009000-30-0

Friction Reducer Hydrotreated light distillate **FRW-18** 

CAS# 064742-47-8

Scaletrol Scale Inhibitor Ethylene glycol – CAS# 000107-21-1

Diethylene glycol - CAS# 000111-46-6

MEGEIVED Office of Oil and Gas

DEC 1 9 2016

WV Department of Environmental Protestion

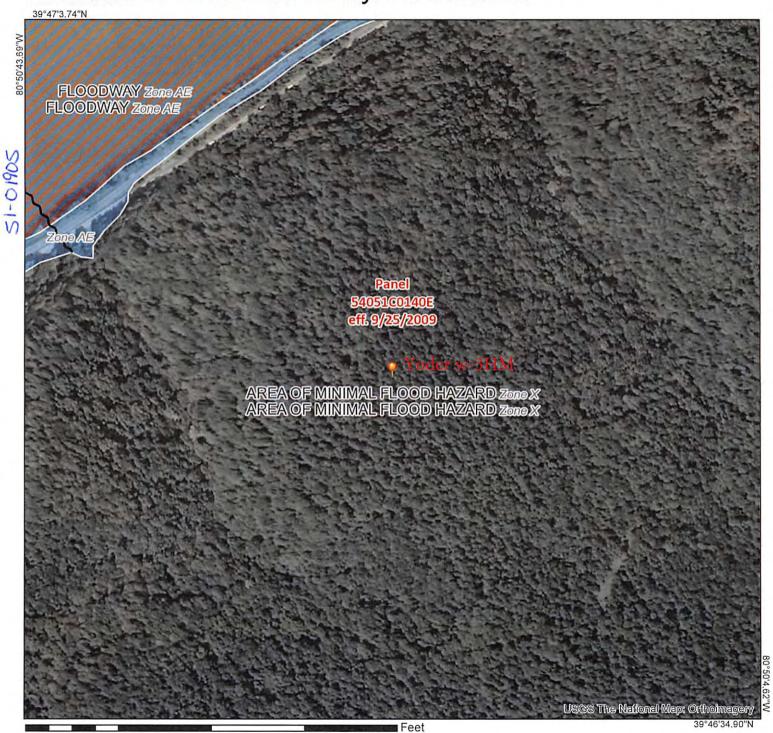
### National Flood Hazard Layer FIRMette

1,000

1,500

250

500



2,000

#### Legend

- Cross-Sections

Oroso ocolioni



Flood Hazard Zones

1% Annual Chance Flood

- Base Flood Elevations

Regulatory Floodway

Special Floodway

Area of Undetermined Flood Hazard

0.2% Annual Chance Flood

Future Conditions 1% Annual Chance Flood Hazard

🙀 Area with Reduced Risk Due to Levee

#### **LOMRs**

Effective

#### Map Panels

Digital Data

Unmodernized Maps

Unmapped

This map complies with FEMA's standards for the use of digital flood maps. The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. The base map shown complies with FEMA's base map accuracy standards.

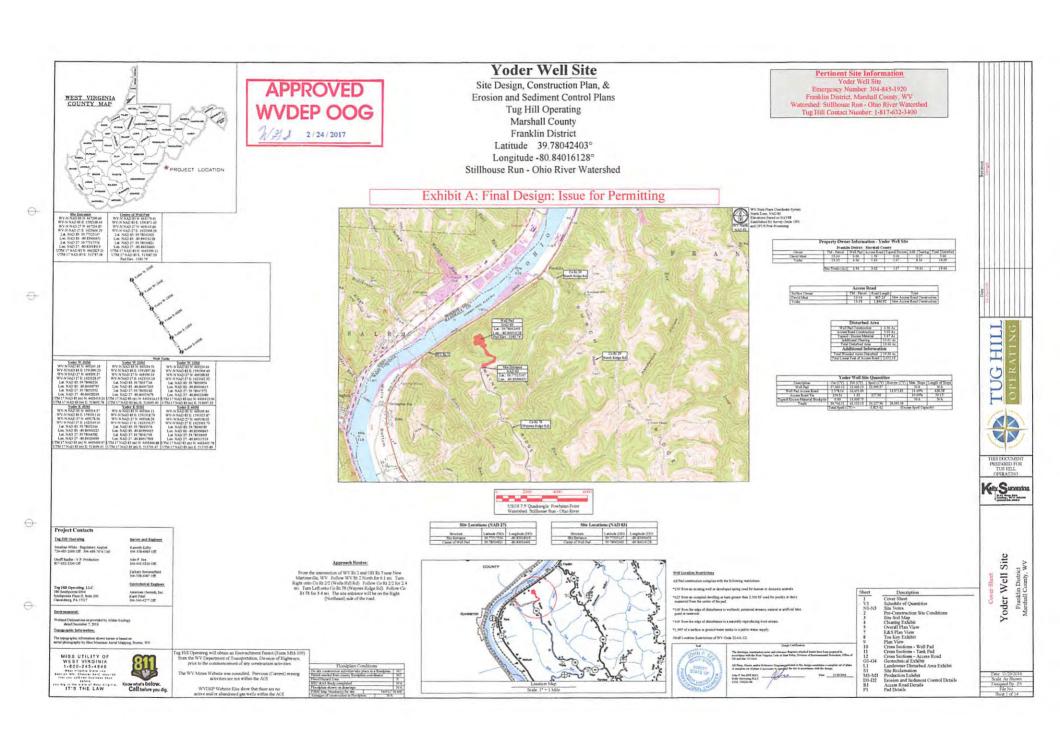
The NFHL is a living database, updated daily, and this map represents a snapshot of information at a specific time.

