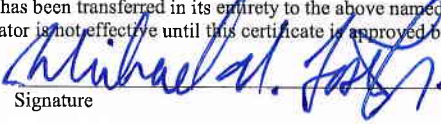
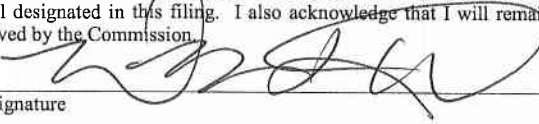


*REFER TO INSTRUCTIONS*

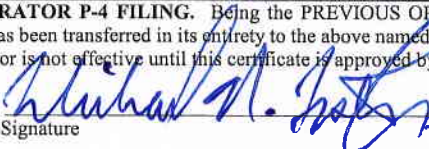
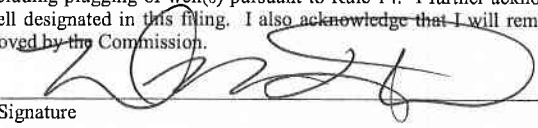
1. Field name exactly as shown on proration schedule <b>MARTIN (CONSOLIDATED)</b>		2. Lease name as shown on proration schedule <b>PHILLIPS-UNIVERSITY</b>					
3. Current operator name exactly as shown on P-5 Organization Report <b>Lakeshore Operating, LLC</b>		4. Operator P-5 no. <b>483460</b>	5. Oil Lse/Gas ID no. <b>40003</b>	6. County <b>ANDREWS</b>	7. RRC District <b>08</b>		
8. Operator address including city, state, and zip code <b>345 Riverview St., Ste. 520 Wichita, KS 67203</b>		9. Well no(s) (see instruction E) <div style="text-align: center;"><b>ALL</b></div>					
12. Purpose of Filing. (See instructions B and G) <b>a. Change of:</b> <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 <div style="margin-left: 20px;"><input type="checkbox"/> field name from: _____ Docket #: _____ <input type="checkbox"/> lease name from: _____</div> <b>b. New RRC Number for:</b> <input type="checkbox"/> oil lease <input type="checkbox"/> gas well <input type="checkbox"/> other well (specify) _____ <b>Due to:</b> <input type="checkbox"/> new completion or recompletion <input type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil <div style="margin-left: 20px;"><input type="checkbox"/> consolidation <input type="checkbox"/> unitization <input type="checkbox"/> field transfer <input type="checkbox"/> subdivision (oil lease only)</div>		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date <b>12/01/24</b>			
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	100.00	
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> Reviewer's initials: _____ Approval date: _____		
4J ENERGY, LLC (953814)				100.00			
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.							
BASA Resources, Inc. (053974) Name of Previous Operator  Michael N. Foster, Jr. Name (print)  President Title				Signature   <input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)  12/4/24 Date  (214) 559-4200 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.							
Wesley Ketcham Name (print)  PRESIDENT Title				Signature   <input type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)  2/7/25 Date  844.557.4673 Phone with area code			
E-mail Address (optional)							

**CERTIFICATE OF COMPLIANCE  
AND TRANSPORTATION AUTHORITY**

REFER TO INSTRUCTIONS

**Form P-4**

06/21

1. Field name exactly as shown on proration schedule <b>FULLERTON</b>		2. Lease name as shown on proration schedule <b>UNIVERSITY "1"</b>					
3. Current operator name exactly as shown on P-5 Organization Report <b>Lakeshore Operating, LLC</b>		4. Operator P-5 no. <b>483460</b>	5. Oil Lse/Gas ID no. <b>23481</b>	6. County <b>ANDREWS</b>	7. RRC District <b>08</b>		
8. Operator address including city, state, and zip code <b>345 Riverview St., Ste. 520 Wichita, KS 67203</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>12/01/24</b>			
12. Purpose of Filing. (See instructions B and G) <b>a. Change of:</b> <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: _____ Docket #: _____ <input type="checkbox"/> lease name from: _____  <b>b. New RRC Number for:</b> <input type="checkbox"/> oil lease <input type="checkbox"/> gas well <input type="checkbox"/> other well (specify) _____ <b>Due to:</b> <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 <input type="checkbox"/> unitization <input type="checkbox"/> field transfer <input type="checkbox"/> 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
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	<b>RRC USE ONLY</b> 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.							
BASA Resources, Inc. (053974) Name of Previous Operator  Michael N. Foster, Jr. Name (print)  President Title					 Signature  <input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)  <b>12/4/24</b> Date  <b>(214) 559-4200</b> 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.							
<b>WESLEY KETCHAM</b> Name (print)  <b>PRESIDENT</b> Title  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)  <b>2/7/25</b> Date  <b>844.557.4673</b> Phone with area code		