

**REQUEST FOR PERMISSION TO SUBDIVIDE OR
CONSOLIDATE OIL LEASE(S)**

READ INSTRUCTIONS ON BACK

P-6
5/02
WWW-1

1. Receiving Operator name, exactly as shown on P-5 Organization Report <div style="text-align: center; font-size: 1.2em;">Trey Resources Inc.</div>	2. Operator P-5 no. <div style="text-align: center; font-size: 1.2em;">868259</div>	3. RRC district no. <div style="text-align: center; font-size: 1.2em;">8</div>	5. Purpose of Filing: <input checked="" type="checkbox"/> Consolidation <input type="checkbox"/> Subdivision		
4. County <div style="text-align: center; font-size: 1.2em;">Andrews</div>		6. Operator address including city, state, and zip code <div style="text-align: center;">P.O.Box 50272 Midland TX 79710</div>			
7. Field name exactly as shown on proration schedule <div style="text-align: center; font-size: 1.2em;">Shafter Lake (San Andres)</div>		8. Are any of the leases being subdivided or consolidated currently overproduced or in violation of statewide rules? (check one) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
9. Lease to be subdivided or leases to be consolidated. List lease names and well numbers exactly as listed on current Commission Oil Proration Schedule.					
LEASE NAME	LEASE NUMBER	LEASE ACRES	WELL NUMBERS (e.g., 1, 2, 3-U, 3-L, 4, etc.)		
(1) University 14	39004	200	2, 3, 4, 5 and 6		
(2) University 26	38957	320	1R, 3, 4, 5, and 6		
(3)					
10. Lease(s) resulting from subdivision or after consolidation (how the leases/wells are to be listed on the Commission Oil Proration Schedule). For well number changes, give both old and new number; if there is no well number change, show the number under "old".					
LEASE NAME	LEASE NUMBER	LEASE ACRES	WELL NUMBERS Old New	API NUMBER 42-	
(1) University 26	38957	520	2	1402	4200340353
			3	1403	4200340350
			4	1404	4200340490
			5	1405	4200340494
(2)			6	1406	4200340625
			1R	2601	4200340573
			3	2603	4200340352
			4	2604	4200340351
			5	2605	4200340495
(3)			6	2606	4200340658
11. Is the ownership, working interest, and the royalty interest for all leases listed in Items 9 or 10 identical? (check one) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (See instruction D)					
12. Is the acreage listed for the resulting leases in Item 10 contiguous? (Check one) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (See instruction F)					
OPERATOR CERTIFICATION: I certify that I am authorized to make this request, that it was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge.					
Signature <div style="text-align: center; font-size: 1.2em;">Cindy Delgado</div>		Date <div style="text-align: center; font-size: 1.2em;">10/14/2014</div>		RRC USE ONLY Reviewer's initials: _____ Approval date: _____	
Name (print or type) <div style="text-align: center; font-size: 1.2em;">432-570-6898 ext 303</div>		Title <div style="text-align: center; font-size: 1.2em;">Clerk</div>			
Phone number (with area code)		E-mail address (optional)			

