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|---|--|--|---------------------------------------|----------------------------|------------------------------|
| 1. Field name exactly as shown on proration schedule LIN (WOLFCAMP) | | 2. Lease name as shown on proration schedule UNIVERSITY 11 RE | | | |
| 3. Current operator name exactly as shown on P-5 Organization Report SABLE PERMIAN RESOURCES, LLC | | 4. Operator P-5 no. 742251 | 5. Oil Lse/Gas ID no. 18457 | 6. County REAGAN | 7. RRC district 7C |
| 8. Operator address including city, state, and zip code 700 MILAM STREET SUITE 3100 HOUSTON, TEXAS 77002 | | 9. Well no(s) (see instruction E) <div style="text-align: center;">ALL</div> | | | |
| 10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A) | | 11. Effective Date 01/01/19 | | | |

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)

| 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 | | | COGENT MIDSTREAM LOGISTICS, LLC | 0001 | 100 | |
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13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(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 |
|---|-----------------|--|
| MEDALLION OPERATING COMPANY | 100 | Reviewer's initials: _____ Approval date: _____ |
| | | |
| | | |
| | | |

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

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.

SABLE PERMIAN RESOURCES LAND, LLC

Name of Previous Operator: **CONNIE CONQUES**

Name (print): **CONNIE CONQUES**

Title: **MANAGER PROPERTY ADMINISTRATION LAND**

Signature: *Connie Conques*
☒ Authorized Employee of previous operator ☐ Authorized agent of previous operator (see instruction G)
 Date: **3-19-19** Phone with area code: **7135798067**

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.

BRIAN VOYLES

Name (print): **BRIAN VOYLES**

Title: **REGULATORY MANAGER**

E-mail Address (optional): **bvoyles@saberes.com**

Signature: *Brian Voyles*
☒ Authorized Employee of current operator ☐ Authorized agent of current operator (see instruction G)
 Date: **3/19/19** Phone with area code: **7135798088**