

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

OIL AND GAS OPERATOR OWNERSHIP AND CONTROL INFORMATION

PLEASE TYPE OR PRINT

| GENERAL OPERATOR | Enter | the name and ad | dress und | ler which | уоц ог ус | our organizati | on operate oil and |
|---|------------|-----------------------------------|-----------------------------|--------------|------------|-----------------------|--------------------|
| INFORMATION | gas w | ells in Pennsylvan | ia which n | nust be th | e same r | ame as is pro | viding the bond. |
| Corporate, Company, Partnership or Registered Fictitious Name Merrion Oil & Gas Corporation | | | Type of Organization / Code | | | | Federal Tax ID# |
| Individual or Partner - Last Name | | NPACO | | | | 05 0000 000 | |
| Manager of Lathich - CBM MRNIA | | First Name | | | MI | Sulfix | 85-0232430 |
| Mailing Address | | | | | | | |
| 610 Reilly Ave | | | | | | | naw address. |
| City | State | ZIP+4 Country (II Other Than USA) | | | Than IISA) | | |
| Farmington | | NM | | 87401 | - | | man our, |
| Phone (Daytime) | Ext. | FAX | | Email Add | ress | | |
| 505-324-5300 | | 505-324-5 | pthompson@merrion.bz | | | | |
| Person to Contact - Last Name | First Name | | | | Suffix | Title | |
| Thompson | Philana | | | P | | Regulatory Compliance | |
| If the applicant is an individual or partnership operating under a name that is different than your full personal name, the name must be registered as a fictitious name with the Department of State. Please attach a copy of your <u>APPROVED</u> fictitious name registration. Registration attached Registration previously submitted and still active. If the applicant is a domestic or foreign corporation or limited liability company, it must be registered to conduct business in Pennsylvania with the Department of State. Please attach a copy of your APPROVED. | | | | | | | |
| Pennsylvania with the Department of State. Please attach a copy of your <u>APPROVED</u> corporate registration or authorization to conduct business in Pennsylvania. | | | | | | | |
| ☐ Registration attached ☐ Authorization to conduct business in PA attached ☐ Registration previously submitted still active | | | | | | | |
| If the applicant has NO parent company, check the following box. | | | | | | | |
| ☑ No parent. | | | | | | | |
| If the applicant has a parent company, include the following information for the parent company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation. | | | | | | | |
| Name | | | | Phone No. () | | | |
| Address | | | Taxpayer ID No | | | | |
| | | <u> </u> | If co | rporation, | slate of | incorporation | |
| | | | | | | | |

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| the company, its address, phone number, | ries, include the following information for each subsidiary company: the name taxpayer ID No., and state of incorporation, if the company is a corporation. |
|---|---|
| Name | |
| Address | |
| | |
| Name | |
| Address | |
| | If corporation, state of incorporation |
| Name | |
| Address | Taxpayer ID No |
| | If corporation, state of incorporation |
| Name | Phone No. () |
| Address | Taxpayer ID No. |
| | If corporation, state of incorporation |
| Name | Phone No. () |
| Address | Taxpayer ID No. |
| #1 = | If corporation, state of incorporation |
| | |
| | |
| | |
| | |

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SIGNATURES

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

| Merrion Oll & Gas Corporation | _ |
|--|---------------------------|
| (Print Name of Applicant) | $M \setminus \mathcal{I}$ |
| | |
| Philana Thompson Regulatory Compliance | I MILLIN //W//// |
| (Print Name & Title of Signatory) | (Signature) |
| Date 6-20-18 | (|
| | |

Please call 717-772-2199 with any questions.