

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

CHRISTI CRADDICK, CHAIRMAN
WAYNE CHRISTIAN, COMMISSIONER
JIM WRIGHT, COMMISSIONER



DANNY SORRELLS
DIRECTOR, O&G DIVISION

1701 N. CONGRESS

CAPITOL STATION - P.O. BOX 12967 AUSTIN, TEXAS 78711-2967

06/21/2021

FORM P-4 NOTIFICATION (OIL LEASE)

OPERATOR

SADDLEBACK EXPLORATION, LLC
401 BRYAN AVENUE STE 101
FORT WORTH TX 76104

* * * * *
THE FOLLOWING RRC FORM P-4 "PRODUCER'S CERTIFICATE OF COMPLIANCE AND
AUTHORIZATION TO TRANSPORT OIL AND/OR CASINGHEAD GAS FROM AN OIL LEASE
OR GAS AND/OR CONDENSATE FROM A GAS WELL" FILED BY:

SADDLEBACK EXPLORATION, LLC
401 BRYAN AVENUE STE 101
FORT WORTH TX 76104

P-5 NO. 743071
PHONE: (214) 245-3701

HAS BEEN APPROVED ON JUNE 21, 2021 .

* * * * *
DISTRICT : 08
COUNTY : ANDREWS
EFF. DATE: 06/01/2021

FIELD NAME: COWDEN, NORTH
FIELD NO. : 21289 001
LEASE NAME: BLOCK 9 UNIT
LEASE NO : 20417

FOR THE PURPOSE OF: CHANGE OF OPERATOR

PREVIOUS OPERATOR: BLACKBEARD OPERATING, LLC P-5 NO: 073056

NAMED ON THE P-4:

TYPE	NAME	CODE	PRODUCT	% OF TAKE
GATHERER	SENTINEL TRANSPORTATION, LLC	SENTL	OIL	100.000
GATHERER	DCP OPERATING COMPANY, LP	DCPOP	CAS	100.000
PURCHASER	DCP OPERATING COMPANY, LP	195959	CAS	100.000

SYSTEM: 0001 DCP OPERATING COMPANY, LP

PLEASE NOTIFY THE AUSTIN OFFICE OF THE RAILROAD COMMISSION IF ANY OF THE
ABOVE INFORMATION IS NOT CORRECT.

APPROVED BY
DANNY SORRELLS
DIRECTOR, O&G DIVISION
OIL AND GAS DIVISION

CC: RRC-08, AND ALL NAMED PARTIES

**CERTIFICATE OF COMPLIANCE
AND TRANSPORTATION AUTHORITY**

P-4

5/02—WWW-1

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule COWDEN, NORTH		2. Lease name as shown on proration schedule BLOCK 9 UNIT					
3. Current operator name exactly as shown on P-5 Organization Report SADDLEBACK EXPLORATION, LLC		4. Operator P-5 no. 743071	5. Oil Lse/Gas ID no. 20417	6. County ANDREWS	7. RRC district 08		
8. Operator address including city, state, and zip code 401 BRYAN AVE, SUITE 101 FORT WORTH, TX 76104		9. Well no(s) (see instruction E) ALL					
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date 06/01/21			
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 <input type="checkbox"/> field name from: _____ <input type="checkbox"/> lease name from: _____ OR 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 (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			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)					Percent of Take	RRC USE ONLY Reviewer's initials: _____ Approval date: _____	
SENTINEL TRANSPORTATION, LLC					100		
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.							
BLACKBEARD OPERATING, LLC Name of Previous Operator KAREEM AHMED Name (print) COO Title							
				Signature 			
				<input checked="" type="checkbox"/> Authorized Employee of previous operator	<input type="checkbox"/> Authorized agent of previous operator (see instruction G)		
				05/24/21 Date	(432) 242-0050 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.							
DAVID KLVAC Name (print) CEO Title							
				Signature 			
				<input checked="" type="checkbox"/> Authorized Employee of current operator	<input type="checkbox"/> Authorized agent of current operator (see instruction G)		
				05/24/21 Date	Phone with area code		
E-mail Address (optional)							