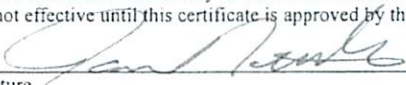
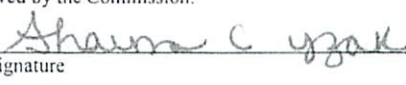


CERTIFICATE OF COMPLIANCE
AND TRANSPORTATION AUTHORITY

P-4

5/02—www-1

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule PHANTOM (WOLFCAMP)		2. Lease name as shown on proration schedule RK-UTL 3031B-17					
3. Current operator name exactly as shown on P-5 Organization Report PARSLEY ENERGY OPERATIONS, LLC		4. Operator P-5 no. 642652	5. Oil Lse/Gas ID no. 48527	6. County WARD	7. RRC district 08		
8. Operator address including city, state, and zip code 303 COLORADO STREET, SUITE 3000 AUSTIN, TX 78701		9. Well no(s) (see instruction E) ALL					
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date 3-1-2020		
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	TARGA MIDSTRAM SERVICES LLC			0001	100%	
		RECEIVED RRC OF TEXAS MAR 02 2020 OIL & GAS WELL COMPLIANCE AUSTIN, TX					
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: _____	
ORYX SO. DELAWARE OGT LLC					50%	Approval date: _____	
TRAFIGURA TRADING LLC					50%		
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.							
JAGGED PEAK ENERGY LLC Name of Previous Operator						Signature 	
JASON NETTLES Name (print)						<input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)	
SENIOR LAND MANAGER Title						1/10/2020 Date	(512) 220-3079 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 certification designating a new Current Operator is approved by the Commission.							
SHAWNA YEZAK Name (print)						Signature 	
REGULATORY MANAGER Title						<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)	
E-mail Address (optional)						1/10/2020 Date	(512) 505-5104 Phone with area code