

# CERTIFICATE OF COMPLIANCE AND TRANSPORTATION AUTHORITY

**P-4**  
5/02—www-1

READ INSTRUCTIONS ON BACK

|  |           |  |  |   |                                      |                 |                  |
|--|-----------|--|--|---|--------------------------------------|-----------------|------------------|
| <b>1. Field name exactly as shown on proration schedule</b><br><b>PHANTOM (WOLFCAMP)</b>   |           | <b>2. Lease name as shown on proration schedule</b><br><b>UTL 2932-17</b>  |  |   |                                      |                 |                  |
| <b>3. Current operator name exactly as shown on P-5 Organization Report</b><br><b>JAGGED PEAK ENERGY LLC</b>   |           | <b>4. Operator P-5 no.</b><br><b>429574</b>  | <b>5. Oil Lse/Gas ID no.</b><br><b>48635</b> | <b>6. County</b><br><b>Ward</b>             | <b>7. RRC district</b><br><b>08</b>  |                 |                  |
| <b>8. Operator address including city, state, and zip code</b><br><b>777 HIDDEN RIDGE</b><br><b>IRVING, TX 75038</b>   |           | <b>9. Well no(s) (see instruction E)</b><br><div style="text-align: center;"><b>ALL</b></div>  |  |   |                                      |                 |                  |
| <b>12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)</b><br><b>a. Change of:</b> <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<br><div style="margin-left: 40px;"> <input type="checkbox"/> field name from: _____<br/> <input type="checkbox"/> lease name from: _____ </div> <b>OR</b><br><b>b. New RRC Number for:</b> <input type="checkbox"/> oil lease <input type="checkbox"/> gas well <input type="checkbox"/> other well (specify) _____ <b>Due to:</b> <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) |           | <b>10. Classification</b><br><input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)   |  | <b>11. Effective Date</b><br><b>11/1/21</b> |                                      |                 |                  |
| <b>13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(s). (See instruction G).</b>   |           |  |  |   |                                      |                 |                  |
| Gatherer   | Purchaser | Name of GAS WELL GAS or CASINGHEAD GAS Gatherer(s) or Purchaser(s) As Indicated in Columns to the Left<br><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 MIDLAND LLC - 836046   |  |   | 0001                                 | 100             |                  |
|  |           |  |  |   |                                      |                 |                  |
|  |           |  |  |   |                                      |                 |                  |
|  |           |  |  |   |                                      |                 |                  |
|  |           |  |  |   |                                      |                 |                  |
|  |           |  |  |   |                                      |                 |                  |
|  |           |  |  |   |                                      |                 |                  |
| <b>14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).</b>  |           | <b>RRC USE ONLY</b>  |  |   |                                      |                 |                  |
| Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First<br><i>(Attach an additional sheet in same format if more space is needed)</i>   |           | Percent of Take  | Reviewer's initials: _____                   |   |                                      |                 |                  |
| ORYX SO. DELAWARE OGT LLC - 627117   |           | 100  | Approval date: _____                         |   |                                      |                 |                  |
|  |           |  |  |   |                                      |                 |                  |
|  |           |  |  |   |                                      |                 |                  |
| <b>15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR P-4 FILING.</b> 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.   |           |  |  |   |                                      |                 |                  |
| <b>PIONEER NATURAL RES. USA, INC.</b><br>Name of Previous Operator<br><b>Rebecca Lackey</b><br>Name (print)<br><b>Senior Regulatory Specialist</b><br>Title  |           | Signature<br><input checked="" type="checkbox"/> <b>Authorized Employee of previous operator</b> <input type="checkbox"/> <b>Authorized agent of previous operator (see instruction G)</b><br><b>10/19/21</b> <b>(972) 969-4466</b><br>Date Phone with area code |  |   |                                      |                 |                  |
| <b>16. CURRENT OPERATOR CERTIFICATION.</b> 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.  |           |  |  |   |                                      |                 |                  |
| <b>Weldon Pierson</b><br>Name (print)<br><b>Regulatory &amp; Engineering Advisor</b><br>Title<br><b>weldon.pierson@pxd.com</b><br>E-mail Address (optional)  |           | Signature<br><input checked="" type="checkbox"/> <b>Authorized Employee of current operator</b> <input type="checkbox"/> <b>Authorized agent of current operator (see instruction G)</b><br><b>10/19/21</b> <b>(972) 969-4051</b><br>Date Phone with area code   |  |   |                                      |                 |                  |