

1. Field name exactly as shown on proration schedule FUHRMAN-MASCHO				2. Lease name as shown on proration schedule UNIVERSITY "DD"																																																			
3. Current operator name exactly as shown on P-5 Organization Report CONTANGO RESOURCES, INC.				4. Operator P-5 no. 173206	5. Oil Lse/Gas ID no. 34988	6. County ANDREWS	7. RRC district 08																																																
8. Operator address including city, state, and zip code 717 Texas Ave. Suite 2900 Houston, TX 77002				9. Well no(s) (<i>see instruction E</i>) ALL																																																			
				10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (<i>see instruction A</i>)		11. Effective Date 12/01/2021																																																	
12. Purpose of Filing. (Complete section a or b below.) (<i>See instructions B and G</i>)																																																							
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: _____ OR <input type="checkbox"/> lease name from: _____																																																							
b. New RRC Number for: <input type="checkbox"/> oil lease <input type="checkbox"/> gas well 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"/> other well (specify) _____ <input type="checkbox"/> consolidation, unitization, or subdivision (oil lease only)																																																							
13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(s). (<i>See instruction G</i>). <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>Gatherer</th> <th>Purchaser</th> <th>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>Purchaser's RRC Assigned System Code</th> <th>Percent of Take</th> <th>Full-well stream</th> </tr> </thead> <tbody> <tr> <td>X</td> <td>X</td> <td>DCP OPERATING COMPANY, LP (195959)</td> <td>0001</td> <td>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> <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 OPERATING COMPANY, LP (195959)	0001	100																																					
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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. FDL OPERATING, LLC Name of Previous Operator <u>Robin Swanner</u> Name (print) <u>Consultant</u> Title																																																							
				Signature <u>[Signature]</u> <input type="checkbox"/> Authorized Employee of previous operator <input checked="" type="checkbox"/> Authorized agent of previous operator (<i>see instruction G</i>) <u>11/18/2021</u> <u>(903) 930-1532</u> 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. <u>Allison Denner</u> Name (print) <u>Regulatory Analyst</u> Title E-mail Address (optional)																																																							
				Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (<i>see instruction G</i>) <u>12/1/2021</u> <u>(713) 236-7400</u> Date Phone with area code																																																			