

# CERTIFICATE OF COMPLIANCE AND TRANSPORTATION AUTHORITY

P-4

This facsimile P-4 was generated electronically from data submitted to the RRC

Status: Submitted

1. Field name exactly as shown on proration schedule <b>LIN (WOLFCAMP)</b>		2. Lease name as shown on proration schedule <b>UNIVERSITY 09C</b>				
3. Current operator name as shown on P-5 Organization Report <b>SEM OPERATING COMPANY LLC</b>		4. Operator P-5 <b>766370</b>	5. Oil Lse/Gas ID no. <b>18623</b>	6. County <b>IRION</b>	7. RRC district <b>7C</b>	
8. Operator address including city, state, and zip code <b>SUITE 1850 2050 WEST SAM HOUSTON PKWY S HOUSTON, TX 77042</b>		9. Well no(s) (see instruction E) <b>ALL</b>			11. Effective Date <b>05/01/2020</b>	
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other(see instruction A)				
12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)						
a. Change of: <input type="checkbox"/> operator <input checked="" 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    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 (Attach an additional sheet in same format if more space is needed)		Purchaser's RRC Assigned System Code	Percent of Take	Full-well stream
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COGENT MIDSTREAM WESTEX, LLC(166221)		0001	50.0	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WTG GAS PROCESSING, L.P.(945227)		0001	50.0	<input type="checkbox"/>
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).						<b>RRC USE ONLY</b>  Reviewer's initials: _____  Approval date: _____
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		
TRANSOIL MARKETING, LLC(864477)				10.0		
PHILLIPS 66 COMPANY(661634)				90.0		

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  _____  Name(print)  _____  Title  _____		Signature  _____  <input type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized Agent of previous operator  _____  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.			
Landrem, Amanda  Name (print)  _____  Title  _____  E-mail Address(optional)  _____		Signature  _____  <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized Agent of current operator  05/11/2020      (903)705-0829  Date      Phone with area code	