

CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY

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Tracking No.: 309096

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|---|-----------|--|-----------------------|---|---|--|------------------|
| 1. Field name exactly as shown on proration schedule PHANTOM (WOLFCAMP) | | 2. Lease name as shown on proration schedule UTL 0708A | | | | | |
| 3. Current operator name exactly as shown on P-5 Organization Report CONTINENTAL RESOURCES, INC. | | 4. Operator P-5 no. 173777 | 5. Oil Lse/Gas ID no. | 6. County WARD | 7. RRC district 08 | | |
| 8. Operator address including city, state, and zip code ATTN: ROBERT SANDBO PO BOX 268870 OKLAHOMA CITY, OK 73126 | | 9. Well no(s) (see instruction E) 0601H | | | 11. Effective Date 11/16/2023 | | |
| | | 10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A) | | | | | |
| 12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G) | | | | | | | |
| a. Change of: <input 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: _____ Docket #: _____ <input type="checkbox"/> lease name from: _____ | | | | | | | |
| b. New RRC Number for: <input checked="" type="checkbox"/> oil lease <input type="checkbox"/> gas well <input type="checkbox"/> other well (specify) _____ Due to: <input checked="" type="checkbox"/> new completion or recompletion <input type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil <input type="checkbox"/> consolidation <input type="checkbox"/> unitization <input type="checkbox"/> field transfer <input type="checkbox"/> 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 | ENERGY TRANSFER COMPANY(252017) | | | 0001 | 50.0 | |
| X | X | TARGA DELAWARE LLC(836022) | | | 0001 | 50.0 | |
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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 | |
| PLAINS MARKETING, L.P.(667883) | | | | | | 100.0 | |
| | | | | | | | |
| RRC USE ONLY: 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. | | | | | | | |
| Name of Previous Operator _____ | | | | Signature _____ | | | |
| Name (print) _____ | | | | <input type="checkbox"/> Authorized Employee of previous operator | | <input type="checkbox"/> Authorized agent of previous operator (see instruction G) | |
| Title _____ | | | | Date _____ | | 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 certificate designating a new Current Operator is approved by the Commission. | | | | | | | |
| CONTINENTAL RESOURCES, INC. _____ | | | | Kasey Emrich _____ | | | |
| Name (print) Regulatory Compliance Specialist | | | | <input checked="" type="checkbox"/> Authorized Employee of current operator | | <input type="checkbox"/> Authorized agent of current operator (see instruction G) | |
| Title kasey.emrich@clr.com | | | | Date 02/22/2024 | | Phone with area code (405) 774-5743 | |
| E-mail Address (optional) | | | | Date | | Phone with area code | |