



United States Environmental Protection Agency  
Washington, DC 20460

### Application To Transfer Permit

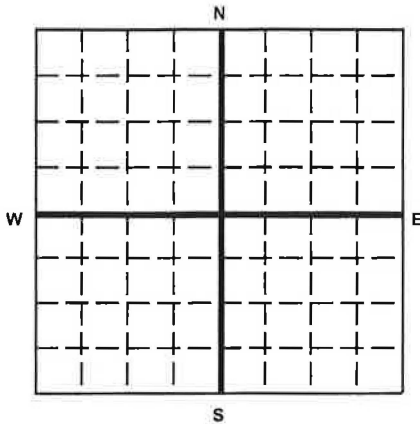
**Name and Address of Existing Permittee**

Alvin L. Cochran, d/b/a AC Oil  
5585 Nichols Run Road, Limestone, NY 14760

**Name and Address of Surface Owner**

Red Jacket, LP  
71 Main Street - Suite 301 Bradford, PA 16701

**Locate Well and Outline Unit on Section Plat - 640 Acres**



State Pennsylvania	County McKean	Permit Number See Attached
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**Surface Location Description**

1/4 of  1/4 of  1/4 of  1/4 of Section  Township  Range

Locate well in two directions from nearest lines of quarter section and drilling unit

**Surface**

Location  ft. frm (N/S)  Line of quarter section  
and  ft. from (E/W)  Line of quarter section.

<p><b>Well Activity</b></p> <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Brine Disposal <input checked="" type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Hydrocarbon Storage <input type="checkbox"/> Class III <input type="checkbox"/> Other	<p><b>Well Status</b></p> <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Modification/Conversion <input type="checkbox"/> Proposed	<p><b>Type of Permit</b></p> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Area Number of Wells <input type="checkbox"/>
Lease Number <input type="checkbox"/>	Well Number <input type="checkbox"/>	

**Name(s) and Address(es) of New Owner(s)**

Red Jacket, LP  
71 Main Street - Suite 301 Bradford, PA 16701

**Name and Address of New Operator**

Red Jacket Energy, LLC  
71 Main Street - Suite 301 Bradford, PA 16701

**Attach to this application a written agreement between the existing and new permittee containing a specific date for transfer of permit responsibility, coverage, and liability between them.**

**The new permittee must show evidence of financial responsibility by the submission of a surety bond, or other adequate assurance, such as financial statements or other materials acceptable to the Director.**

#### Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32)

Name and Official Title (Please type or print)  
Robert M. Thompson, Vice President Red Jacket, LP  
Member, Red Jacket Energy, LLC

Signature

Date Signed  
10/07/2014

WELL PERMIT NUMBER(s):

W1 – 37-083-24929-00

W2 – 37-083-24930-00

W3 – 37-083-24294-00

W4 – 37-083-08654-00

W5 – 37-083-25008-00

W9 – 37-083-27643-00

W13 – 37-083-29415-00

W14 – 37-083-29438-00