

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule Goldsmith (Clearfork)		2. Lease name as shown on proration schedule University																																							
3. Current operator name exactly as shown on P-5 Organization Report Pecos Operating Company, LLC		4. Operator P-5 no. 649245	5. Oil Use/Gas ID no. 38040	6. County Andrews	7. RRC district 8																																				
8. Operator address including city, state, and zip code 400 W. Illinois Suite 1210 Midland, TX 79701		9. Well no(s) (see instruction E) <div style="text-align: center; font-size: 1.2em;">1</div>																																							
10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date <div style="text-align: right;">11-1</div> <div style="text-align: right;">01-01-07</div>																																							
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 checked="" type="checkbox"/> field name from: <u>Goldsmith (5600)</u> <input type="checkbox"/> lease name from: <u>35151</u> 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). <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Gatherer</th> <th style="width: 5%;">Purchaser</th> <th style="width: 70%;">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)</th> <th style="width: 10%;">Purchaser's RRC Assigned System Code</th> <th style="width: 5%;">Percent of Take</th> <th style="width: 5%;">Full-well stream</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td>DCP Midstream LP</td> <td style="text-align: center;">0001</td> <td style="text-align: center;">100</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						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 Midstream LP	0001	100																									
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14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G). <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First (Attach an additional sheet in same format if more space is needed)</th> <th style="width: 10%;">Percent of Take</th> <th style="width: 30%;">RRC USE ONLY</th> </tr> </thead> <tbody> <tr> <td>ConocoPhillips Company</td> <td style="text-align: center;">100</td> <td> Reviewer's initials: <u>ll</u> Approval date: <u>3-16-07</u> </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>						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	ConocoPhillips Company	100	Reviewer's initials: <u>ll</u> Approval date: <u>3-16-07</u>																														
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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 Name (print) Title		Signature <input type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G) 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.																																									
Pecos Operating Company, LLC Name (print) Manager Title billh@pecoscompanies.com E-mail Address (optional)		Signature <input type="checkbox"/> Authorized Employee of current operator <input checked="" type="checkbox"/> Authorized agent of current operator (see instruction G) 3-06-07 Date (432) 620-8480 Phone with area code																																							