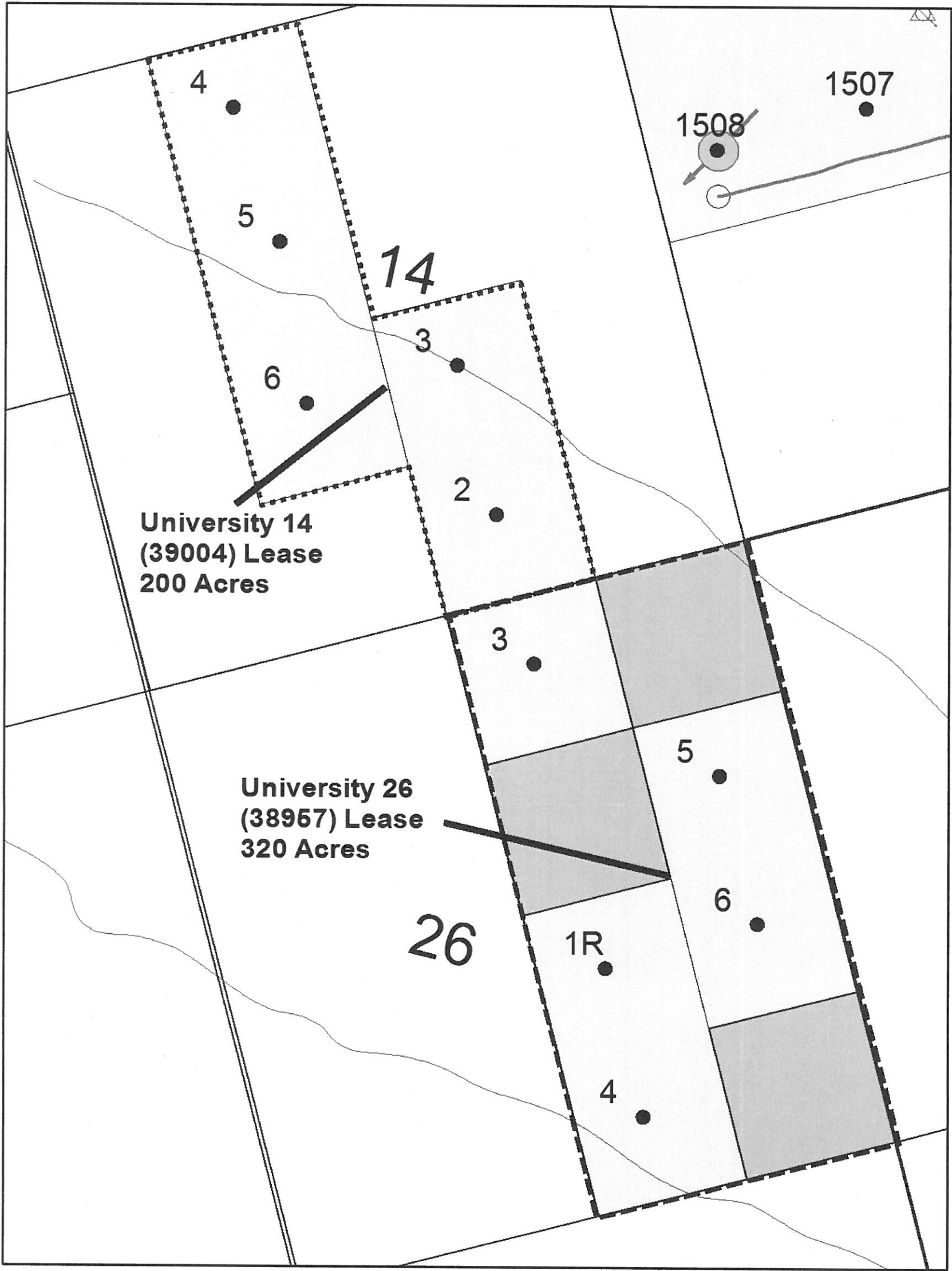
CERTIFICATE OF COMPLIANCE
AND TRANSPORTATION AUTHORITY

P-4
5/02—www-1

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule Shafter Lanke (San Andres)		2. Lease name as shown on proration schedule University 26					
3. Current operator name exactly as shown on P-5 Organization Report Trey Resources Inc.		4. Operator P-5 no. 868529	5. Oil Lse/Gas ID no. 38957	6. County Andrews	7. RRC district 8		
8. Operator address including city, state, and zip code P.O. BOX 50272 Midland TX 79710		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 11/1/2014		
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 type="checkbox"/> field name from: _____ <input type="checkbox"/> lease name from: _____ OR b. New RRC Number for: <input checked="" 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 checked="" 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			001	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: JE Approval date: 11-13-14	
NGL Crude Logistics					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.							
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.							
Cindy Delgado Name (print) Clerk Title cdelgado@treyresources.net E-mail Address (optional)					Signature <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G) Date 10/21/2014 Phone with area code 432-570-6898 ext 303		


University 26 Lease Consolidation Plat
Before

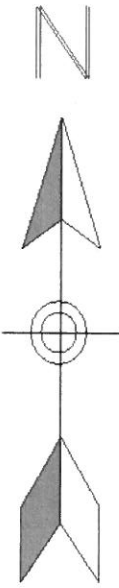


1" = 1000'

