

Railroad Commission of Texas
Oil And Gas Division
Request for Clearance of Storage Tanks
Prior to Potential Test

Form P-8

Reference No. 39474

| | | |
|---|---|--|
| 1. Operator's Name and Address (Exactly as shown on Form P-5 Organization Report) FORGE ENERGY, LLC 10999 IH 10 WEST SUITE 900 SAN ANTONIO, TX 78230-0000 2. RRC Operator Number: <u>276868</u> | | 3. RRC District No. 08 4. County of Well Site PECOS 5. API No. 42-371-39532 |
| 6. Field Name (Wildcat or exactly as shown on RRC records) WOLFBONE (TREND AREA) | 7. Drilling Permit No. 825576 | 8. Rule 37 Case No. |
| 9. Lease Name UL 24 VOYAGER | 10. Oil lease No. | 11. Well No. 2H |
| 12. Drilling completed on <u>08/11/2017</u> | 13. Completion report--Form W-2 or G-1--will be filed on <u>11/15/2017</u> | |
| 14. Oil or condensate gatherer's name and address GENESIS CRUDE OIL, L.P. 919 MILAM SUITE 2100 HOUSTON, TX 77002 (713) 860-2500 | 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>09/22/2017</u> | |
| 16. This request is for <u>70000</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>09/22/2017</u> | |
| 18. Storage capacity in bbls. Tank battery <u>1000</u> Test tanks <u>0</u> Total <u>1000</u> | | |
| 19. Previous request for clearance. Amount _____ barrels granted on _____ | | |
| 20. Reason for current request for clearance (explain briefly) We request emergency hauling while we test and complete the well | | |
| Katrina Boyd Name of operator's representative | OPERATIONS ASSISTANT Title of person | |
| (432) 219-3638 Telephone | <u>09/22/2017</u> Date | |
| RRC District Office Action | | |
| Status: Approved | Barrels recommended <u>100000</u> | RRC Staff _____ 09/25/2017 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 WOLFBONE (TREND AREA) | | 2. Lease name as shown on proration schedule UL 24 VOYAGER | | | | | |
| 3. Current operator name exactly as shown on P-5 Organization Report FORGE ENERGY, LLC | | 4. Operator P-5 no. 276868 | 5. Oil Lse/Gas ID no. | 6. County PECOS | 7. RRC district 08 | | |
| 8. Operator address including city, state, and zip code 10999 IH 10 WEST, SUITE 900 SAN ANTONIO, TX 78230 | | 9. Well no(s) (see instruction E) 2H | | | | | |
| | | 10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A) | | | 11. Effective Date 09/22/17 | | |
| 12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G) | | | | | | | |
| 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 <input type="checkbox"/> field name from: _____ <input type="checkbox"/> lease name from: _____ OR | | | | | | | |
| b. New RRC Number for: <input checked="" 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 <input type="checkbox"/> other well (specify) _____ <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 <i>(Attach an additional sheet in same format if more space is needed)</i> | | | Purchaser's RRC Assigned System Code | Percent of Take | Full-well stream |
| X | X | ENERGY TRANSFER COMPANY | | | 0001 | 100 | |
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| 14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G). | | | | | | | |
| Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First <i>(Attach an additional sheet in same format if more space is needed)</i> | | | | Percent of Take | RRC USE ONLY Reviewer's initials: _____ Approval date: _____ | | |
| GENESIS CRUDE OIL LP | | | | 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. | | | | | | | |
| Name of Previous Operator _____ | | | Signature _____ | | | | |
| Name (print) _____ | | | <input type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G) | | | | |
| Title _____ | | | 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. | | | | | | | |
| KATRINA BOYD | | |  | | | | |
| Name (print) _____ | | | <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G) | | | | |
| OPERATIONS ASSISTANT | | | Date 9/22/17 | | Phone with area code (432) 219-3638 | | |
| Title _____ | | | Date _____ | | Phone with area code _____ | | |
| KBOYD@FORGENERGY.COM | | | | | | | |
| E-mail Address (optional) _____ | | | Date _____ | | Phone with area code _____ | | |