

**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 <b>MARTIN (CONSOLIDATED)</b>		2. Lease name as shown on proration schedule <b>PHILLIPS UNIVERSITY "P"</b>					
3. Current operator name exactly as shown on P-5 Organization Report <b>CONTANGO RESOURCES, INC.</b>		4. Operator P-5 no. <b>173206</b>	5. Oil Lse/Gas ID no. <b>37209</b>	6. County <b>ANDREWS</b>	7. RRC district <b>08</b>		
8. Operator address including city, state, and zip code  <b>717 Texas Ave. Suite 2900 Houston, TX 77002</b>		9. Well no(s) (see instruction E)  <b>ALL</b>					
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date <b>12/01/2021</b>		
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: _____							
<b>OR</b>							
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 <i>(Attach an additional sheet in same format if more space is needed)</i>			Purchaser's RRC Assigned System Code	Percent of Take	Full-well stream
X	X	DCP OPERATING COMPANY, LP (195959)			0001	50	
X	X	JAMES LAKE MIDSTREAM LLC (429665)			0001	50	
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).							
Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First <i>(Attach an additional sheet in same format if more space is needed)</i>				Percent of Take			<b>RRC USE ONLY</b>
SENTINEL TRANSPORTATION, LLC (767500)				100			Reviewer's initials: _____
							Approval date: _____
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				Signature <u><i>Robin Swanner</i></u>			
Name of Previous Operator				<input type="checkbox"/> Authorized Employee of previous operator			<input checked="" type="checkbox"/> Authorized agent of previous operator (see instruction G)
Robin Swanner				11/18/2021			(903) 930-1532
Name (print)				Date			Phone with area code
Consultant							
Title							
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.							
Allison Denner				Signature <u><i>Allison Denner</i></u>			
Name (print)				<input checked="" type="checkbox"/> Authorized Employee of current operator			<input type="checkbox"/> Authorized agent of current operator (see instruction G)
Regulatory Analyst				12/1/2021			(713) 236-7400
Title				Date			Phone with area code
E-mail Address (optional)							