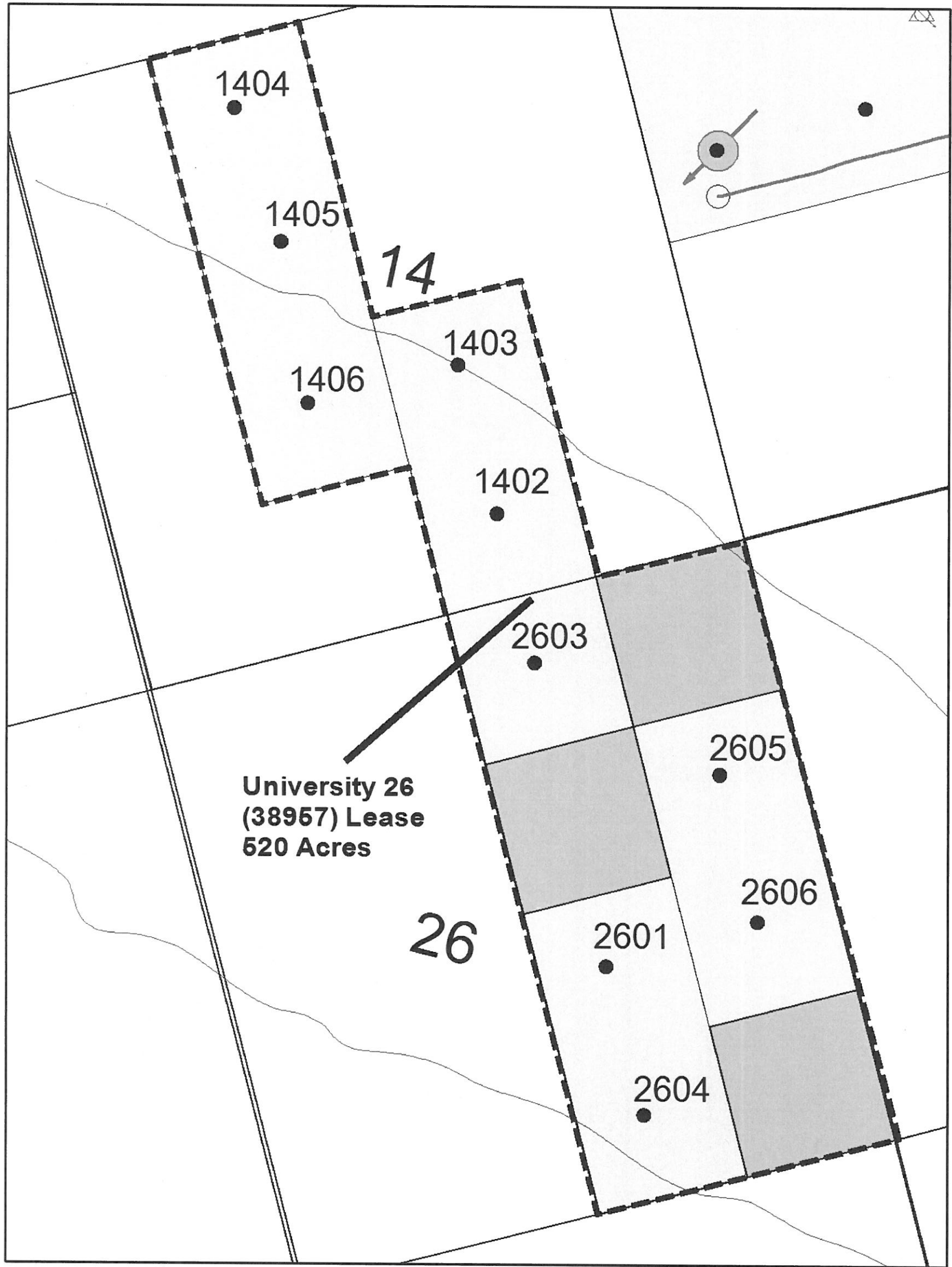
Operator: Trey Resources, Inc.
Field: Shafter Lake San Andres
Location: Sections 14 and 26,
Block 14 University
Andrews County, Texas

I, John Speight, hereby certify
this plat to be true and correct to the
best of my knowledge and belief


Date 10-14-26




University 26 Lease Consolidation Plat After



1" = 1000'

Operator: Trey Resources, Inc.
Field: Shafter Lake San Andres
Location: Sections 14 and 26,
Block 14 University
Andrews County, Texas

I, John Speight, hereby certify
this plat to be true and correct to the
best of my knowledge and belief


Date 10-14-26