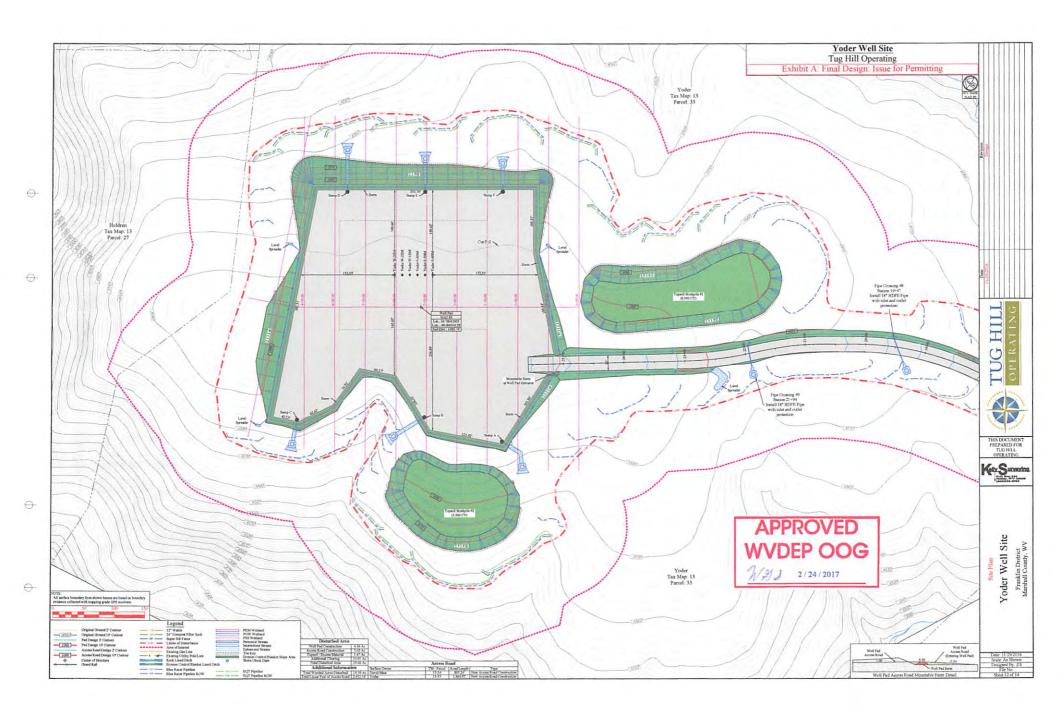
Flood risks are dynamic and can change frequently due to a variety of factors, including weather patterns, erosion, and new development. FEMA flood maps are continually updated through a variety of processes. Users should always verify through the Map Service Center (http://msc.fema.gov) or the Community Map Repository that they have the current effective information.

NFHL maps should not be created for unmapped or unmodernized areas.



Date: 12/11/2016 Time: 10:09:06 AM





51-01905

Well Site

onstruction Plan, & iment Control Plans

I Operating

all County

in District 39.78042403°

-80.84016128°

hio River Watershed

#### Pertinent Site Information

Yoder Well Site Emergency Number: 304-845-1920 Franklin District, Marshall County, WV Watershed: Stillhouse Run - Ohio River Watershed

