

**CERTIFICATE OF COMPLIANCE  
 AND TRANSPORTATION AUTHORITY**

**P-4**

5/02

www-1

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule FARMER (SAN ANDRES)		2. Lease name as shown on proration schedule UNIVERSITY 3			
3. Current operator name exactly as shown on P-5 Organization Report OTB OPERATING, LLC		4. Operator P-5 no. 628102	5. Oil Lse/Gas ID no. 09506.	6. County CROCKETT	7. RRC district 7C
8. Operator address including city, state, and zip code  POB 100 STANTON, TX 79782		9. Well no(s) (see instruction E) 3,4,5,6,7			10. Classification X Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)
					11. Effective Date 01/01/2020

12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)

**a. Change of:**  operator  oil or condensate gatherer  gas gatherer  gas purchaser  gas purchaser system code  
 field name from: \_\_\_\_\_  
 lease name from: \_\_\_\_\_

**OR**

**b. New RRC Number for:**  oil lease  gas well  other well (specify) \_\_\_\_\_ **Due to:**  new completion or recompletion  reclass oil to gas  reclass gas to oil  
 consolidation, unitization, or subdivision (oil lease only)

13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(s). (See instruction G).

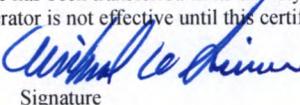
Gatherer	Purchaser	Name of GAS WELL GAS or CASINGHEAD GAS Gatherer(s) or Purchaser(s) As Indicated in Columns to the Left (Attach an additional sheet in same format if more space is needed)	Purchaser's RRC Assigned System Code	Percent of Take	Full-well stream
		NONE			

14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).

Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First (Attach an additional sheet in same format if more space is needed)	Percent of Take	RRC USE ONLY Reviewer's initials: _____ Approval date: _____
DORADO TRANSPORTATION	100	

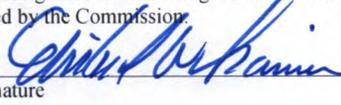
15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR P-4 FILING. Being the PREVIOUS OPERATOR, I certify that operating responsibility for the well(s) designated in this filing, located on the subject lease has been transferred in its entirety to the above named Current Operator. I understand, as Previous Operator, that designation of the above named operator as Current Operator is not effective until this certificate is approved by the Commission.

MWS PRODUCING, INC.

Name of Previous Operator: MICHAEL W. SWINSON  
 Name (print): PRESIDENT  
 Title: \_\_\_\_\_  
 Date: 01/06/2020  
 Signature:   
 Authorized Employee of previous operator  Authorized agent of previous operator (see instruction G)  
 Phone with area code: 432.756.2902

16. CURRENT OPERATOR CERTIFICATION. By signing this certificate as the Current Operator, I certify that all statements on this form are true and correct and I acknowledge responsibility for the regulatory compliance of the subject lease including plugging of well(s) pursuant to Rule 14. I further acknowledge that I assume responsibility for the physical operation, control, and proper plugging of each well designated in this filing. I also acknowledge that I will remain designated as the Current Operator until a new certificate designating a new Current Operator is approved by the Commission.

MICHAEL W. SWINSON

Name (print): PRESIDENT  
 Title: \_\_\_\_\_  
 Date: 01/06/2020  
 Signature:   
 Authorized Employee of current operator  Authorized agent of current operator (see instruction G)  
 Phone with area code: 432.756.2902