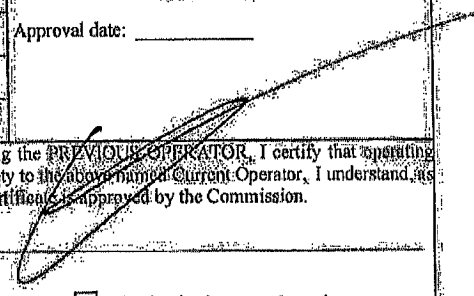
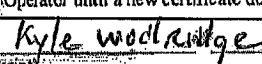


**CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY**

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule SHAFTER LAKE (YATES)		2. Lease name as shown on proration schedule UNIVERSITY			
3. Current operator name exactly as shown on P-5 Organization Report FUELED RESOURCES INC		4. Operator P-5 no. 288421	5. Oil Lse/Gas ID no. 020784	6. County ANDREWS	7. RRC district 8
8. Operator address including city, state, and zip code PO BOX 806 MONAHANS TX 79756		9. Well no(s) (see instruction E) 10			
10. Classification <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)				11. Effective Date 11/01/20	
12. Purpose of Filing: (Complete section a or b below.) (See instructions B and C)					
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					
Field name from: _____ OR lease name from: _____					
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)					
		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 (195959)	0001	100	
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)			RRC USE ONLY		
			Reviewer's initials: _____		
			Approval date: _____		
15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR 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.					
SCHLACHTER OPERATING CORPORATION					
Name of Previous Operator DANIAL SCHLACHTER		Signature 			
Name (print) CEO		<input checked="" type="checkbox"/> Authorized Employee of previous operator		<input type="checkbox"/> Authorized agent of previous operator (see instruction G)	
Title CEO		Date 11/01/20		Phone with area code (409) 692-1667	
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.					
Name (print) Kyle Woodruffe		Signature 			
Name (print) Trusser		<input checked="" type="checkbox"/> Authorized Employee of current operator		<input type="checkbox"/> Authorized agent of current operator (see instruction G)	
Title		Date 11/01/20		Phone with area code (432) 438-9890	
Email Address (optional)		Date			