Tug Hill Contact Number: 1-817-632-3400

WV State Plane Coordinate System North Zone, NAD 83 Elevations Based on NAV88 Established By Survey Grade GPS and OPUS Post-Processing

|            | Property Owner   |      | nation - Yo<br>- Marshall Co |                |              |                 |
|------------|------------------|------|------------------------------|----------------|--------------|-----------------|
| Owner      |                  |      |                              | Topsoil/Excess | Add Clearing | Total Disturbed |
| David Mast | 13-34            | 0.00 | 1.39                         | 0.00           | 2.27         | 3.66            |
| Yoder      | 13-33            | 4.36 | 1.63                         | 1.67           | 8.34         | 16.00           |
|            | Site Totals (Ac) | 4.36 | 3.02                         | 1.67           | 10.61        | 19.66           |

| Access Road   |             |             |                              |  |  |
|---------------|-------------|-------------|------------------------------|--|--|
| Surface Owner | TM - Parcel | Road Length | Type                         |  |  |
| David Mast    | 13-34       | 805.24"     | New Access Road Construction |  |  |
| Yoder         | 13-33       | 1,846.92    | New Access Road Construction |  |  |

| Disturbed Area                   |          |
|----------------------------------|----------|
| Well Pad Construction            | 4.36 Ac  |
| Access Road Construction         | 3.02 Ac  |
| Topsoil / Excess Material        | 1.67 Ac  |
| Additional Clearing              | 10.61 Ac |
| Total Disturbed Area             | 19.66 Ac |
| Additional Informat              | ion      |
| Total Wooded Acres Disturbed     | 19.39 Ac |
| Total Linear Feet of Access Road | 2,652.16 |

|                                   | Yod                                            | er Well Si | te Quantit | ies         |            |                 |
|-----------------------------------|------------------------------------------------|------------|------------|-------------|------------|-----------------|
| Description                       | Cut (CY)                                       | Fill (CY)  | Spoil (CY) | Borrow (CY) | Max. Slope | Length of Slope |
| Well Pad                          | 37,069.10                                      | 13,069.13  | 23,999.97  | 1000        | N/A        | N/A             |
| Well Pad Access Road              | 2,378.10                                       | 16,451.93  |            | 14,073.83   | 14.00%     | 428.58          |
| Access Road Tie                   | 259.31                                         | 1.32       | 257.99     |             | 10.00%     | 50.15           |
| Topsoil/Excess Material Stockpile | 0.00                                           | 14,009.75  | 1 1 1 A    | 1           | N/A        | N/A             |
| Totals                            | 39,706.51                                      | 43,532.13  | 24,257.96  | 28,083.58   |            |                 |
|                                   | Total Speil (CY) = -3,825.62 (Excess Speil Cap |            | icity)     |             |            |                 |

8/2/14/16

| gn: | Issue | Ior | Perm | itting |
|-----|-------|-----|------|--------|
|     |       |     |      |        |





| Site Loc           | ations (NAD 83) |                |
|--------------------|-----------------|----------------|
| Structure          | Latitude (DD)   | Longitude (DD) |
| Site Entrance      | 39.77525147     | -80.83900451   |
| Center of Well Pad | 39.78042403     | -80.84016128   |



#### Well Location Restrictions

\*300° from the edge of disturbance to a naturally reproducing trout stream

\*1,000' of a surface or ground water intake to a public water supply.

Code 22-6A-12)

|       | Seal     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE | OHN P. S | ALL THE PARTY OF T |
| in in | REGISTER | W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Egl   | STATE OF | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 10    | The A    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 100   | S'ON SNG | Lille                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

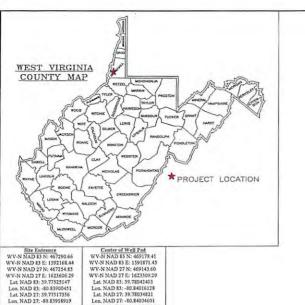
| Sheet       | Description                          |  |
|-------------|--------------------------------------|--|
| 1           | Cover Sheet                          |  |
| VI          | Schedule of Quantities               |  |
| N1-N3       | Site Notes                           |  |
| 2           | Pre-Construction Site Conditions     |  |
| 3           | Site Soil Map                        |  |
| 3<br>4<br>5 | Clearing Exhibit                     |  |
| 5           | Overall Plan View                    |  |
| 7           | E&S Plan View                        |  |
| 8           | Toe Key Exhibit                      |  |
| 9           | Plan View                            |  |
| 10          | Cross Sections - Well Pad            |  |
| 11          | Cross Sections - Tank Pad            |  |
| 12          | Cross Sections - Access Road         |  |
| G1-G4       | Geotechnical Exhibit                 |  |
| L1          | Landowner Disturbed Area Exhibit     |  |
| S1          | Site Reclamation                     |  |
| M1-M3       | Production Exhibit                   |  |
| D1-D2       | Erosion and Sediment Control Details |  |
| RI          | Access Road Details                  |  |
| PI          | Pad Details                          |  |
|             |                                      |  |



