

Railroad Commission of Texas
Oil And Gas Division
Request for Clearance of Storage Tanks

Form P-8

Reference No. 36958

Prior to Potential Test

1. Operator's Name and Address (Exactly as shown on Form P-5 Organization Report) QEP ENERGY COMPANY ATTN SOUTHERN DIV REGULATORY 1050 17TH ST SUITE 800 DENVER, CO 80265-0000		3. RRC District No. 08
		4. County of Well Site MARTIN
		5. API No. 42-317-40523
2. RRC Operator Number: <u>684474</u>		
6. Field Name (Wildcat or exactly as shown on RRC records) SPRABERRY (TREND AREA)	7. Drilling Permit No. 817399	8. Rule 37 Case No.
9. Lease Name UNIVERSITY 7-0213	10. Oil lease No.	11. Well No. N 03SC
12. Drilling completed on <u>11/30/2016</u>	13. Completion report--Form W-2 or G-1--will be filed on <u>06/08/2017</u>	
14. Oil or condensate gatherer's name and address RELIANCE GATHERING, LLC 300 N MARIENFELD ST STE 1100 MIDLAND, TX 79701-4384 (432) 683-4816	15. Authorization to transport oil or condensate (mark one) <input checked="" type="checkbox"/> Form P-4 attached <input checked="" type="checkbox"/> Form P-4 Filed on <u>03/08/2017</u>	
16. This request is for <u>270000</u> barrels of <input checked="" type="checkbox"/> crude oil OR <input type="checkbox"/> condensate	17. Amount of oil/condensate in tanks <u>0</u> barrels on <u>03/08/2017</u>	
18. Storage capacity in bbls. Tank battery <u>2000</u> Test tanks <u>0</u> Total <u>2000</u>		
19. Previous request for clearance. Amount <u>0</u> barrels granted on _____		
20. Reason for current request for clearance (explain briefly) New horizontal well; initial flowback could be up to 2000 bbls/day.		
Rosalie Thim _____ Name of operator's representative		REGULATORY ANALYST _____ Title of person
(303) 405-6630 _____ Telephone	03/08/2017 _____ Date	
RRC District Office Action		
Status: Approved	Barrels recommended <u>270000</u>	RRC Staff _____ Date

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		2. Lease name as shown on proration schedule				
3. Current operator name exactly as shown on P-5 Organization Report		4. Operator P-5 no.	5. Oil Lse/Gas ID no.	6. County	7. RRC district	
8. Operator address including city, state, and zip code		9. Well no(s) (see instruction E)				
		10. Classification <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date	
<p>12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)</p> <p>a. Change of: <input type="checkbox"/> operator <input type="checkbox"/> oil or condensate gatherer <input type="checkbox"/> gas gatherer <input type="checkbox"/> gas purchaser <input type="checkbox"/> gas purchaser system code</p> <p><input type="checkbox"/> field name from: _____</p> <p>OR <input type="checkbox"/> lease name from: _____</p> <p>b. New RRC Number for: <input type="checkbox"/> oil lease <input type="checkbox"/> gas well Due to: <input type="checkbox"/> new completion or recompletion <input type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil</p> <p><input type="checkbox"/> other well (specify) _____ <input type="checkbox"/> consolidation, unitization, or subdivision (oil lease only)</p>						
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
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).				RRC USE ONLY		
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	Reviewer's initials: _____		
				Approval date: _____		
<p>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.</p> <p>Name of Previous Operator _____ Signature _____</p> <p>Name (print) _____ <input type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)</p> <p>Title _____ Date _____ Phone with area code _____</p>						
<p>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.</p> <p>Name (print) _____ Signature _____</p> <p>Title _____ <input type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)</p> <p>E-mail Address (optional) _____ Date _____ Phone with area code _____</p>						