

CERTIFICATE OF COMPLIANCE AND TRANSPORTATION AUTHORITY

P-4

5/02—WWW-1

READ INSTRUCTIONS ON BACK

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|---|-----------|--|---------------------------------------|--|------------------------------|---|
| 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 JAGGED PEAK ENERGY LLC | | 4. Operator P-5 no. 429574 | 5. Oil Lse/Gas ID no. 48527 | 6. County Ward/Winkler | 7. RRC district 08 | |
| 8. Operator address including city, state, and zip code 777 HIDDEN RIDGE IRVING, TX 75038 | | 9. Well no(s) (see instruction E) <div style="text-align: center; font-weight: bold;">ALL</div> | | | | |
| | | 10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A) | | 11. Effective Date 11/1/21 | | |
| 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 <div style="margin-left: 40px;"> <input type="checkbox"/> field name from: _____ <input type="checkbox"/> lease name from: _____ </div> <p style="text-align: center; margin: 10px 0;">OR</p> 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 <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 | TARGA MIDSTREAM SERVICES LLC - 836037 | | 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: _____ |
| ORYX SO. DELAWARE OGT LLC - 627117 | | | | | 50 | |
| TRAFIGURA TRADING LLC - 864315 | | | | | 50 | |
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| 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. | | | | | | |
| PIONEER NATURAL RES. USA, INC. Name of Previous Operator Rebecca Lackey Name (print) Senior Regulatory Specialist Title | | | | <div style="text-align: center;"> Signature </div> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Authorized Employee of previous operator 10/19/21 Date </div> <div> <input type="checkbox"/> Authorized agent of previous operator (see instruction G) (972) 969-4466 Phone with area code </div> </div> | | |
| 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. | | | | | | |
| Weldon Pierson Name (print) Regulatory & Engineering Advisor Title weldon.pierson@pxd.com E-mail Address (optional) | | | | <div style="text-align: center;"> Signature </div> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Authorized Employee of current operator 10/19/21 Date </div> <div> <input type="checkbox"/> Authorized agent of current operator (see instruction G) (972) 969-4051 Phone with area code </div> </div> | | |