PREPARED FOR TUG HILL OPERATING



Yoder Well Site Franklin District Marshall County, WV Cover Sheet

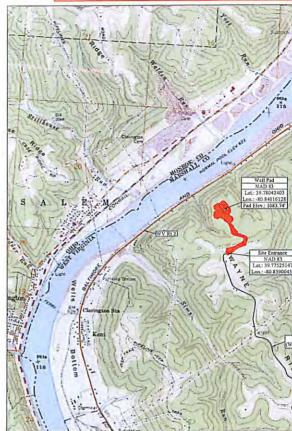


### Yode

Site Design, Erosion and S Tug I Mar Fran Latitude Longitud

Stillhouse Run -

#### Exhibit A: Final De



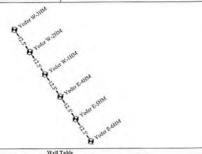
USGS 7.5' Watershed:

# Site Enfrance WV-N NAD 81 N: 467290.66 WV-N NAD 82 N: 467290.66 WV-N NAD 27 N: 467254.85 WV-N NAD 27 E: 1621666.29 Lat NAD 83: 97.97525147 Lon. NAD 83: 98.83900451 Lat NAD 27: 98.83918919 UTM 17 NAD 83: 46282521 UTM 17 NAD 83: 46282521 UTM 17 NAD 83 E: 513787.48

0

0

Center of Well Pad W.-N. NAD 83 N: 469)779-41 W.-N. NAD 83 N: 469)779-43 W.-N. NAD 27 N: 469\143.60 W.-N. NAD 27 N: 469\143.60 W.-N. NAD 27 E: 1623)09-92 Lat. NAD 83: 39.7204460] Len. NAD 27: 39.78034821 Len. NAD 27: 39.78034821 U.TM. 17 NAD 83 N: 4403399-11 U.TM. 17 NAD 83 N: 4403399-11 U.TM. 17 NAD 83 E: 513687-19 Fad Elev: 1083,74\*



#### **Project Contacts**

Tug Hill Operating Jonathan White - Regulatory Analyst 724-485-2000 Off. 304-689-7676 Cell

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Survey and Engineer

Geoff Radler - V.P. Production 817-632-5200 Off.

Kenneth Kelly 304-338-6985 Off. John P. See 304-442-0220 Off.

Zackary Summerfield 304-338-6987 Off,

Geotechnical Engineer

Tug Hill Operating, LLC 380 Southpointe Blvd Southpointe Plaza II, Suite 200 Canonsburg, PA 15317

American Geotech, Inc. Kanti Patel 304-340-4277 Off.

Wetland Delineations as provided by Allstar Ecology dated December 7, 2016

Topographic Information:

The topographic information shown herein is based on aerial photography by Blue Mountain Aerial Mapping, Burton, WV

MISS UTILITY OF WEST VIRGINIA
1-800-245-4848
West Virginis Blote Lee
Baction XIV: Coapier 246-6 requires
that you call lies business days
you do let be salve of west Virginia.
IT'S THE LAW



Tug Hill Operating will obtain on Encroschment Permit (Form MM-109) from the WV Department of Transportation, Division of Highways, prior to the commencement of any construction activities.

nvironmenta

WV Depar

DEC

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The WV Mines Website was ponsulted. Previous (Current) mining activities are not within the AOI.

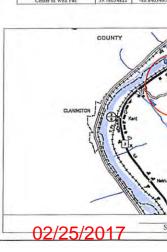
WVDEP Website files show that there are no active and/or abandoned gas wells within the AOI

#### Approach Routes:

From the intersection of WV Rt 2 and OH Rt 7 near New Martinsville, WV, Follow WV Rt 2 North for 6.1 mi. Turn Right onto Co Rt 2/2 (Wells Hill Rd), Follow Co Rt 2/2 for 2.4 mi. Turn Left onto Co Rt 78 (Waynes Ridge Rd), Follow Co Rt 78 for 3.4 mi. The site entranco will be on the Right (Northeast) side of the road.

00

| F 15 17                                         |                  |     |
|-------------------------------------------------|------------------|-----|
| Floodplain Condit                               | ions             | _   |
| site construction activities take place         | in a floodplain: | O   |
| rmit needed from county floodplain coordinater. |                  | O   |
| ood Hazard Zone                                 | 2                |     |
| C-RAS Study completed:                          | 1                | VA  |
| oodplain shown on drawings:                     |                  | I/A |
| RM Map Number(s) for site:                      | 54051C 014       | OE  |
|                                                 |                  |     |



Site Locations (NAD 27)