

**CERTIFICATE OF COMPLIANCE  
 AND TRANSPORTATION AUTHORITY**

**Form P-4**

06/21

REFER TO INSTRUCTIONS

1. Field name exactly as shown on proration schedule DUNE		2. Lease name as shown on proration schedule UNIVERSITY SEC. 8			
3. Current operator name exactly as shown on P-5 Organization Report Q NATURAL RESOURCES, LLC		4. Operator P-5 no. 684427	5. Oil Lse/Gas ID no. 01221	6. County CRANE	7. RRC District 08
8. Operator address including city, state, and zip code 9330 CLEVENGER RD ODESSA TX 79762		9. Well no(s) (see instruction E) ALL			11. Effective Date 05/01/22
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			

12. Purpose of Filing. (See instructions B and G)

a. Change of:  operator  oil or condensate gatherer  gas gatherer  gas purchaser  gas purchaser system code  
 field name from: \_\_\_\_\_ Docket #: \_\_\_\_\_  
 lease name from: \_\_\_\_\_

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  
 field transfer  subdivision (oil lease only)

13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(s). (See instruction G).

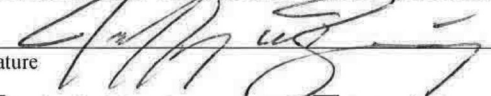
Gatherer	Purchaser	Name of GAS WELL GAS or CASINGHEAD GAS Gatherer(s) or Purchaser(s) As Indicated in Columns to the Left (Attach an additional sheet in same format if more space is needed)	Purchaser's RRC Assigned System Code	Percent of Take	Full-well Stream
X	X	DCP OPERATING COMPANY, LP	001	100.00	

14. Authorized OIL or CONDENSATE Gatherer(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
CONCORD CRUDE OIL MARKETING LLC	100.00	Reviewer's initials: _____ Approval date: _____

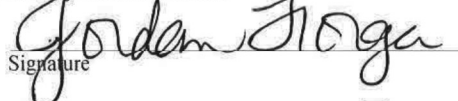
15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR P-4 FILING. Being the PREVIOUS OPERATOR, I certify that operating responsibility for the well(s) designated in this filing, located on the subject lease has been transferred in its entirety to the above named Current Operator. I understand, as Previous Operator, that designation of the above named operator as Current Operator is not effective until this certificate is approved by the Commission.

ARCH OIL & GAS, LLC  
 Name of Previous Operator  
 JEFFREY N. BROWNING  
 Name (print)  
 DIRECTOR OF FIELD OPERATIONS  
 Title

Signature:   
 Authorized Employee of previous operator  Authorized agent of previous operator (see instruction G)  
 Date: 5-3-22 Phone with area code: (940) 391-7210

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.

JORDAN FORGA  
 Name (print)  
 MANAGING MEMBER  
 Title

Signature:   
 Authorized Employee of current operator  Authorized agent of current operator (see instruction G)  
 Date: 5-3-22 Phone with area code: (940) 365-6224

E-mail Address (optional)