

**CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY**

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 22B		
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. 19565	6. County CROCKETT
8. Operator address including city, state, and zip code POB 100 STANTON, TX 79782		9. Well no(s) (see instruction E) 1, 2		
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			

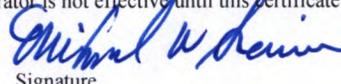
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).

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
DORADO TRANSPORTATION	100	Reviewer's initials: _____ Approval date: _____

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.

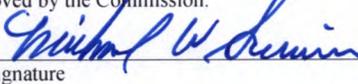
Name of Previous Operator: MICHAEL W. SWINSON
 Name (print): PRESIDENT
 Title: _____
 Date: 01/06/2020
 Phone with area code: 432.756.2902

Signature: 
 Authorized Employee of previous operator Authorized agent of previous operator (see instruction G)

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
 Phone with area code: 432.756.2902

Signature: 
 Authorized Employee of current operator Authorized agent of current operator (see instruction G)

E-mail Address (optional): _____