8000-FM-OOGM0005 Rev. 11/2024

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

Electronically received 6/6/25.

Form	
P	Pennsylvania Department of Environmental Protection

		NOTICE OF IN		9.1		
*	WEL	L OPERATOR 1	O PLUG A WE	C)	Date Drilled (If known)	
		OGO No. U.S. Well No. (Permit / Reg		9)	9/17/1989	
☑ Well Operator ☐ Coal Operator 68607			31-003-29029			
Name			Well Farm Name	. Dient		
Roulette Oil and Gas LLC		Penelec Homer City Power Plant Well Serial No.				
Address		Telephone ree	Well No.			
1034 Route 44	10		21 County			
City	State					
Shinglehouse	101-10	Indiana Municipality				
Agent (contractor) acting on behalf of	the operation	of Harried divers	Center Twp			
			Latitude (DD) Longitude (DD)			
Address		Totophion	40.51637 - 79.205895			
City	State	Zip Code	Attach well record if not previously submitted.			
Coal. D Operator D owner	rior to aban ention to plu Lessee	g and abandon the well, an	Owner Lessee	coal: Operator	affix the date and time at whice	
Name		Ivairie				
Address		Address Address		Address		
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code		
ony, oute, ap com					Notified?	
Telephone No. Notified?		Telephone No.	Notified?	Telephone No.	□Yes □N	
∐Yes		□Yes □		This Dorty bereby W		
This Party hereby waives the rights to be the date and time before plugging work wil to be present at the plugging of this well. Signature:	notified of I begin and	to be present at the plugging of this well. Signature:		to be present at the plugging of this well. Signature:		
Scheduled Date and Time of Plugging			MINE THROUG	H STANDARDS	NG PLUGGED PERSUANT T OF ACT 214 of 198	
Plugging is scheduled to begin on (date)	at (time) 8:00 AM	(REVISED 2011) AND the 2012 Oil & Gas Act.				
Checklist and Additional Attached Inf		Signature of Applicant (Operator or Agent)				
		Signature	16-	Date		
Location Plat			the -	X	6-6-25	
Current Well Record			Print or Type Signer's Name and Title			
Available Well Record			James Reynolds, Managing Partner			
☐ Application for Approval of Alte	rnate Meth	oa of Plugging				
☐ Mine - Through						
Other, describe:						
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					<u>-</u>	
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