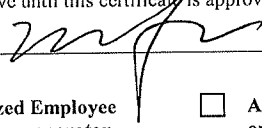
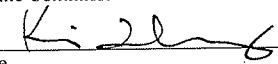


CERTIFICATE OF COMPLIANCE  
AND TRANSPORTATION AUTHORITY

P-4  
5/02—www-1

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule <b>W OLF BONE (TREND AREA)</b>		2. Lease name as shown on proration schedule <b>UL 23 MERCURY</b>					
3. Current operator name exactly as shown on P-5 Organization Report <b>KZ GLOBAL ENERGY, LLC</b>		4. Operator P-5 no. <b>100394</b>	5. Oil Lse/Gas ID no. <b>49014</b>	6. County <b>PECOS</b>	7. RRC district <b>08</b>		
8. Operator address including city, state, and zip code <b>1200 SOLDIERS FIELD DR STE 188 SUGAR LAND TX 77479</b>		9. Well no(s) (see instruction E) <b>ALL</b>					
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date <b>1st July, 2022</b>		
12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G) a. Change of: <input checked="" 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 <input type="checkbox"/> field name from: _____ <input type="checkbox"/> lease name from: _____ OR b. New RRC Number for: <input type="checkbox"/> oil lease <input type="checkbox"/> gas well <input type="checkbox"/> other well (specify) _____ Due to: <input type="checkbox"/> new completion or recompletion <input type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil <input type="checkbox"/> 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
X	X	ENERGY TRANSFER COMPANY				100	
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: _____	
TRANSOIL MARKETING, LLC					50		
SENTINEL TRANSPORTATION, LLC					30		
BML, INC. B					20		
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. <b>KEM ENERGY, Inc</b> Name of Previous Operator <b>WEIFAN</b> Name (print) <b>CEO</b> Title _____ Signature  <input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G) 06/25/2022 (832)-421-8985 Date Phone with area code							
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. <b>KAI ZHONG</b> Name (print) <b>CEO</b> Title _____ Signature  <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G) _____ Date Phone with area code							
E-mail Address (optional) _____							