

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule M.A.K. (SPRABERRY)		2. Lease name as shown on proration schedule M.A.K. (SPRABERRY) UNIT					
3. Current operator name exactly as shown on P-5 Organization Report ENERGYQUEST II, LLC		4. Operator P-5 no. 252020	5. Oil Lse/Gas ID no. 35243	6. County MARTIN	7. RRC district 08		
8. Operator address including city, state, and zip code 4526 RESEARCH FOREST DR., SUITE 200 THE WOODLANDS, TX 77381		9. Well no(s) (see instruction E)		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			
11. Effective Date 12/20/13							
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 field name from: _____ 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 MIDSTREAM, LP			0001	100	
		JAN 06 2014					
		O&G AUSTIN TX					
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).				RRC USE ONLY			
Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First (Attach an additional sheet in same format if more space is needed)				Reviewer's initials: YOB			
PLAINS MARKETING, L.P.				Approval date: 1/13/14			
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, a Previous Operator, that designation of the above named operator as Current Operator is not effective until this certificate is approved by the Commission. HK ENERGY OPERATING, LLC Name of Previous Operator MARY ELLEN BROOK Name (print) VICE PRESIDENT LAND Title Signature: Mary Ellen Brook <input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G) Date: 12/20/13 Phone with area code: 832-538-0300							
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. JEFF YOESEL Name (print) SENIOR VICE PRESIDENT Title jeff.yoesel@energyquest.us E-mail Address (optional) Signature: Jeff Yoesel <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G) Date: 12/20/13 Phone with area code: 281-875-6200							